GLOBAL NUTRITION CLUSTER 2019 ANNUAL REPORT

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CONTENTS

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2019 ANNUAL REPORT

MARCH 2020

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Global NUTRITION CLUSTER

THANK YOU

The Global Nutrition Cluster expresses its gratitude to all resource partners whose overall contributions supported the GNC collective humanitarian action in 2019. The lifesaving nutrition assistance provided to about 25 million children under five and women across 27 countries through the coordination support of the Global Nutrition Cluster was made possible by the generous contribution of donors who supported the implementation of the GNC work plan.

- UNICEF as a Cluster Lead Agency for funding the positions of the GNC Coordinator, GNC Deputy Coordinator and the four Rapid Response Team members (directly or through project cooperation agreements with IMC and WVC).
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GNC WORK PLAN SUPPORTED BY :

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NOR CAP

ABBREVIATION & ACRONYMS

3W	Who, What, Where
AM	Acute Malnutrition
BMS	Breastmilk Substitute
BSFP	Blanket Supplementary Feeding Programme
BFHI	Baby Friendly Hospital Initiative
CLA	Cluster Lead Agency
CMAM	Community Management of Acute Malnutrition
ENA	Emergency Nutrition Assessment (software)
ENAs	Essential Nutrition Actions
GAM	Global Acute Malnutrition
GNC	Global Nutrition Cluster
GTAM	Global Technical Assistance Mechanism for Nutrition
HDN	Humanitarian Development Nexus
HINI	High Impact Nutrition Interventions
HNO	Humanitarian Needs Overview
IASC	Inter-Agency Standing Committee
ICCM	Inter-Cluster Coordination Mechanism
ICNWG	Inter-Cluster Nutrition Working Group
IDP	Internally Displaced Persons
IM	Information Management
IMO	Information Management Officer
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
IYCF-E	Infant and Young Child Feeding in Emergencies
MAM	Moderate Acute Malnutrition
MICS	Multiple Indicator Cluster Survey
MICS	Multiple Indicator Cluster Survey
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MOH	Ministry of Health
MUAC	Mid Upper Arm Circumference
NGO	Nongovernmental Organization
NCC	Nutrition Cluster Coordinator
NiE	Nutrition in Emergencies
OCHA	(United Nations) Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Programme
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
SADD	Sex-and Age-Disaggregated Data
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SFP	Supplementary Feeding Programme
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SUN	Scaling Up Nutrition
TSFP	Targeted Supplementary Feeding Programme
TFC	Therapeutic Feeding Centre
U2	(Children aged) Under Two
U5	(Children aged) Under Five
UNICEF	United Nations Children's Fund
VAD	Vitamin A Deficiency
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WFH	Weight-For-Height
WFP	World Food Programme
WHZ	Weight-for-Height Z-score

GNC STRATEGY 2017-2020

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

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

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

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

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

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

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

Other areas highlighted in the strategy include:

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

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

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

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

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

RAPID RESPONSE TEAM

to support countries with deployments for up to eight weeks for cluster/sector working group coordination and information management.

TECHNICAL RAPID RESPONSE TEAM

to support countries with deployments for up to eight weeks during a nutrition crisis (cost sharing options are agreed on a case-by-case basis with the requesting office and varies from zero to 100%).

SHORT MISSIONS OF THE GNC COORDINATION TEAM

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

A ROSTER OF PRE-VETTED CONSULTANTS

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

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

UNICEF STAND-BY PARTNERSHIP AGREEMENTS WITH NGOS

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

UNICEF INTERNAL SURGE AND STRETCH ASSIGNMENTS

to source staff from Cluster Lead Agency offices (country, regional and headquarters) on information management, cluster coordination and nutrition in emergencies for assignments of three to six months (travel-related cost and DSA to be paid by the requesting office). Contact local UNICEF HR office or the GNC-CT for more information.

RRT DEPLOYMENTS

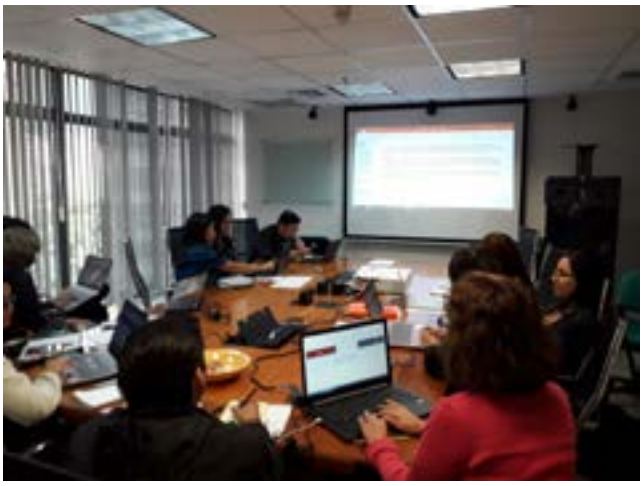
GNC Coordination Team (GNC-CT) was able to establish and maintain a four-members RRT team with two IMOs and two NCCs. Due to challenges in internal recruitment and difficulties to identify a suitable candidate, the incoming UNICEF RRT NCC has only joined the team in July 2019, while the other three RRTs were onboard throughout the year. There were several internal changes in the team with NCC, IMO (with IMC leaving the team to accept an NCC position in Nigeria and another IMO RRT changing her job from IMO RRT with WV Canada to the NCC with IMC. Challenges with recruitment by WV Canada resulted in a gap of several months for the IMO position with WV Canada with a new IMO recruited by the end of the year. As of January 2020, the team included: two IMOs (with UNICEF and WVC) and two NCCs (with UNICEF and IMC).

During 2019 the GNC made a total of three NCC and five IMO deployments to support coordination and information management functions in the following priority countries.

- One deployment of an NCC to **Zimbabwe for eight weeks** following cyclone Idai to support, build capacity and mentor the provincial and district nutritionists in Nutrition in Emergencies response and in cluster approach, to build the local capacity in responding to the emergency. The post was subsequently covered through a double-hatting UNCIEF nutrition emergency specialist who have been receiving remote support for the completion of the RRT deployment.
- One deployment of an NCC to **Nigeria for eight weeks** which is one of the priority GNC supported countries, to maintain, and improve where necessary, the sector's humanitarian coordination mechanisms on gap filling basis as recruitment of substantive NCC was finalized. The RRT was directly recruited by the office after the end of the mission.
- One deployment of an NCC to **Afghanistan for eight weeks** following the departure of the NCC to take up a post at GNC-CT. The RRT NCC was deployed as stopgap to fully support the day-to-day coordination work of the nutrition cluster in Afghanistan and lead the 2020 HPC process while recruitment for NCC was ongoing. The post was filled in February 2020.
- Two deployments of an IMO (for eight and six weeks deployments) to the **DRC** to establish an IM system, as there was a gap in adequate IM support from July 2018, which lead to the cluster IM systems and processes being dysfunctional. After the departure of the RRT the CO has recruited the IMO to support the cluster for the next year.

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

- One deployment of an IMO to **Cameroon** following the declaration of an emergency, to establish IM systems. Upon departure of the RRT, the NCC was continuing supporting the system, however no funding for a separate IM function is secured to date.
- One deployment of an IMO to **Myanmar for eight weeks** in order to build the capacity of a newly recruited national IMO to set up IM functions for the nutrition sector coordination. The results and the proposed improvements were adequately disseminated to sector partners as well as UNICEF as Cluster Lead agency.
- One deployment of an IMO to **Venezuela for 5 weeks** following the deterioration of humanitarian situation and subsequent establishment of a cluster coordination mechanism. The IMO deployee set up the information management system and built the capacity of a newly recruited IM.



Nutrition cluster IM training in **Venezuela** *,15th of November*

Despite the important contributions of the RRT team, the funding remains a challenge. Following a funding gap for the GNC RRT in 2018, in 2019 UNICEF has provided funding for all four positions through thematic funds; however, it remains a challenge to fundraise for the functioning of the RRT for 2020 onwards. For 2020 GNC-CT has continued fundraising with a partial funding available for the RRT team through USAID/FFP. There is no predictable and earmarked funding to cover RRT posts as a result staff are retained for shorter contract period resulting in high turnover of staff.

Two requests for on-the-ground support were not filled through this RRT mechanism due to several reasons: a limited number of the RRTs in the team, language constraints and a need to prioritize the requests. Such requests were mostly filled through other means or remain unfulfilled. For example, Mozambique's request for coordination support was filled through an internal mission of the Bangladesh Cluster Coordinator.

TECH RRT DEPLOYMENTS

The GNC Technical Rapid Response Team (Tech RRT) is an emergency response mechanism formed in 2015, led by International Medical Corps in consortium with Save the Children and Action Against Hunger, which aims to improve the quality and scale of nutrition humanitarian responses.

In 2019, the Tech RRT saw some important changes in personnel. New CMAM/IYCF-E, Assessment and IYCF-E Advisors were recruited and started, and a part-time Social and Behavior Change Advisor was recruited, to start early 2020. The securing of additional funding also allowed for the recruitment and contracting of a Deputy Program Director who started in July, alongside the existing Program Director.

In 2019, the Tech RRT Advisors accomplished 15 deployments:

- The SBC Advisor was deployed to **Yemen** from January to March to support ADRA to train staff on social behaviour change methodologies, to undertake barrier analysis to inform SBC programming within ADRA Yemen nutrition, health and WASH activities through the development of a program-wide SBC plan.
- The IYCF-E Advisor was deployed to the **Afghanistan** Nutrition Cluster in January/February to strengthen the capacity of IYCF-E service providers with the aim to improve service delivery for the IYCF-E drought response in Herat and Badghis. The deployment also developed a national pool of trainers for IYCF-E, ensuring there is capacity in country to improve IYCF-E programming nationally.
- Three deployments were undertaken to **Central African Republic**. In February/March, an IYCF-E Advisor deployed to work with the Nutrition Cluster partners to strengthen the IYCF-E response. This includes carrying out an IYCF-E capacity assessment, developing an IYCF-E response plan (including standardized M&E tools) and strengthening the capacity of partners on IYCF-E. In June, an advisor was deployed to co-facilitate the Inter-Cluster Training Workshop. Finally, in August/September, the Assessment Advisor was deployed to support the planning, preparation and training for the national nutrition survey.
- In **North East Nigeria**, the Assessment Advisor worked with the Nutrition Information Management Technical Working Group in March/April to strengthen their capacity, providing recommendations for immediate and future actions, developing and improving existing tools and building capacity for implementation and validation of survey protocols, survey results and reports.
- In partnership with Concern Worldwide, the Tech RRT accomplished two deployments to **Ethiopia**. First, with the CMAM/IYCF-E Advisor was deployed to continue the development of a coaching package to improve quality of CMAM supportive supervision. This deployment has a learning component to improve the package for wider use; therefore, it is being carried out via 4 short visits from June 2019 until March 2020. Second, an Assessment Advisor was deployed to support the preparation and implementation of two SMART surveys in Salahad and Filtu, two Woredas within the Somali region.
- In May-July, an IYCF-E Advisor was deployed to **South Sudan** to support the Maternal, Infant and Young Children Nutrition (MIYCN) Technical Working Group to push forward various pieces of strategic work (response mapping, action plan for the Code of Marketing of BMS, road map for BFHI, costing tool for IYCF-E program in proposals, IYCF-E advocacy brief) as well as strengthening the capacity of cluster partners on IYCF-E.
- The first Tech RRT deployment to **Jordan** took place from August to early October. The IYCF-E Advisor was deployed to work with the Nutrition Working Group and Reproductive Health actors to provide orientations on IYCF to health staff as well as a five-day IYCF Counselling Training of Trainers to both health and nutrition actors where trainers were identified to continue to roll out IYCF counselling and integration trainings. Additionally, a Joint Response Plan that outlines clear steps to move the IYCF integration forward was created in collaboration with partners.

Tech RRT facilitated training of trainers for IYCF counsellors in **Jordan**, *September 2019 (photo credit: Brooke Bauer)*

- In September, the Tech RRT supported a Nutrition in Emergencies training in **Mexico**. Working with the Mexico National Institute of Public Health, an IYCF-E Advisor developed the course agenda and training materials and co-facilitated the training.
- From October to December the Tech RRT deployed a CMAM and Assessment Advisor to **Angola** to support UNICEF and the Ministry of Health. The CMAM Advisor facilitated various activities in support of the scale up of CMAM in Angola, including supporting the completion of a CMAM bottleneck analysis and developing recommendations for improving the quality of CMAM in Angola. The CMAM Advisor also supported UNICEF to develop a survey protocol for SMART surveys in Cunene and Huila. The Assessment Advisor then arrived in November to support the preparation, implementation and reporting of these two SMART surveys.
- Finally, in November and continuing into January 2020, the Assessment and CMAM/IYCF-E Advisors were deployed to **Zambia** to support the worsening nutrition context. The Assessment Advisor supported the planning and preparation of a series of 10 SMART surveys, including training of survey managers and supervisors, development of the survey protocol and logistics planning. The CMAM/IYCF-E Advisor began by mapping MoH and partner capacity in CMAM, followed by developing a CMAM scale up plan with key stakeholders, CMAM training for MoH staff and a review of the CMAM database.

STAND-BY PARTNERSHIP DEPLOYMENTS

UNICEF Standby Arrangements has deployed Nutrition Cluster Coordinators to support responses in **Sudan and Malawi** where the employees were in place just prior to the Cyclone Idai response. Standby Partner NCCs have also been deployed to support coordination in **DRC Ebola response , Venezuela** for the humanitarian crisis and in **Sudan** while the NCC was on leave.

SHORT MISSIONS OF THE GNC COORDINATION TEAM

The GNC-CT staff provided support to country clusters mainly on capacity development on coordination and information management , and facilitating the cluster coordination performance monitoing review exercises.

The Deputy GNC Coordinator has provided on-the-ground support to several countries through short missions:

- She travelled to **South Sudan t**o support training of the sub-national cluster coordinators in cluster coordination and support the country with the development of the standard workplan for the sub-national clusters, as well as to facilitate cluster coordination performance monitoring (CCPM) workshop for the national partners. Most of the participants of the training were local staff from UNICEF and WFP who are double hatting as coordinators, as well as people from the Ministry of Health and the Strategic Advisory group.
- In **Madagascar** the Deputy GN Coordinator supported training of the government staff on the cluster coordination, as a preparedness measure in the disaster-prone districts and establish sector coordination for the ongoing nutrition programs on the South. She also supported a workshop of the national, regional and district level coordinators to develop a term of reference for the nutrition sector at all three levels to guide coordination work. Most of the 35 participants were from the ONN/ORN (Office National/Regional de Nutrition – government entity responsible for nutrition coordination), MoH (government entity responsible for nutrition implementation), UNICEF, and WFP.

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

- In **Bangladesh**, both in Dhaka for cluster coordination and in Cox's Bazar for sector coordination, she supported partner refresher trainings on cluster approach, followed by a CCPM workshop where action plans were developed to strengthen cluster/sector performance.
- She also travelled for the meeting on the IPC Challenges with **Yemen** team (in Amman), both from the Food Security and Nutrition Clusters, to support them in developing of the action plan for addressing challenges with data collection and analysis.

Similarly , GNC Helpdesk staff traveled to the following countries on short missions to provide on-the-ground support.

- The GNC Integration Helpdesk staff was deployed in **Chad** twice this year; in October to facilitate the Integrated training package for nutrition outcomes together with 2 Inter-cluster Nutrition Working Group (ICNWG) members and in November to co-facilitate subnational multisectoral planning workshop for Kanem and Bahr-el-Ghazal provinces together with gFSAC cluster members.
- In **DRC** the helpdesk staff support the organization of the Sub-National Nutrition Cluster Training workshop to improve cluster coordination. The workshop included 18 participants from 8 different provinces in DRC.
- In **Zimbabwe** the NiE Help Desk and RRT-NCC (IMC) had short mission to facilitate a Subnational Nutrition Cluster Coordination Training and support a Cluster Coordination Performance Monitoring (CCPM) result validation and action planning. The training was attended by a total of 24 participants from different NGOs, UN agencies and government in Zimbabwe.
- In **Somalia (Hargeisa)** RRT NCC (IMC) and GNC Helpdesk on Coordination staff facilitated a Sub-National Nutrition Cluster Coordination training. Participants were newly assigned 28 Sub-National cluster coordinators and co-leads from international and national NGOs, and local the MoH from all over Somalia.

UNICEF INTERNAL SURGE AND STRETCH ASSIGNMENTS

GNC-CT coordinated the deployment of UNICEF staff with experience on coordination on short term stretch assignments.

- One deployment of an NCC from Bangladesh to Mozambique for eight weeks following cyclone Idai to support the coordination of emergency response.
- One deployment of an Nutrition in Emergency(NiE) specialist with cluster coordination experience from UNCIEF nutrition program department in New York to Somalia for 3 months following the departure of the NCC to take up a post in another country. The NiE specialist was deployed as stopgap to fully support the day-to-day coordination work of the nutrition cluster in Somalia and lead the 2020 HPC process while recruitment for NCC was ongoing. The post was filled after the end of the NiE specialist's assignment.

GNC HELPDESKS

COORDINATION HELPDESK

The Coordination Helpdesk provides guidance, support and remote assistance in the field of nutrition cluster coordination, specifically related to the implementation of the six core functions of a nutrition cluster and the integration of accountability to affected populations into nutrition programming.

INFORMATION MANAGEMENT HELPDESK

The Information Management Helpdesk provides guidance, support and remote assistance on information management activities, processes and tools to support nutrition cluster coordination and response.

NUTRITION IN EMERGENCIES HELPDESK

The Nutrition in Emergencies Helpdesk will provide technical assistance and remote support in the field of nutrition in emergencies, specifically in the areas of community management of acute malnutrition, micronutrient supplementation in emergencies and infant and young child feeding in emergencies. The GNC and GTAM are now looking for funding to separate this position into two helpdesks: on acute malnutrition and IYCF.

INTEGRATION FOR NUTRITION OUTCOMES HELPDESK

The Integration for Nutrition Outcomes Helpdesk provides technical assistance and remote support in the field of integrated programming to support nutrition outcomes, including the planning and implementation of holistic, nutrition-sensitive approaches to prevent undernutrition.

NUTRITION INFORMATION SYSTEM (NIS) HELPDESK (UPCOMING)

The Nutrition Information Systems helpdesk provides technical assistance and remote support on needs assessment and analysis. The support primarily focuses on review, development and dissemination technical guidance that enable improvement in nutrition in emergency needs analysis within the framework of the humanitarian programing cycle (HPC)

COORDINATION HELPDESK :

- Provided tailor-made orientation and induction to nine newly appointed nutrition cluster coordinators on core cluster functions, milestones such as CCPM, HNO, HRP, key mechanisms of support provided by the GNC (both technical and coordination support), current GNC initiatives and core GNC guidance documents.
- Provided on-going CCPM guidance and support to a number of country nutrition clusters including **DRC, Mali, Bangladesh (Cox's Bazar), Myanmar, Ethiopia, Niger, South Sudan, Chad, Central African Republic (CAR), Afghanistan, Nigeria and Yemen.** This support has involved providing orientation briefings on the CCPM process, addressing common issues in the survey phase, supporting the organization of the workshops and report development. CCPM reports form the basis for the development of nutrition cluster workplans (in complementarity with the NCC checklist mentioned below).
- The Coordination and NIE Helpdesks helped 12 countries drafting and reviewing the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plans (HRP) based on the updated OCHA guidelines.
- A **Nutrition Cluster Coordination checklist** was developed by the Helpdesk to serve as a comprehensive guidance and operational standard at country level. It includes the most common tasks and goals a Nutrition Cluster normally set during the preparedness and response phase of a nutrition crisis. This is a great milestone as this checklist enables country cluster coordination teams to do self-assessment and to be aware of areas that need improvement without a formal Cluster Coordination Performance Monitoring (CCPM) exercise. It details outputs and activities to improve effective coordination and include a number of links to internal and external resources. The plan moving forward is to conduct specific capacity-mapping based on the checklist with key clusters (Niger, Mozambique, Mali, CAR) to better structure GNC Coordination Helpdesk support and outline priority field-based nutrition cluster activities to support in 2019.
- Two case-studies on advocacy from **Yemen and Mali** were prepared with the support of the Helpdesk officer to support countries with practical examples on developing and implementing effective advocacy, including the challenges faced and of ways to address them effectively.
- Support was provided for the expansion of nutrition cluster advocacy activities in Mali (advocacy for MAM scale-up, planning advocacy strategy development) and CAR (determining key advocacy messages).

Somalia, Hargheisa, training for Subnational Cluster Coordinators. December 2019

INFORMATION MANAGEMENT HELPDESK:

- **Support to Sudan, WoS, Venezuela and Somalia to** review their IM systems' functioning using the IM checklist and to develop an action plan to improve the IM systems in their respective countries.
- The Helpdesk provided an ad-hoc support on IM to **Sudan, WoS, Nigeria, Yemen, Bangladesh.** The support ranged from the support in calculations of the beneficiaries to strengthen their whole IM systems.
- One on one orientations to the IMOs from were provided to the new IMOs from **Bangladesh, Sudan, WoS, Syria, Venezuela, DRC, Pakistan and Somalia.**
- Designed a real time interactive GNC RRT Deployment dashboard with analysis of the GNC RRT deployments since 2013 until now that will help to have a full understanding for deployment per level of emergency and function.

NIE HELPDESK :

- A set of **generic Terms of Reference (TORs) were developed for country' technical working group**s, namely, Nutrition Information Systems, CMAM, micronutrients and IYCF-E and those are available in both in English and French. The generic TORs are meant to help country clusters to review and adapt their current TWG's ToRs and to use them to guide the functioning of the technical working groups at country levels.
- Bilateral calls with NCCs the GNC NiE Helpdesk were conducted determine specific technical needs and link country cluster teams to global partners and initiatives. These have included linking the coordination team in **Venezuela** to global nutrition specialists for NiE training and SMART support and linking the **DRC** cluster with WHO regarding technical guidance on the Ebola response.
- A Nutrition in emergency checklist, focusing on the technical aspects of the Cluster response, is being developed by the NiE Helpdesk in consultation with the global clusters and country clusters. The checklist will provide a quick but exhaustive reference tool to help Cluster Coordinators and Partners in designing and delivering a comprehensive, appropriate, effective and evidence-based response. The finalization is expected in 2020.

INTEGRATION HELPDESK :

The GNC Integration Helpdesk has gone operational in September 2019 through a USAID funding. Since its inception the Helpdesk carried out the following activities:

- Produced several tools to support inter-cluster collaboration such as template for case studies, checklist, terms of reference of technical inter-sector working group. These will be available soon once endorsed by ICNWG.
- Started to provide remote day to day technical support to selected integration focus countries (Ethiopia, Nigeria, Somalia, South Sudan, Chad, Yemen, DRC and CAR) . Additional 2 integration focus countries will be selected in 2020.
- For 2020, GNC helpdesk will work on practical guidelines and toolbox to support country nutrition clusters towards improved nutrition-specific and -sensitive programing together with other clusters. Basic concepts were already touched upon during the webinar on nutrition-specific and nutrition-sensitive interventions.

In summary, GNC Integration Helpdesk supported:

- DRC and CAR in revising their multi-sectoral action plans, focusing on improved feasibility and timeliness.
- The day-to day support to South Sudan was turning around several projects such as IMAM involving the health cluster, improving nutrition-specific and -sensitive package to accompany management of acute malnutrition and multi-sectoral response in Renk county, Unity state.
- Strategic advice and documentation were provided to Nigeria and Ethiopia. While Northeast Nigeria decided to step back and reconsider their global strategy, GNC Helpdesk provided continuous support to Ethiopia Nutrition, WASH and Health clusters to define a joint strategy in order to implement minimum response package, accompanied by proper monitoring frame and advocacy messages.
- Conducted Inter-cluster training package for nutrition outcomes in Chad, involving continuous support to action plan refinement and implementation.
- Support to Nutrition and Food Security clusters and in Chad to implement subnational multisectoral plan to improve food and nutrition security in Kanem and Bahr-el-Ghazal provinces of Chad.
- Supported planning of Inter-cluster training for nutrition outcomes in Somalia to be conducted in 2020.
- Provided HNO/HRP 2020 review and comments for South Sudan, CAR, DRC, Afghanistan, Somalia and Chad.

In addition, GNC Integration Helpdesk acts as focal point of GNC linking with other clusters including Inter-cluster Nutrition Working Group and GTAM in order to channel available global level resources to countries.

NUTRITION INFORMATION SYSTEMS (NIS) HELP-DESK:

The NIS is among the newly established GNC helpdesks. The Helpdesk will be staffed with a NIS individual contractor. The recruitment of a NIS consultant has been finalised and the incumbent person will be onboard at the beginning of January 2020. The NIS helpdesk will be responsible for:

- Development and roll out of the Nutrition Humanitarian Needs Analysis guidance based on the agreements at the HNO TF meeting held in October 2019 and consensus achieved from technical Working Groups on the definition of key indicators' cut off points at sectoral and inter-sectoral analysis levels;
- Supporting countries with development of their nutrition assessment plans and identifying and addressing challenges with their implementation;
- Supporting countries with rolling out the IPC Acute Malnutrition Analysis to ensure that it is conducted in all crisis contexts, particularly those with the GAM above 5 %. A training in the IPC Acute Malnutrition methodology is planned for the first quarter of 2020.
- Guiding countries with sectoral analysis for the HNO and HRP based on the IPC Acute Malnutrition if possible, or through other tools when needed, in line with the newly developed Nutrition Humanitarian Needs Analysis guidance for the nutrition clusters
- Supporting countries on how their sectoral analysis fits into the inter-sectoral analysis (in line with the Joint Intersectoral Analysis Framework (JIAF)). The NIS Helpdesk will also be contributing to the technical discussions of upcoming changes to the JIAF based on the lessons learned from various 2020 HNOs.

GLOBAL NUTRITION CLUSTER CHECKLISTS

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

NUTRITION CLUSTER COORDINATION CHECKLIST

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

NUTRITION INFORMATION MANAGEMENT CHECKLIST

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

CHECKLIST FOR THE QUALITY OF NUTRITION CLUSTERS' RESPONSE

This checklist is currently being developed and will be available in 2020. The first chapter to be released will be on IYCF in emergencies.

PREPAREDNESS GUIDELINES

The Coordination Helpdesk has finalised in 2019 the draft of the "Preparedness Guidelines for Nutrition in Emergency Coordination", which is under internal review and should be rolled out in early 2020. This publication will provide a comprehensive set of tools to help Nutrition Clusters and other coordination mechanisms to design and implement preparedness actions and contingency planning, two areas sometimes neglected in nutrition humanitarian response.

MONTHLY GNC WEBINARS

During the reporting period, NCC/IMO outreach by the Helpdesks has been systematized through the delivery of targeted, **monthly GNC webinars** that focus on a specific theme but also provide space for discussion around key cluster coordination topics and challenges.

In total, since the inception of the GNC webinar programme in January 2019, the GNC Helpdesk Officers facilitated a total of 14 webinars in both English and French, attracting a total of around 200 participants. Each of the calls addresses specific country issues, as identified with the NCCs and IMOs during the GNC annual meeting in 2018 or based on the one-on-one feedback from the countries. In 2019, the GNC Helpdesk Officers have organised and facilitated :

- Four webinars (3 in English and one in French) on the Gender and Age Marker,
- Two webinars (one in English and one in French) on tools and experiences to strengthen nutrition cluster advocacy,
- One webinar (in English) on Good Practices for IYCF-E assessment and programming,
- One in English on accountability to affected populations,
- One in English on the enhanced HPC process,
- Two on nutrition sensitive interventions (one in English and one in French),
- Two on advocacy (one in English and one in French),
- Two on cash and voucher assistance for nutrition outcomes (one in English and one in French)
- One in English on nutrition and GBV integration

In addition to GNC-CT, Tech RRT delivered various capacity strengthening webinars. First in January an on-the-job coaching to improve program capacity, then a series of Programme Spotlights on Multi-sectoral Integration with IYCF-E in the spring and another on Programming for Non-Breastfed Infants later in the year. On average, a total of 20 to 25 people have participated. All GNC webinars are recorded and posted on the GNC website.

GLOBAL PARTNER CALLS

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

NEEDS-BASED TECHNICAL AND COORDINATION SUPPORT

Needs-based technical and coordination support was provided to Nutrition Cluster Coordinators, partners, technical working groups and nutrition specialists through multiple phone calls, email and face-to-face discussions. The countries that were provided with a variety of technical and coordination support include: **Cameroon, CAR, Cox's Bazar, Myanmar, Afghanistan, Sudan, DRC, Chad, South Sudan, North-Eastern Nigeria, Mali, oPT, Niger, Venezuela, Mozambique, Malawi, Syria, Burkina Faso, Zambia, Philippines and Zimbabwe.** Examples of needs-based support include :

- Support for the review of the national guidelines for breastfed infants in Ebola-affected areas in DRC,
- Support for the IYCF-E technical WG in DRC,
- Set-up of the IYCF-E TWG in Nigeria and Sudan,
- supporting with documents and guidance to the CMAM TWG in Nigeria,
- Remote support for a nutrition cluster assessment in Gaza
- Providing inputs into the CAR IYCF-E TWG workplan,
- Supporting with setting up the TWG on Assessments in Zambia.
- support include nutrition costing guidance for South Sudan,
- Development of sub-national nutrition cluster ToRs for CAR,
- Development of Mali cluster partner orientation package,
- Guidance on CERF allocation for Niger,
- Development of CASH and Nutrition guidelines for CAR,
- Review and input into Mozambique NC bulletin,
- Support to Afghanistan NCC recruitment exercise,
- Support to Cameroon caseload definition
- Provision of GBV and nutrition integration guidance for North-eastern Nigeria,
- Support to South Sudan on how to better integrate and measure accountability to affected populations into nutrition programs,
- Review and update Capitalization of Continuum of care for Rohingya Nutrition Response in Myanmar.

The GNC Coordination Helpdesk also reviewed and provided inputs to global-level guidance, including the HTP Module 22 and the update of the nutrition and child protection standard.

CLUSTER COORDINATION PERFORMANCE MONITORING (CCPM)

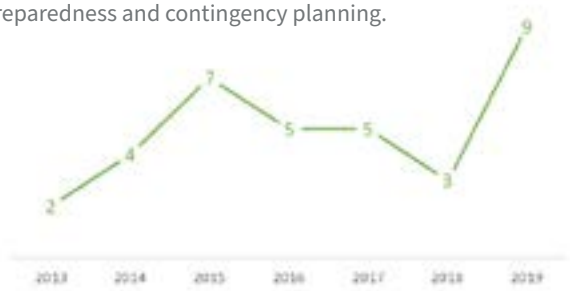
The GNC supports countries with conducting regular Cluster Coordination Performance Monitoring Exercise (CCPM), both remotely and on the ground. The GNC provides the following support to the countries for the CCPM as needed:

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

Any other support that may be requested by the Cluster Coordinators.

In 2019 nine countries have completed the CCPM exercise: **DRC, Mali, South Sudan, Bangladesh Cluster and Cox's Bazar sector, Ethiopia, Niger, Zimbabwe and Afghanistan.** All CCPM surveys are conducted with the remote support of GNC-CT team. This year, six of the CCPMs were completed with on the ground support of a member of the GNC-CT. Overall, there is an increased number of the CCPMs conducted in countries compared to 2018 (five during the whole year), however it is still well below the guidance on conducting CCPM in all countries with sector/cluster coordination mechanism once a year. The reasons for not doing CCPM when due are mostly of two types: conflicting priorities and ongoing changes within the Cluster structure or functioning.

The findings of the CCPM surveys showed over all country clusters have delivered the core-cluster functions at acceptable level. Country clusters did well in supporting services delivery, monitoring and reporting of nutrition response, and advocacy; satisfactory level performance was seen on the other cluster core functions. The CCPM revealed more needs to be done to in building national capacity in preparedness and contingency planning.



CCPM trend analysis (Jan 2013 – Dec 2019)

GBV AND GENDER MAINSTREAMING IN NUTRITION

A work on the **GBV and Gender mainstreaming in nutrition in emergency** was intensified during this year due to active engagement with the UNICEF GBV Specialist.

- A technical advisory group formed under the GNC with technical support from UNICEF GBV specialist and a consultant revised the Harmonized Training Package Module 22 on Gender. The content of the Module was updated and the GBV risk mitigation aspects were included. A complete training package comprising training slides , facilitator guides, and reference materials was reviewed and endorsed by the group on behalf of GNC. The finalized materials have been submitted to GNC and are being translated into French so they can used in a wide number of contexts by country clusters and partners.
- Two rounds of three day trainings – in March and December - on GBV and Gender mainstreaming were provided to GNC Rapid Response Team, Nutrition Tech RRT, Helpdesk , and GNC-CT and country cluster coordination staff. The training enables GNC key staff to acquire knowledge and skills on Gender and GBV mainstreaming basic concepts and ways of integrating GBV risk mitigation in nutrition programme in general and within the various elements of the humanitarian programming cycle (HPC).
- IM /NCC of the GNC organized two GBV and Nutrition webinars in English and in French in June. The webinars shared a basic concept and examples of how to integrate GBV into Nutrition and South Sudan Nutrition Cluster's experiences in safety audit. The record of webinar is uploaded at GNC website.
- With support from GBV specialist , Gender and GBV aspects were incorporated to GNC tools and guidelines such as preparedness guidelines , and coordination checklists. In addition, a generic terms of reference (ToR) for country cluster gender focal person was finalized and translated to French. Country clusters can adapt and use the generic ToR for assigning and tasking a focal person to ensure integration of GBV risk mitigation in the cluster and coordination with GBV sub-cluster when needed.
- A guidance on Nutrition and cash and voucher assistance is being developed by the GNC and the GBV Specialist has provided technical inputs to integrate GBV risks and mitigation measures in the guidance. As the GNC is drafting its Competency Frameworks for Cluster Coordination and Information Management, technical inputs on GBV and PSEA risk mitigation considerations were added as part of the underlying knowledge and skills section.

GNC Mainstreaming GBV in Nutrition Training, December, 2019

CLUSTER COORDINATION PERFORMANCE MONITORING (CCPM)

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

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

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

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

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

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

The CCPM consists of the following stages;

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

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

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

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

GNC TRAINING PACKAGES ON COORDINATION AND INFORMATION MANAGEMENT

Nutrition Cluster Coordination training

Latest revision: 2019

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

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

Duration of the training: 5 days

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

Languages: EN, FR

Nutrition Cluster Information Management training

Latest revision: 2016

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

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

Duration of the training: 5 days

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

Languages: EN

Sub-national Nutrition Cluster Coordination training

Latest revision: 2019

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

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

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

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

Languages: EN, FR

Cluster Approach Awareness training for cluster/sector partners

Latest revision: 2018 EN, 2016 FR

Target audience: National and sub-national level cluster partners

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

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

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

Languages: EN, FR

GNC COORDINATION AND INFORMATION MANAGEMENT TRAININGS

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

- A number of trainings, funded by SDC, was delivered by the GNC in partnership with RedR this year.
- A Global Nutrition Cluster Coordination training was conducted in March 2019 to 21 cluster coordinators, co-coordinators and deputies from **12 countries.**
- Half of the participants were local staff, which is a significant improvement on localization compared from previous trainings. 94% of participants rated the training as “good” or “excellent”, with 100% showing improved knowledge in cluster coordination according to pre- and post-training evaluation.
- A Global Nutrition Cluster Information Management training was delivered in March to 13 participants from **10 countries**, with only three of them being international IMOs. This is in line with an overall tendency to recruit IMOs who are local staff. Pre- and post- training evaluation showed a considerable knowledge gain. 100% of the participants rated it as ”good/excellent” and all of them had seen an improvement in their knowledge and skills.
- Five country level trainings for sub-national coordinators were conducted in **Madagascar, South Sudan, DRC, Zimbabwe and Somalia** with most of the participants from the government or local staff members. For example, in Madagascar 30+ government officials attended the training and participated in the follow up workshop, most being from the sub-national level.
- Two trainings to the cluster partners on cluster approach were conducted in **Bangladesh** at national level and in Cox’s Bazar.

Global Nutrition Cluster Information Management training , Budapest March 2019

GNC MENTORING PROGRAM

The GNC has put in place a comprehensive capacity development strategy that encompasses various streams of work. The mentoring program is one element of the strategy which was launched this year with the ultimate aim of contributing to the goal of improved coordination of the Nutrition in Emergency (NiE) interventions by the national Nutrition Clusters. The mentoring program is expected to enhance the technical and functional competencies of IMOs , NCCs, cluster co-leads and alternates.

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

A second round of mentoring phase started in August by selecting additional Mentors and Mentees. Twenty twenty-two mentees and 13 mentor applications were received. Seventeen of the mentee applicants were considered eligible ; and out of them thirteen were prioritized for inclusion in the program. Since mid-August , 11 Mentors were matched with thirteen mentees and have been receiving mentoring support. The second round is expected to end by February 2020. Thereafter, a third-round intake of mentees will take place from March 2020. Although a formal independent evaluation of the mentoring program yet to be done, the feedback from mentees who participated in the program shows ,they have been able to improve in their knowledge , skills and competencies that helped them deliver better in their IM and cluster coordination roles.

RedR technical support on setting up and strengthening the mentoring program will be continued through 2020. The support will help GNC to put in place a sustained mentoring program as part of the GNC capacity development framework. Currently RedR is supporting GNC on:

- **Development of a step-by-step manual for use by mentors.** The manual is meant to be used as a quick reference by mentoring in the mentoring process. It has tools, tips ,models and techniques used for effective mentoring.
- **Providing refresher trainings on mentoring practice:** A six module mentoring training package has been provided to 9 mentors. The dates of training sessions are set in such a way that the mentors are attend sessions at beginning of the mentoring phase and two at various intervals during the mentoring round.
- **One on one mentoring support for mentors.** Given most mentors are new to mentoring practice, a continued support by a mentoring expert on how to go about certain issues or challenges is required.
- **Improve the progress tracking system** : GNC-CT is working on a progress tracking system that can be accessed and regularly updated by mentors. However, the milestones for monitoring the adequacy/ inadequacy of progress made in mentoring relationship hasn’t been established yet. RedR is working with GNC-CT in setting up an online platform that can be used for the entire process of mentoring.

GNC MENTORING PACKAGE

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

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

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

CAPACITY BUILDING CHALLENGES

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

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

Recognizing a number of challenges above, the GNC-CT has initiated consultations on the development of a comprehensive and sustainable capacity building strategy for the partners and coordination teams at both national and sub-national levels in cluster coordination, IM and cluster awareness. As the first step a competencies framework for the NCCs and IMOs is being developed by the GN-CT in partnership with RedR.

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

The primary forum for the integration work of the GNC is the Inter-cluster Nutrition Working Group (ICNWG). This is a gFSC/GNC Co-led working group that was established as a collaboration between the two clusters in 2012. Important turning point for the collaboration between the two clusters was the meeting on Promoting an Integrated Famine Prevention Package in the four countries at risk of famine, namely North East Nigeria, Yemen, South Sudan and Somalia held in April 2017. Its overall goal is to contribute to safeguarding and improving the nutritional status of crisis affected populations, preventing a deterioration of the nutrition situation in population groups already affected or at-risk and enhancing the overall nutritional situation of the affected population. In 2019, the ICNWG accepted to be GTAM Global Thematic Group on nutrition-sensitive interventions for a piloting period in order to support technical request coming from countries.

Since 2017, the ICNWG initiated the development of an integrated, inter-cluster training package to contribute to nutrition, which was finalised in April 2018 and piloted in South Sudan, Ethiopia and Nigeria. Based on the pilot results, the package was further revised by the training sub-group of the ICNWG in partnership with RedR and translated to French. During the piloting of the training and follow up discussions with countries, one of the emerging issues was that, in order to truly achieve integration among the four sectors/clusters (WASH, Health, Food Security and Nutrition), with protection successfully mainstreamed in the related activities, it is necessary to provide constant support to the country level and sub-national clusters and guide them in the integration process and provide day to day support in developing and implementing country plans, as well as to further contribute to the global and country learning on integration. Therefore, the GNC established a Helpdesk on Integration with a funding received from USAID, with the responsibility to support all countries in day to day integration.

In 2019, the training package was implemented in **DRC,CAR and Chad**. Thus, these three countries joined the list of Nigeria, South Soudan and Ethiopia who benefitted from the training. The feedback from the countries was positive and each of the trainings resulted in the development of the action plan on integration. In South Soudan, the training was helpful to partners to identify feasible services that might be provided to malnourished and their household (such as WASH kits), setting kitchen gardening in nutrition centers when possible as well as malaria testing in nutrition facilities and range of referrals to basic health services. In Nigeria and Ethiopia, being pilot countries for the training (2017), some actions might have been followed but not documented. However, based on current experience and feedback the training package will be further refined in 2020 to be part of the larger toolbox and The action plan protocol will be revised to insure feasible action and engagement is sustained after the training. Countries willing to benefit from the training are requested to contact GNC Integration Helpdesk.

To reinforce documenting countries experience, ICNWG initially identified **South Sudan, Ethiopia, Nigeria and Yemen** to be part of integration case study supported by GNC integration helpdesk. However, several challenges were faced due to high turnover and based on available information, thus ICNWG decided to keep South Soudan and Yemen while waiting for Ethiopia and Nigeria to reformulate their new strategies. Chad's subnational multi-sectoral planning for improved food and nutrition security and WASH and Nutrition strategy will be also part of the case studies in 2020. The proposed case studies will focus on both nutrition-specific and nutrition-sensitive interventions in order to holistically evaluate what worked well and what the current challenges are to ensure integration for nutrition outcomes. While the development of the case studies might receive the support, distant or in person from ICNWG members, the direct involvement of country cluster coordinators or their members (NGOs, government, private sector, academia) would be critical. Any case study shall receive the final validation by the national level.

Apart from capacity building and learning from experiences, several challenges were identified:

- It has been difficult to sustain the knowledge gains from previous trainings due to high turnover. There is need to reflect on how to make this knowledge available for sub-national level teams.
- Another challenge is the implementation of integrated action plans agreed on the third day of the training. Often, difficulties are faced in order to engage with other clusters and follow-up the action plan due to high workload and other priorities. Subsequent work must be done on the feasibility and refinement of existing inter-cluster action plans and there is need to decide on their governance structure.
- A big question remains on the role of Inter-cluster Coordination Group under the leadership of OCHA to support inter-clusters initiatives when it comes to integrated humanitarian response.
- A lack of practical guideline/protocol on integration for nutrition outcomes to support design and implementation inter-cluster integrated activities.

These challenges will be in the scope of the future work of ICNWG and GNC integration helpdesk.

At global level, a conversation has begun with gFSAC, Global WASH and Health cluster in 2019 which will be further continued in 2020 in order to agree on a framework of collaboration.

GNC TRAINING PACKAGE ON INTEGRATION FOR NUTRITION OUTCOMESS

Inter-cluster training for nutrition outcomes

Latest revision: 2019

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

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

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

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

Languages: EN, FR

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

The structure of the GNC includes the following categories:

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

GNC Observers are organizations that are interested in the GNC work but are not actively contributing to the GNC work plan.

At global level, the GNC has 31 partners and observers (14) representing International Non-Governmental Organizations (INGOs), research and development groups, academic institutions, UN agencies, donors and individuals. At a country level, in addition to these partners, local authorities, national NGOs and community based organizations are an integral part of each Nutrition Cluster.

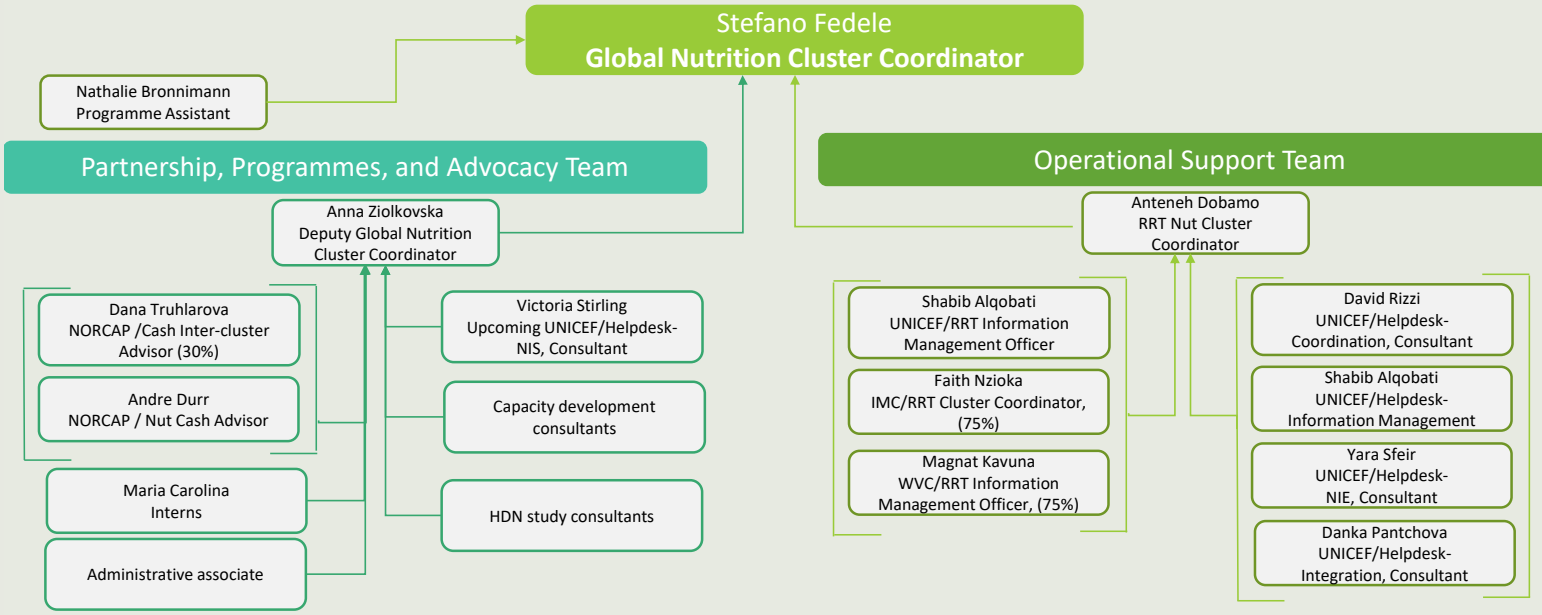
GNC Strategic Advisory Group (SAG) provides strategic support to the GNC-CT to guide direction of GNC affairs. The SAG is composed of representatives from GNC partners: three NGO partners, four UN agencies (UNICEF, WFP and UNHCR are standing members), two donor representatives and one Nutrition Cluster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

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

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

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

GNC-CT ORGANOGRAM FOR 2020



- → Lead global level initiatives in evidence generation and knowledge management
- → Lead development and implementation of the capacity development strategy
- → Lead work on the NIS guidance and HNO development
- → Proposal writing, grant and programme planning, management and implementation as related to the global level projects

- → Coordinate provision of operational support to country level nutrition in emergencies coordination mechanisms
- → Coordinate and keep track of RRT deployments from the UNICEF side
- → Deploy to support country clusters and working groups with coordination, Information management , inter-cluster coordination needs
- → Proposal writing, grant and programme planning, management and implementation as related to the operational support

SUMMARY OF COUNTRY

Table. Summary of country coordination team (NCC/ Deputy) HR at national level (as per data provided by the countries to the GNC by the 10th of March 2020)

Full-time, dedicated | Double-hatting | Vacant

				Nutrition Cluster Coordinator						
Country	NCC	2019 HRP amount - required (nutrition) In USD millions	Cluster/Sector working group	Agency	Type of appointment - fixed term (FT) / temporary assignment (TA) / other	International (P) /national (NO)	Double-hatting?	Contract End Date	Reporting to	Deputy NCC / co-lead / etc.
Afghanistan		58.9	Cluster	UNICEF	FT	P4	No	02/02/2022	Chief of Nutrition	ACF
Bangladesh, Cox's Bazaar		48.1	Sector	UNICEF	FT	P4	No		Emergency Manager	None
Bangladesh, national		N/A	Cluster	UNICEF	TA (vacant)	P2	No		Head of Field Services	None
Burkina Faso		31.4	Sector	UNICEF	Consultant	P3	No	28/04/2020	Representative	ACF
Burundi		5	Sector	UNICEF	FT	P4	Yes	30/09/2023	Chief of Health and Nutrition	None
Cameroon		2.1	Cluster	Stand by > UNICEF	TA	P3	No	12/07/2020	Chief of Nutrition	No
CAR		26	Cluster	UNICEF	TA	P3 Vacant	No		Representative	MEDECIN D'AFRIQUE (MDA)
Chad		69.6	Cluster	UNICEF	FT-Acting position	P3	Yes		Representative	ALIMA
DRC		160	Cluster	UNICEF	FT	P3	No	31/12/2021	Representative	COOPI
DRC, Goma		tbc	None > Cluster scale up activation	none > stand by	none > stand by	none > P3	No		National Nutrition Cluster Coordinator	None
Ethiopia		216	Cluster	UNICEF	FT	P4	No	21/06/2021	Chief of Nutrition	UNICEF
Malawi		4.4	Sector	Stand by > UNICEF	Vacant	P3	No		Chief of Nutrition	None
Mali		56.4	Sector/Cluster	UNICEF	TA	P3	No	01/12/2020	Nutrition Manager	ACF
Mozambique		32.9	None > Scale up activation	UNICEF	TA	P3	Yes	15/05/2020	Nutrition Manager	None
Myanmar		11.2	Sector	UNICEF	FT	P3	Yes	31/12/2022	Nutrition Lead	None
Niger		76.3	Sector/Cluster	UNICEF	FT	P4	No	31/01/2022	Chief of Nutrition	ACF
Northeast Nigeria		106.3	Sector	UNICEF	FT	P4	No	30/06/2020	Emergency Manager	IRC
Pakistan		50.6	Sector	UNICEF	FT	NOC	Yes		Chief Of Nutrition	None
Somalia		178	Cluster	UNICEF	FT (vacant)	P4	No		Emergency Manager	WFP
South Sudan		180	Cluster	UNICEF	FT	P4	No	31/10/2020	Chief of Field Operations	WFP
Sudan		110	Sector	UNICEF	FT (currently stand by)	P4	No	30/05/2021	Emergency Speacialist	WFP, CWW, ACF
Venezuela		14	NiE working group	UNICEF > Stand by		P4	No	12/08/2020	Representative	None
WoS		83.9	Sector/Cluster	UNICEF	FT	P4	Yes	31/12/2020	Senior Emergency Specialist	SCI
Yemen		320.32	Cluster	UNICEF	FT	P4	No	31/03/2021	Chief of Field Operations	UNICEF (national > international)
Zimbabwe		3.63	Sector	Stand by NorCAP		P3	No	31/07/2020	Nutrition Manager	GOAL

Note: ">" indicated changes in the reporting period January – December 2019

Table. Summary of country coordination team (IMO) HR at national level (as per data provided by the countries to the GNC by the 10th of March 2020)

Full-time, dedicated | Double-hatting | Vacant

Nutrition Cluster Information Management Officer						
Country	**IMO**	**Agency**	**Type of appointment - fixed term (FT) / temporary assignment (TA) /other**	**International (P) / national (NO)**	**Double-hatting?**	**Contract End Date**
Afghanistan		UNICEF	FT	NOC	No	30/06/2020
Bangladesh, Cox's Bazaar		UNICEF	TA	NOB	No	30/06/2020
Bangladesh, national		UNICEF	TA	NOB	Yes	30/4/2021
Burkina Faso		UNICEF	TA	NOC	No	31/12/2024
Burundi		None	None	None	None	31/05/2020
Cameroon		None	None	None	None	21/02/2020
CAR		UNICEF	TA	NOC	Yes	30/09/2020
Chad		UNICEF	FT-Acting position	P3	Yes	31/12/2020
DRC		COOPI	other	International	No	31/12/2020
DRC, Goma		none > stand-by	other	other	No	
Ethiopia		UNICEF	FT	NOC	No	01/06/2022
Malawi		None	None	None	None	
Mali		None	None	None	None	25/09/2020
Mozambique		UNICEF	TA	NOB	Yes	10/09/2020
Myanmar		UNICEF	TA	NOB	Yes	12/04/2020
Niger		UNICEF	TA	P3	Yes	29/03/2020
Northeast Nigeria		IMMAP	other	National	No	30/06/2020
Pakistan		UNICEF	TA	NOB	Yes	30/06/2020
Somalia		UNICEF	FT	NOB	No	
South Sudan		UNICEF	FT	P3	No	
Sudan		UNICEF	TA	NOB	Yes	
Venezuela		IMMAP		International	No	15/07/2020
WoS		UNICEF	FT	P3	Yes	
Yemen		CTG	other	National	No	14/01/2021
Zimbabwe		Stand by NorCAP		P3	No	

Note: ">" indicated changes in the reporting period January – December 2019

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

The table on the right summarizes the information from the countries that provided Country Cluster/sector coordination staffing data to the GNC over the last year, with arrows showing the coordination team composition and incumbency status by beginning of 2020.

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

Most of the countries have arrangements with another UN agency (WFP) or an NGO (ACF, MDA, IRC, COOPI, CWW, SCI, GOAL) to provide additional staff for the co-coordinator, cochair or deputy position: out of the 25 countries with available data, only in **Yemen and Ethiopia** UNICEF is employing/contracting one of the above posts, while in 13 countries other agencies fill this position at national level (mostly WFP or ACF), while some have no additional co-chair (such as in **Cox's Bazar**). This arrangement allows for greater contributions by cluster partners and greater flexibility if funding of cluster position is limited. While some progress was done in including Cluster Coordination positions in the organizational structure of UNICEF over the past years, IMO posts creation and funding face more persistent challenges. Only three 2 of 25 posts benefit from a UN international fixed term contract (all the remaining employing national staff, using secondment or NCC double hatting as an IMO) **Afghanistan, Ethiopia, Somalia**). Nine national IMOs are employed on temporary appointments, even for protracted crises (such as **Bangladesh, CAR, Pakistan, Sudan). Cameroon, Mali, and Malawi**, do not have any IMO.

THE GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION (GTAM)

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

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

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

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

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

- Estimation of number of deaths as a result of untreated severe acute malnutrition
- Updates on estimation of the number of children with acute malnutrition
- Programming for non-breastfed children
- Cash in emergencies for nutrition outcomes

In order to address these areas and solve future requests, the GTAM will engage the GTWGs. The following working groups were agreed to be formed:

- Infant and young child feeding GTWG – based on the existing IFE Core Group
- Nutrition-sensitive interventions GTWG – based on the existing Inter Cluster Nutrition Working Group
- CMAM GTWG – not yet formed
- Nutrition information Systems (NiS) GTWG - newly formed
- Cash and voucher for Nutrition outcomes GTWG – not yet formed

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

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

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

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

HUMANITARIAN – DEVELOPMENT NEXUS

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

CASH AND VOUCHER ASSISTANCE (CVA) AND NUTRITION

At the 2018 Annual Meeting, the GNC partners have identified a need to develop guidance on the use of cash and vouchers for nutrition outcomes. A CashCap advisor was identified and started his work in August 2019. In a first step, the advisor reviewed relevant literature and concepts on the topic and conducted a first round of key stakeholder consultations with various organisations. Based on these consultations, a Reference Group was set up in October to support the guidance development process. The Reference Group consists of 20 people for different partner organisations. In November, the advisor conducted two webinars (English and French) on the use of CVA for nutrition outcomes. During December, the outline and structure of the guidance note was finalized. The outline raises the key questions that the guidance note will try to answer. The advisor also reached out to several Nutrition Cluster Coordinators to identify the potential for conducting case studies. The case studies will be an important component of the guidance development process and will be implemented in 2020. Lastly, the advisor finalized a first draft note on CVA and IYCF, based on the request from several partners. The note will be finalized and circulated in Q1 2020.

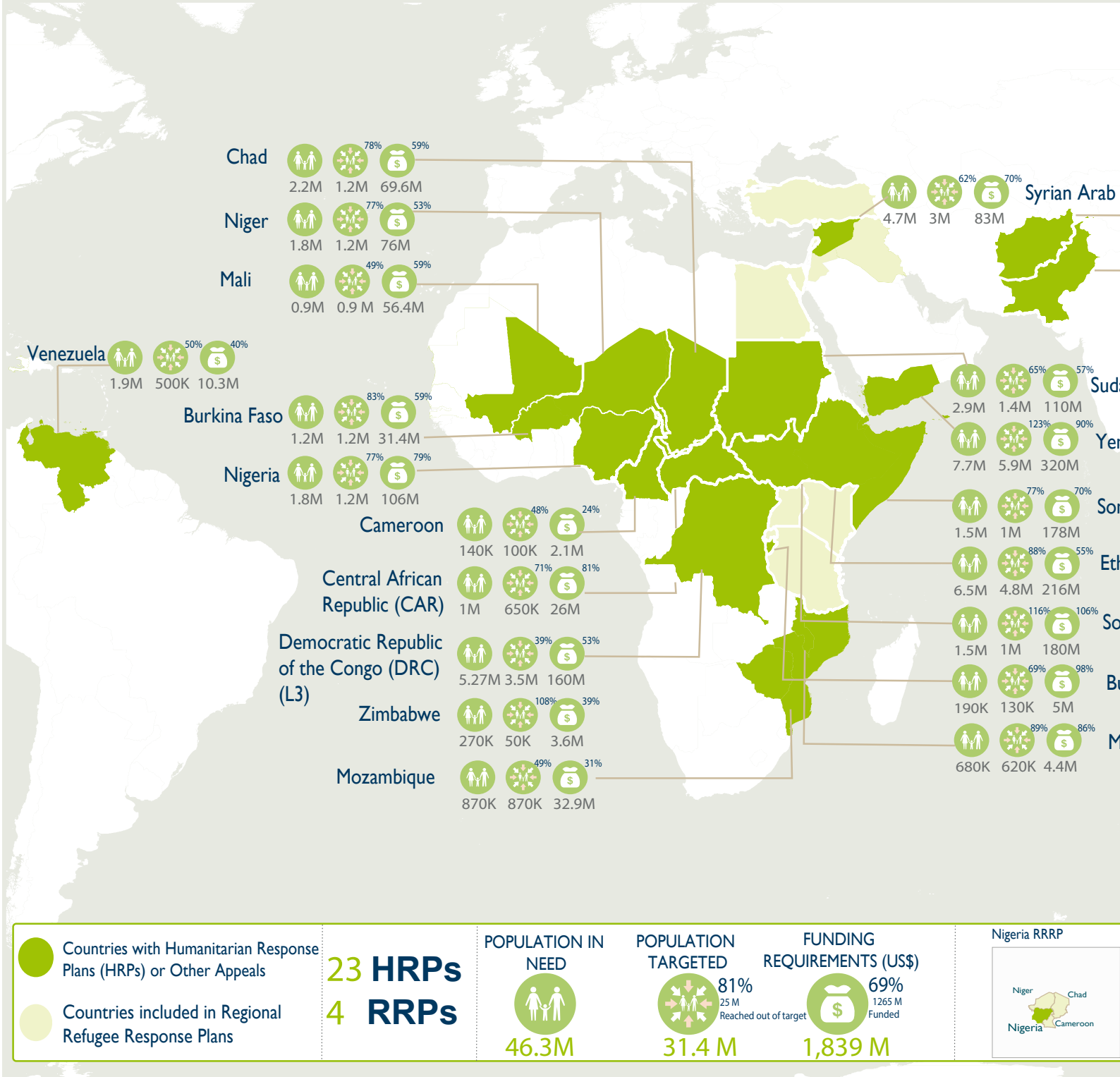
SUPPORTIVE OBJECTIVE 2: TO HELP DELIVER THE GNC STRATEGIC PRIORITIES BY STRENGTHENING INTERNAL WAYS OF WORKING

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

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

GLOBAL NUTRITION CLUSTER SUPPORTED COUNTY CLUSTER / SECTOR AND WORKING GRO

RESPONSES IN 2019



Countries with Humanitarian Response Plans (HRPs) or Other Appeals

Countries included in Regional Refugee Response Plans

23 HRPs

4 RRPs

POPULATION IN NEED	POPULATION TARGETED	FUNDING REQUIREMENTS (US$)
46.3M	31.4 M	1,839 M
	81% Reached out of target (25 M)	69% Funded (1265 M)

Nigeria RRRP

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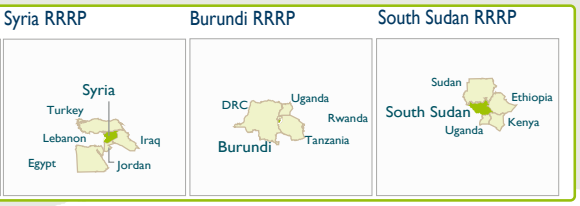
OUP NUTRITION IN EMERGENCY



Global NUTRITION CLUSTER

KEY ACHIEVEMENTS OF GNC COORDINATED EMERGENCY NUTRITION RESPONSE IN 2019

The Global Nutrition Cluster Supported Coordinated response in 23 for consistency countries and 4 Regional Refugee Response mechanisms : The nutrition coordination mechanism have been assuring timely and effective response to emergency nutrition needs of children and women in 23 countries in Africa, Asia and South America. Four countries (**Nigeria, Syria, Burundi, and South Sudan**) had both regional refugee response and cluster/sector working group coordinated emergency nutrition response activities.

System Wide Emergency activation in two countries: DRC (Ebola response) and Mozambique; these two countries were declared as a System Wide Scale up (former Level three (L3)) emergencies during 2019. Due to rapid deterioration of humanitarian situation clusters including nutrition were activated in Burkina Faso by December 2019.

About 46.3 Million people were identified as people in need of nutrition interventions in 2019 : In the above countries, People in Need of nutrition services estimations increased by about 4.7 million compared to 2018 with the number of targeted people increased by about 2.2 million. In 2019 46.3 million people, including children aged under five years old, pregnant and lactating women were identified as being in need of life saving nutrition assistance across the 23 countries; but Country cluster/sector coordination mechanism targated about 31.4 million out of the total people in need in 2019 for emergency nutrition response.

A total of 25 million children and women were reached through emergency nutrition response services in 2019. This represents about 81% of the HRP and Regional Response Plans' targets. Thirteen countries (**Afghanistan , Bangladesh, Burkina Faso, Chad, Ethiopia, Malawi, , Myanmar, Niger, Nigeria , Somalia , South Sudan, Yemen, and Zimbabwe**) achieved 75% of annual HRP target, while five countries (**Cameroon , DRC, Mali, Mozambique and Pakistan**) achieved below 50 percent of annual target.

About 1.3 Billion USD of funding was received by nutrition partners out of 1.8 Billion USD requested for 2019 response. By end of 2019 the Nutrition response had received 69 % of funding requested. Seven countries (Cameroon, Bangladesh including Cox's Bazaar, Mozambique, Myanmar, Pakistan, Zimbabwe, Venzuella) received less than 50% of the declared funding requirements.

- **On average ,provison of emergency nutrition services in the 23 countries costed about 50 USD per person reached**
- All of the following nutrition in emergencies interventions were implemented in 11 countries: treatment of moderate and severe acute malnutrition, Infant and young child feeding in emergency (IYCF-E) interventions, Vitamin A Supplementation, and multiple micronutrient Supplementation. Fourteen countries had acute malnutrition treatment and IYCF-E services. Twenty of 22 countries currently implement Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) treatment programs.

NiE Services	People in Need	People in Need
SAM treatment	5.7M	3.9M
MAM treatment	16.2M	5.8M
PLW TSFP	7.6M	3.4M
IYCF-E	8.1M	8.1M

Note: ">"To print the map in one page ,please download by click her

AFGHANISTAN

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2008

NCC: UNICEF P4 FT

Deputy: ACF

IMO:NOC FT

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	2	INGOs projects	6
NNGOs projects	15	Other projects	0
Nutrition as stand-alone intervention			23
Total number of projects			23

KEY LINKS

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report
- Financial Tracking Service
- Humanitarian InSight

KEY DOCUMENTS

- **HRP Report Q1**
- **IMAM Guideline - 2018**

SITUATION ANALYSIS

Afghanistan is suffering from very high prevalence of under-nutrition especially among the most vulnerable groups of population, children under-5 and pregnant & women. Ongoing conflict, low access to basic services, and the impact of natural disasters and displacement have exacerbated the existing vulnerabilities of communities and resulted in very high rates of acute malnutrition. The recent nutritional needs' analysis based on most up to date assessment findings shows that 25 out of 34 provinces are currently above the emergency level threshold of acute malnutrition based on WHO classification of wasting rates for children under the age of five (global acute malnutrition (GAM) ≥10 % with aggravating factors); in 2019, 22 out of 34 provinces were categorized at this level, indicating a deteriorating situation. In 2019, an estimated 2 million children under the age of five and 485,000 pregnant and lactating women (PLW) were affected by acute malnutrition, requiring treatment and nutritional support.

Although the access to treatment for both severe and moderate acute malnutrition has increased in 2019, Infant and Young Child Feeding practices as well as micronutrient deficiencies still need to be improved. While 98.6% of children were ever breastfed of those 63.7% were breastfed within one hour after birth. Exclusive breastfeeding rate is only 57.7%. With regard to complementary feeding, 53.1% of children age 6-8 months were receiving solid, semi solid or soft food (Afghanistan Health Survey 2018). Despite the presence of Code of Conduct on the promotion of Breast Milk Substitute in Afghanistan, in 2018, the enforcement is weak. Although the female government workers are entitled to 3 months of maternity leave, social protection measures for the larger population to promote and improve IYCF are insufficient.

RESPONSE STRATEGY

- CO 1: Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases.
- CO 2: Deliver timely lifesaving nutrition services for vulnerable population groups affected by new crisis focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions, nutritional supplementation and optimal maternal nutrition.
- CO 3: Strengthen system, capacity, partnership and coordination for robust evidence-based decision making for timely emergency nutrition response

In 2019, in line with the inter-agency Humanitarian Response Plan (HRP), the Nutrition Cluster, in partnership with 37 implementing partners, provided key life-saving nutrition interventions for children and women in Afghanistan. Between January and December 2019, a total of 230,091 children 6-59 months affected by SAM were treated; representing 84% of the annual cluster target (273,504) and 46% of the estimated people in need (600,000). During the same period, a total of 28,311 children were newly admitted into In-Patient Department-Severe Acute Malnutrition (IPD-SAM) services representing 103% of annual cluster target (27,364). Meanwhile, a total of 403,627 children with MAM, representing 121% of the 2019 Nutrition Cluster target (334,167) were treated in Targeted Supplementary Feeding Programme (TSFP). Moreover, the number of undernourished PLW who received nutrition support in TSFP reached about 135% of the annual target of 128,159 and 54% of the estimated people in need (320,396).In terms of prevention, infant and young child feeding (IYCF-E) counselling services reached 71,546 caregivers of children, representing about 85% of annual target. In addition, a total of 62,802 children 6-59 months were reached with blanket supplementary feeding program (BSFP), which represents 100% of the annual target.

CHALLENGES

- Inadequate funding for lifesaving nutrition activities was still a major challenge for nutrition cluster partners leading to delayed response in some of the locations. The funding gap for lifesaving nutrition intervention activities has hindered the scale up of the nutrition intervention including IYCF in emergency. Of particular concern is the shortage of ready-to-use therapeutic food (RUTF) stock. In February 2019, planned scale up had to be stopped in view of a shortfall.

As a mitigation measure, UNICEF is working with MoPH/PND and global experts to adjust the dose of RUTF required for the treatment of children with SAM. Advocacy for more sustained funding with development partners is also ongoing.

- Conflict-related access challenges continues to hamper the delivery of the much-needed life-saving emergency nutrition services, as well as mandatory program monitoring and supportive supervision. Thus, attaining good coverage of nutrition interventions in an evolving nutrition situation continued to be a challenge.
- Improving Infant and Young Child Feeding Practices (IYCF) as well as improving the nutritional status of women would require longer and substantial amount of resources. Improving caring practices or behavior require a continued social behavior change communication approach and ultimately build the nutritional-resilience of children and women in the longer term. The nutrition cluster partners can play a critical role in improving IYCF practices as well as the nutritional situation of women by providing timely evidence-based reporting and thereby allow us to better design life-saving and nutritionally resilient responses and inform us in designing social behavior change communication that address the contextual factors.

PRIORITIES FOR 2020

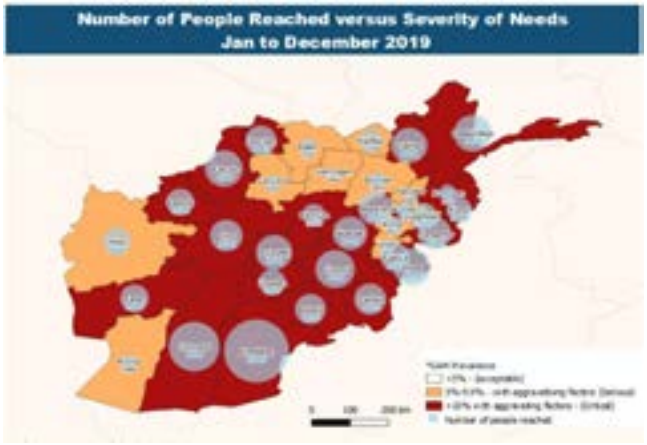
The Cluster has identified children under five and PLW already suffering from acute malnutrition as the priority groups to be reached through its 2020 response. Additionally, vulnerable children and PLW at heightened risk of malnutrition and mortality among returnee, refugee, natural disaster affected communities and IDPs have been prioritized for assistance.

In 2020, the Cluster will put more focus towards strengthening referrals between various components of emergency nutrition services, ensuring a continuum of care for those with acute malnutrition. Unlike previous years, the Cluster's humanitarian response will include system-strengthening and resilience-focused activities such as capacity development of frontline nutrition workers, promotion of a risk-informed approach to programing (emergency preparedness planning), and promotion of maternal and child caring practices.

In terms of prioritization, the Cluster used thresholds of 10 % Global Acute Malnutrition (GAM) and above; areas where over 70 % of PLW are nutritionally at risk; and areas where children are amongst shock-affected population groups (returnees, refugees, natural disaster-affected communities, and IDPs).

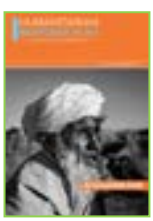
Based on these parameters, the Cluster has identified 25 priority provinces for nutrition responses in 2020. These include Kapisa, Wardak, Nangarhar, Laghman, Bamyan, Paktika, Paktya, Kunar, Nuristan, Badakhshan, Takhar, Kunduz, Samangan, Balkh, Sar-e-Pul, Ghor, Daykundi, Uruzgan, Zabul, Jawzjan, Faryab, Hilmand, Badghis, Hirat, and Farah.

AFGHANISTAN GAM SEVERITY MAP - 2019



NUTRITION RESOURCES

HNO 2020


HRP 2020

NUTRITION GUIDELINES

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

FUNDING

58.9 M

TOTAL FUNDING RECEIVED (USD)

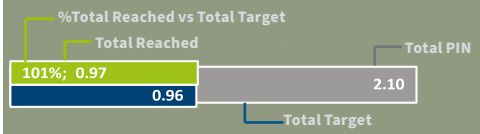
39.6 M(68%)

TOTAL GAP (USD)

19.3 M(32%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)

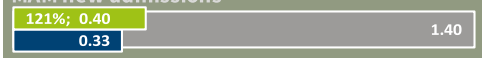


Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions



BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

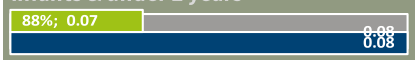
No data; -

Pregnant and Lactating Women (PLW)

MAM new admissions

No data; -

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



BSFP new admissions

No data; -

Micronutrient Supplementation

Contact

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BANGLADESH, COX'S BAZAAR

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2017

NCC: P4 TA UNICEF

IMO:UNICEF NOB TA

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

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	3	INGOs projects	6
NNGOs projects	3	Other projects	0
Nutrition as stand-alone intervention			1
Total number of projects			12

KEY LINK

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

KEY DOCUMENTS

- **JRP 2019**

SITUATION ANALYSIS

Nearly 800,000 individuals fled Myanmar around August 2017 to take refuge in the Southern part of Bangladesh and received a shelter in the already existing refugee camps of Nayapara and Kutupalong. Nutrition sector consultant analyses the nutrition status of displaces Rohingya children, pregnant and lactating women.

The SMART Survey conducted in October 2019 (Round 4), unveiled Global Acute Malnutrition (GAM) levels of 10.9 % (8.0 – 14.7 C I), among children under five, and stunting levels of 32.6 per cent (27.8 -37.9%). There was a slight gain in the improving of the nutrition status of Rohingya children compared with the same period of 2019.

However, still the high sustained prevalence of stunting in comparatively low wasted children's population assumes on the presence of other contribution to stunting factors. Still there was a high -level dependency on food assistance among the Rohingya population, widely spread negative coping strategies such as selling food (WFP REVA 3, available at https://docs.wfp.org/api/documents/WFP-0000106095/download/) and absence of timely nutrition care-seeking practices.

Over 63.6 % of infants less than six months old are exclusively breastfed indicative of low coverage; and less than half (46.1 %) met the minimum diet diversity (IYCF monitoring exercise, May 2019).

The prevalence of anaemia is relatively high, with 41.6 % of children in Kutapalong (KTP) and 20.2 % of women of reproductive age (15 -49 yrs). Combination of the dietary deficiencies (e.g., lack of high sources of iron, vitamin B12 or folate acid) and non-dietary (e.g., consequences of child marriage and low birth weight infants) are assumed to be core contribution factors of respectively high presence of child stunting (NCA, preliminary results November 2019 and SMART series 2019).

The nutrition situation calls for more efforts and resources directed towards scaling up the IYCF-E response alongside other preventive interventions in an integrated approach working closely with other sectors to support and sustain uptake.

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

RESPONSE STRATEGY

1.To reduce excess mortality and morbidity among boys and girls under 5 years, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and Moderate Acute Malnutrition, including

a.improving the quality of services provided in facilities, including outreach, referral and follow-up

b.restructuring and integration of facilities/services including expanding and/or streamlining emergency services with other sectors (health, WaSH, Child Protection and Education) for promoting the CRC declared rights of children.

2.To reduce the burden of malnutrition among boys, girls, PLWs and other vulnerable groups through the strengthening and scale up of malnutrition prevention interventions, with a strong focus on effective application of IYCF-E services at household levels (dissemination of information, etc.), through community groups and counselling.

3.To generate evidence for assessing the effectiveness and efficiency of the nutrition response. Ensure constant data exchange with all sector partners and encourage collective decision-making process. Explore opportunities of wider application of M&E tools and if possible introduction of community and facility nutrition surveillance system in 2020.

CHALLENGES

- The high staff turnover makes it difficult to recruit, train and retain skilled workforce, especially females. Most staff of the NS partners are overwhelmed with work, although the situation has stabilized significantly, but due to the large number of refugees and facilities, the workload is still extremely high.
- Despite significant progress made in identifying, referring and treating SAM and MAM children , further improvement in terms of skills of outreach workers and volunteers and application of methodology requires continued strengthening through training and on the job support.
- The integration of nutrition facilities/services remains a priority and while a lot of progress has been made already, it is a difficult process due to lack of space.
- Communication with Rohingya community requires better understanding of socio-cultural, religious, linguistic and other issues determining knowledge, understanding, attitude and behavior of caregivers. Some vulnerable groups (people with disabilities, elderly, malnourished adolescents and adults, etc.) are not well covered.
- Coordination and cooperation with other sectors and at camp level requires further strengthening.

PRIORITIES FOR 2020

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

NUTRITION GUIDELINES

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

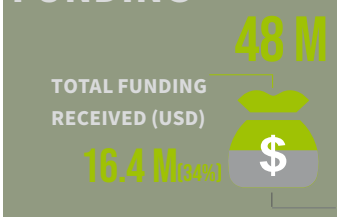
NUTRITION RESOURCES


HRP 2019


CMAM guidelines

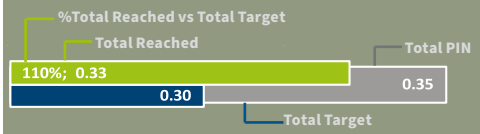

IYCF guidelines

FUNDING



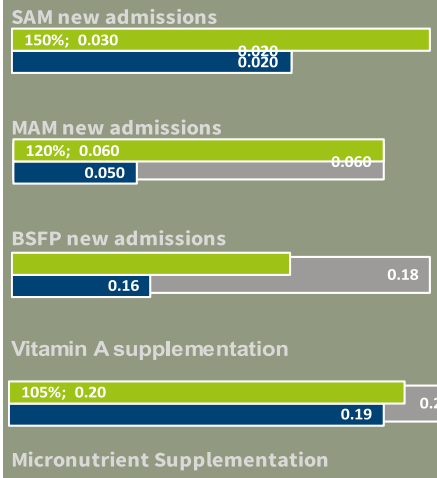
Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)

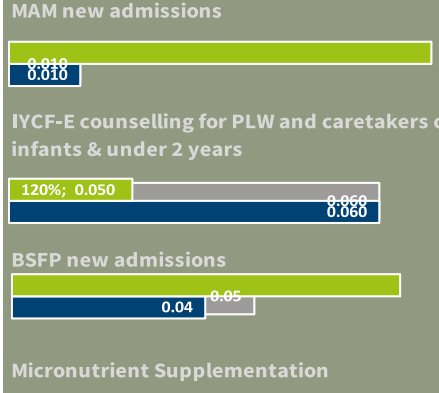


Achievements Per Activity

Children 6-59 months



Pregnant and Lactating Women (PLW)



Contact

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BURKINA FASO

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2019

NCC: UNICEF P3 Consultant

Deputy: ACF

IMO:UNICEF NOC TA

Coordination arrangement:

UNICEF Lead and MoH Lead

PARTNERS

LNGOs	5	INGOs	15
UN AGENCIES	4	AUTHORITIES	2
OBSERVERS	-	DONORS	2

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	7	INGOs projects	7
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			13
Total number of projects			14

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

-

SITUATION ANALYSIS

The humanitarian crisis in Burkina Faso has intensified since 2018 through prolonged security threats and attacks by armed groups mainly in the areas at the border with Mali and Niger. As of December 31, 2018, the government declared emergency status in 14 provinces (in the 6 regions of Sahel, North, Center-East, Hauts-Bassins, Boucle du Mouhoun and East) which was extended until January 2020. Since the declaration, the number of displaced persons has increased considerably, from 87,000 in January 2019 to 560,033 on December 9th, 2019 (with around 85% of IDPs settled in host communities and the rest in five sites). Most of the displaced populations were in the Sahel region, Soum province (196,409), and in the Center North region, Sanmatenga province (132,871).

The combined consequences of various factors (massive displacement of people due to insecurity, food crisis during the past 2 years, reduction in the supply of services by actors on the ground, whether state or non-state, etc.) had caused the deterioration of the nutritional situation, as shown by the results of the rapid nutritional survey organized in six communes in four regions most affected by the humanitarian crisis. Five regions of Burkina Faso (Sahel, Center North, North, East and Boucle du Mouhoun) are the most affected by the crisis. These regions are home to IDPs with increased vulnerability linked to insufficient access to food and social services. The same regions have traditionally been the most affected by acute malnutrition with global and severe acute malnutrition rates reaching 13% and 3% respectively in the Sahel in 2018. The preliminary results of rapid nutrition surveys carried out in October 2019 in six communes hosting IDPs indicate that worrying levels of global acute malnutrition reaching 20% in the Barsalogho IDP site.

RESPONSE STRATEGY

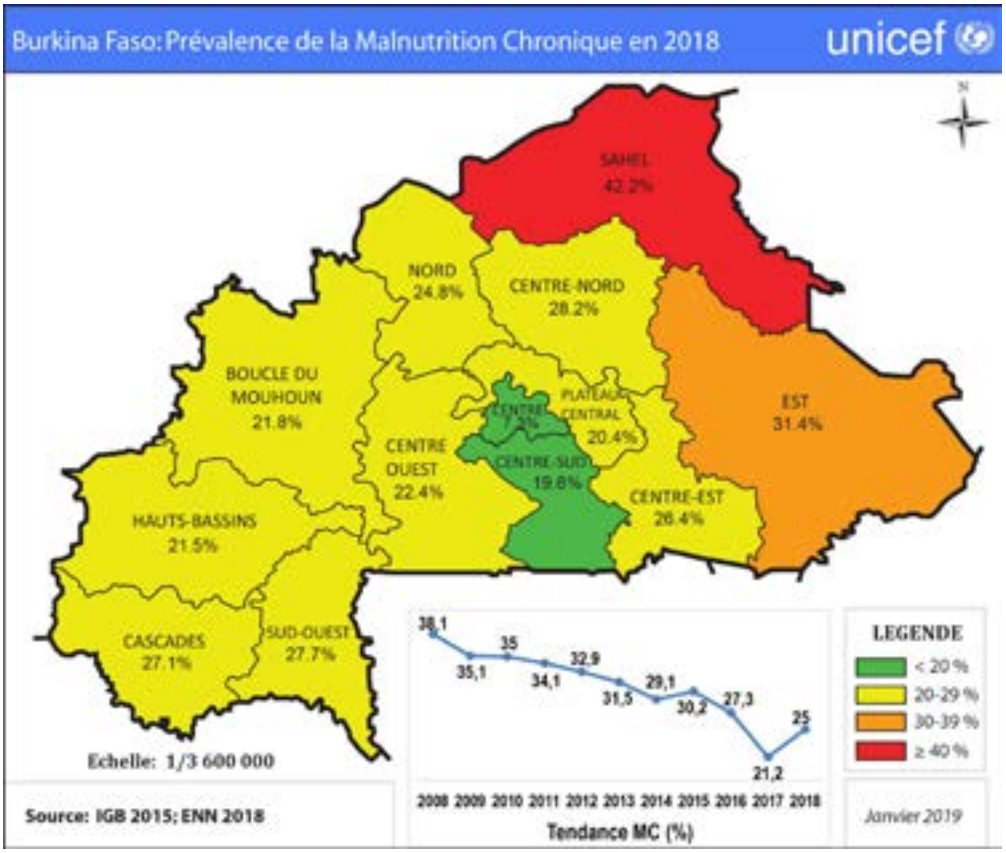
- Ensure access to quality undernutrition treatment to under 5 children and pregnant and lactating women
- Strengthening prevention of malnutrition in children under 5 and pregnant and lactating women.
- Strengthening preparedness, response surveillance and coordination capacities at all levels.

CHALLENGES

- Limited humanitarian space for implementing partners and limited access to healthcare for the population due to the closure of health facilities.
- Underestimation of resources needed for nutrition response.
- The routine nutrition information system does not allow monitoring of the nutrition situation and response.
- Delay in information sharing by partners for in-depth GAP analysis.

PRIORITIES FOR 2020

- Strengthen the nutrition surveillance system.
- Set up nutrition sub-clusters in the 4 regions affected by the humanitarian crisis (North Center, Sahel, North and East).
- Initiate a thematic group for emergency health-nutrition coordination at regional level.
- Set up technical working groups for CMAM, IYCF-E / Micronutrients, nutrition information and WASH-in-Nutrition.
- Advocacy: adapt the system for collecting, analyzing and transmitting nutritional data to the emergency context.
- Update the emergency nutrition response plan.



NUTRITION RESOURCES

HRP 2020

FUNDING

31.4 M

TOTAL FUNDING RECEIVED (USD)

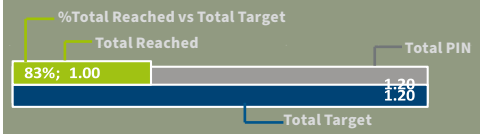
18.4 M (90%)

TOTAL GAP (USD)

13 M (10%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

71%; 0.100 — 0.140

MAM new admissions

30%; 0.100 — 0.330

BSFP new admissions

64%; 0.090 — 0.140

Vitamin A supplementation

97%; 3.1 — 3.2

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

100%, 0.030 — 0.030

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

129%; 0.660 — 0.510

BSFP new admissions

36%, 0.026 — 0.073

Contact

CLAUDE CHIGANGU
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BURUNDI

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2015

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

Deputy: N/A

IMO:N/A

Coordination arrangement:

MoH Lead and UNICEF Co Lead

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

Based on the 2017 DHS III and 2018 SMART surveys, children under five years of age face alarming chronic malnutrition levels of 56%, coupled with Global Acute Malnutrition (GAM) prevalence of 4.5%. There are some discrepancies between provinces but none of the provinces have a GAM prevalence throughout above 10%. The Joint Approach Nutrition and Food Security Assessment (JANFSA) conducted in January 2019 revealed a national GAM prevalence of 5,1% compared to 4,5% in 2018 (statistically there is no significant difference) but SAM prevalence increased from 0,5% (SMART Survey 2018) to 1.1%. Surveys indicated that boys are overall more vulnerable than girls to undernutrition. Joint Approach in Nutrition and Food Security Assessment(JANFSA) conducted in January 2019, results indicated that children 6-11 months are more affected by acute malnutrition with GAM at 8,5% and SAM of 1,9%. Geographic repartition show that most affected provinces are located in the southern and central part of the country while some provinces in the north and northeast have GAM prevalence above national mean of 5%. Number of SAM admissions continue to increase since 2016 and reached around 60,000 admissions . Diarrhea, fever, acute respiratory infections in children under five, chronic food insecurity faced by 44% of population, limited access to clean water coupled with inadequate feeding practices are a key underlying cause of under-nutrition. In 2019, children faced other aggravating factors which affect their nutrition status. The country has seen a historic surge in the number of malaria episodes. According to the MoH surveillance data, the cumulative number of malaria cases reported during the year has reached 8,892,300 with 3,287 deaths as of week 52; as opposed to 4,723,202 cases and 2,016 deaths in 2018, and 7,565,294 cases with 3,264 deaths in 2017. The country had also faced measles and cholera outbreak toward the end of the year which affect children vulnerability. Regarding Infant and Young Child Feeding practices, while exclusive breastfeeding rate is over 80%, the minimum acceptable Diet is very low (<10%).

Food insecurity and dietary diversity remained a concern, mainly due to climate change, poverty and high chronic food insecurity. From Integrated Food Security Phase Classification (IPC) July-September 2018 results, 50% of the households faced food insecurity. Disaggregated data from the IPC analysis for January -March 2019, indicated 15% of the population classified in Phase 3 of Food insecurity compared to 13% for the same period last year (March 2018). Nutrition sector continue to monitor the situation through routine programme data as well as Joint Approach Nutrition and Food Security Assessments (JANFSA). Although humanitarian crisis in Burundi can be explained by high level poverty, chronic food insecurity and climate change that occasioned population movements (Internal displacement and refugees).

RESPONSE STRATEGY

- Ensure access to nutrition quality care for 285,000 girls and boys aged 6-59 months with acute malnutrition (MAM and SAM), and 60,000 acutely malnourished pregnant and lactating women in the 12 priority provinces.
- Establish a nutritional surveillance and monitoring system for 700,000 girls and boys aged 6-59 months and women in the 12 priority provinces.
- Prevent malnutrition among girls and boys aged 6-23 months, and pregnant and lactating women through food supplementation, distribution of multi micro-nutrients and promotion of essential family practices in the 12 priority provinces.
- Coordinate integrated interventions at the national and decentralized level, ensuring an integrated response at central, provincial and district levels.

CHALLENGES

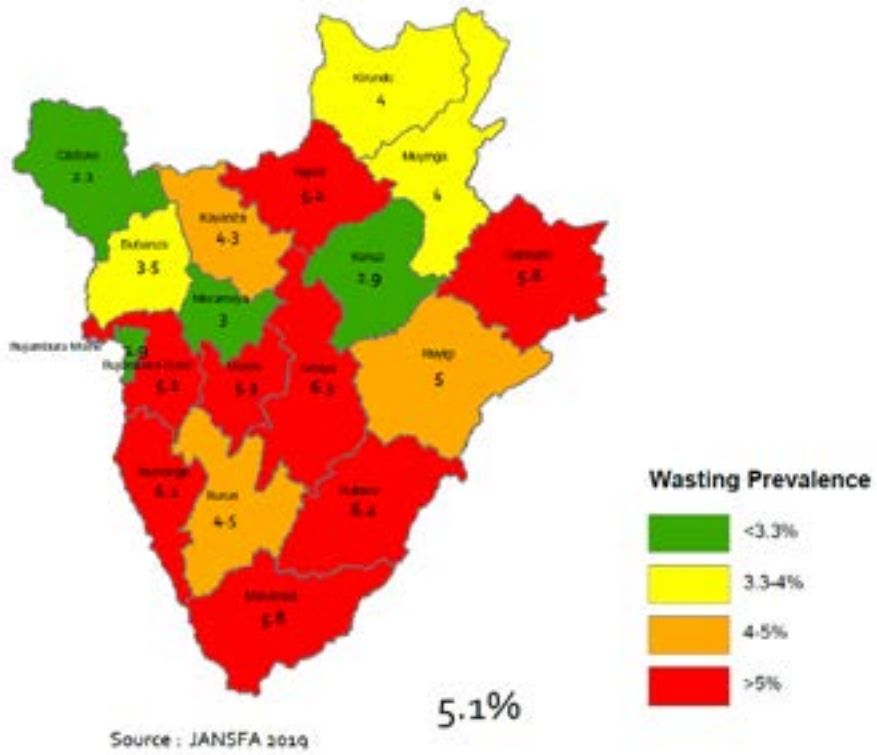
- Supply chain management and end user monitoring to ensure children in need receive the right ration remain a key challenge.

- CMAM program faced stock out at facility level even though supplies are available at district and national level due to delay in requisition and reporting and RUTF diversion.
- An end-user monitoring assessment will be conducted by end of 2019 to identify bottleneck and define actions to strengthen the system.
- During 2019, access to DHIS2 was denied for partners and data availability for situation analysis, reporting and actions became a big challenge.

PRIORITIES FOR 2020

- Access to quality care services: 125,800 people including 115,000 children under 5 (58,600 girls and 56,400 boys) and 68,400 pregnant and breastfeeding women, including more than 15,000 from specific categories (internally displaced persons and returnees), will have access to treatment services for acute malnutrition and other nutrition interventions.
- Nutritional surveillance: active screening will be organized for children aged below 5 years in the 12 priority provinces and children identified as malnourished will be referred to the care centers (SFP / OTP / IPF).

GEOGRAPHIC DISTRIBUTION OF GAM (18 PROVINCES)



NUTRITION GUIDELINES

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

NUTRITION RESOURCES

HNO 2019 HRP 2019

FUNDING

5 M

TOTAL FUNDING RECEIVED (USD)

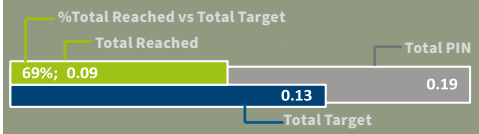
4.9 M (90%)

TOTAL GAP (USD)

0.1 M (10%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Contact

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CAMEROON

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2018

NCC: UNICEF P3 TA

Deputy: N/A

IMO:N/A

Coordination arrangement:

Sub-national Cluster for a regional crisis - UNICEF lead

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website
- Nutrition cluster Google drive

KEY DOCUMENTS

- **CMAM Guidelines**

SITUATION ANALYSIS

The humanitarian situation in the north west and south west (NW/SW) regions of the country continues to worsen as frequent fighting and incidents are reported among NSAGs (non-State armed groups) and the military.1.3 million people are estimated to be in need of assistance with 679,393 people internally displaced[7]. The crisis in the NW/SW continues to have a negative impact on livelihoods, trade, markets and access to land. Farmers, small-scale fishermen and their families find themselves in an extremely vulnerable position due to the disruption of their activities (Cadre Harmonise 2019). IDPs have had to resort to negative food-related coping strategies including reducing the number of meals to one a day.The level of acute malnutrition in the NW/SW regions are not well known as access constraints have hampered the implementation of SMART surveys. The emergency food security assessment (EFSA) conducted by WFP in January 2019 revealed proxy global acute malnutrition (GAM) levels of 4.4% and 5.6% for the NW and SW regions respectively. The proxy prevalence of severe acute malnutrition (SAM) were 1.5% and 2.8% for SW and NW regions respectively. Preliminary findings from a follow up EFSA assessment conducted in October 2019, showed a deterioration of the nutrition situation with proxy GAM prevalence of 5.1% and 7.4% for the NW and SW regions respectively, with further deterioration expected in the coming months. High levels of stunting (36% NW and 28 in SW) and poor Infant and Young Children Feeding (IYCF) indicators (exclusive breastfeeding rate at 43% in NW and 58% in SW) existed prior the crisis (MICS 2014). The proportion of children who meet their minimum acceptable diet (MAD) remains extremely low at less than 30%. The majority of the women have low micronutrient intake as only 23 % in NW and 32% in SW achieved a minimum dietary diversity.

Drivers of malnutrition, namely food insecurity, sub-optimal childcare and feeding practices, diseases, lack of safe water, poor sanitary conditions and repeated internal displacements deteriorated in 2019. Reduced food production, reduced prices in rural areas, increased prices in urban areas (prices are 30 to 50 percent higher) and decline in food consumption as a coping strategy adopted in most households have resulted to substantial deterioration of food insecurity and household livelihoods in 2019. This has exposed IDPs and poor host populations in urban areas to poor living conditions and acute food insecurity Crisis (IPC 3). According to Cadre Harmonize (October 2019), there is a deterioration in the food security situation, with 9 out of 13 divisions in NW and SW in crisis phase. Poor water, hygiene and sanitation situation has been reported with over 55% of the population not having enough water for their needs and more than 40% of the assessed community practice open defecation. Health service delivery continues to be significantly affected due to the increase in the number of security incidents affecting the utilization of the functional health structures. The disease surveillance system is very weak hence putting the population at risk of epidemics with late detection and limited response capacity. Pockets of measles and cholera outbreak have been reported in SW in 2019. A combination of food insecurity, AWD/Cholera and measles outbreaks is a serious driver of acute malnutrition and mortality.

RESPONSE STRATEGY

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

- Improve access to quality lifesaving services for management of acute malnutrition for children (boys and girls 6-59 months) through systematic identification, referral and treatment of acutely malnourished cases.
- Improve access to services preventing under-nutrition for the most vulnerable groups (children under five and pregnant and caregivers of children less than 2 years of age) focusing on infant and young child feeding in emergencies, micro-nutrient supplementation, and blanket supplementary feeding.

- Establish and strengthen nutrition surveillance system to monitor the nutrition situation.

Effective coordination of partner's response to the needs of affected population and management of information on the nutrition situation and response.

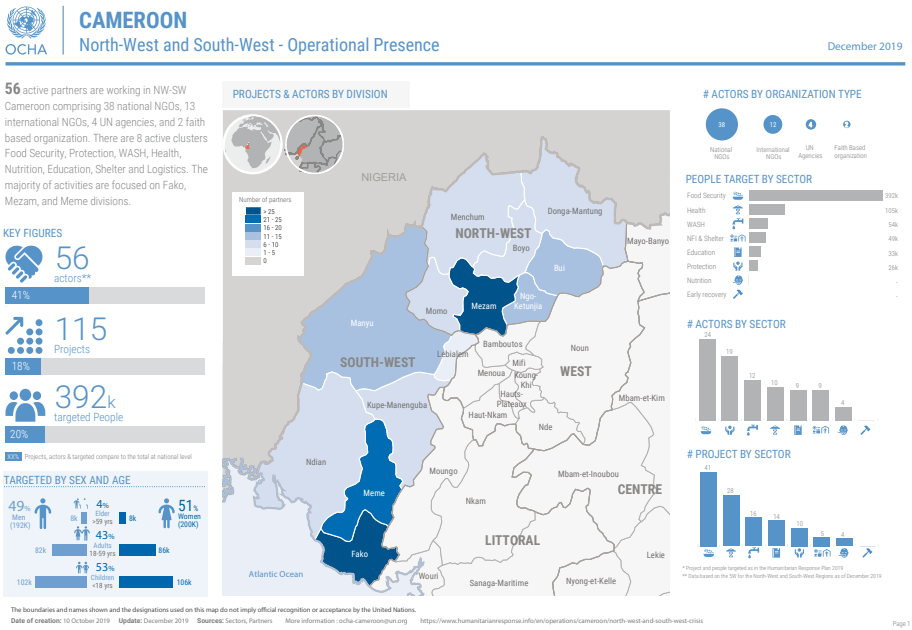
CHALLENGES

- Few INGOs and low technical capacity of local partners in nutrition to support the nutrition response especially in the inpatient case management of children with SAM.
- The coverage of nutrition response is very low in the two most affected regions. Funding for nutrition response remains a big challenge, only one agency has been partly funded.
- There are no nutrition services aimed for the management of moderate acute malnutrition cases and this will result into an increased incidence of the severe forms.
- Lack of quality prevalence (no SMART survey) and program data.
- Insecurity incidents and movement restrictions imposed by the NCSAG.

PRIORITIES FOR 2020

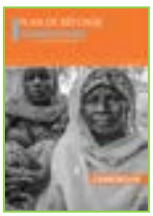
1. Strengthening nutrition surveillance for data generation and advocacy – rapid nutrition assessment planned for March/April 2020.
2. Scaling up nutrition response for SAM and launch MAM treatment if possible.
3. Capacity building of nutrition partners and stakeholders.
4. Strengthening of integration with others cluster (Health, WASH and Food security).
5. Enhancing collaboration with the Nutrition Focal Person regional delegation of health for NW/SW regions.

NORTH-WEST AND SOUTH-WEST - OPERATIONAL PRESENCE DEC 2019



NUTRITION RESOURCES


HNO 2019


HRP 2019


CMAM guidelines

NUTRITION GUIDELINES

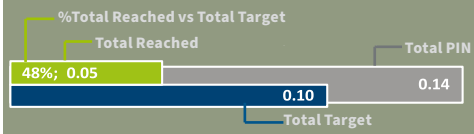
- [x] CMAM Guidelines.
- [x] IYCF Guidelines, but needs updating
- [ ] Nutrition Assessment Guidelines

FUNDING

3.2 M
TOTAL FUNDING RECEIVED (USD)
0.5 M (16%)
TOTAL GAP (USD)
2.7 M (84%)

Key Figures In 2019

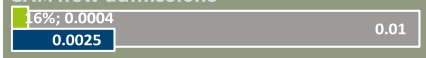
Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions



MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

Inchi Mumbere suhene Jean-Jacques
jsuhene@unicef.org

CENTRAL AFRICAN REPUBLIC

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2007

NCC: UNICEF P3 TA

Deputy: MEDECIN D'AFRIQUE (MDA)

IMO:UNICEF NOC TA

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	15
NNGOs projects	2	Other projects	0
Nutrition as stand-alone intervention			4
Total number of projects			19

KEY LINK

- Humanitarian Response website
- Cluster Nutrition Strategie WASH in Nutrition
- Humanitarian InSight

KEY DOCUMENTS

- **Nutrition cluster bulletin**

SITUATION ANALYSIS

As of 31 December 2019, the total number of internally displaced persons (IDPs) in the CAR was estimated at 669,906, comprising 214,384 persons in sites and 214,384 persons in camps. 455,522 estimated persons in foster families.

The sectoral analysis of the nutritional situation based on the results of the SMART nutrition surveys conducted in 2018 showed a worrying nutritional situation. Indeed, severe acute malnutrition (SAM) persists with prevalences rates above the WHO emergency threshold of 2% in 39 (55%) of the country's 71 health sub-prefectures. The national nutrition survey GAM stands at 7.1 % and SAM at 2.1 %. Compared to 2014, there is an increase in GAM and SAM. In IDP sites, the prevalence of global acute malnutrition (GAM) is above the emergency threshold in 16 sites. 41 per cent of the population, or 1.81 million Central Africans, are food-insecure (CPI phases 3 and 4), while only 50.2 % of households have access to safe drinking water and 34 % practice open defecation, due to the country's low drinking water coverage and the low level of hygiene infrastructure. The crisis has greatly reduced access to essential services. To date, only 54 per cent of nutritional care units are operational. Chronic malnutrition affects 4 out of 10 children under 5 years of age. The nutritional status of women and children in CAR is associated with many factors ranging from poor socio-economic status and insecurity, food insecurity, poor childcare practices and limited access to health care, water, sanitation and hygiene infrastructure, leading to a cycle of malnutrition.

RESPONSE STRATEGY

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

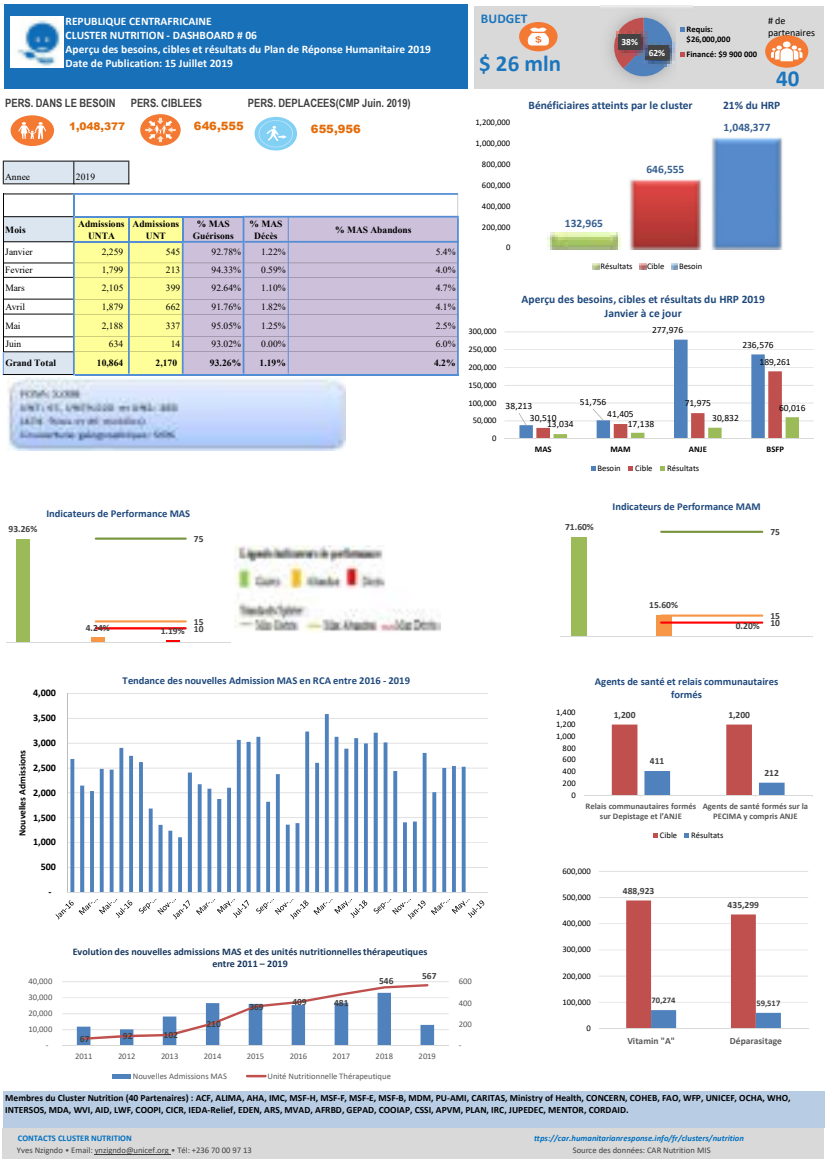
CHALLENGES

- The delayed provision of supplies and limited access to several areas due to insecurity and the destruction of some health facilities has severely compromised the scale-up of nutrition services.
- High turnover of staff because of volatile situation and insecurity in several areas.
- Limited capacity available to carry out infant and young child feeding interventions.

PRIORITIES FOR 2020

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

CLUSTER NUTRITION - DASHBOARD # 06, JULY 15TH 2019



NUTRITION GUIDELINES

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

NUTRITION RESOURCES

HNO 2020 HRP 2020

FUNDING

26 M

TOTAL FUNDING RECEIVED (USD)

29 M (81%)

TOTAL GAP (USD)

5 M (19%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)

%Total Reached vs Total Target

Total Reached

Total PIN

71%; 0.46

0.65

1.05

Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions

100%; 0.03

0.03

0.04

MAM new admissions

65%; 0.03

0.04

0.05

BSFP new admissions

42%; 0.08

0.19

0.24

Vitamin A supplementation

61%; 0.30

0.49

0.61

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

No data; -

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

100%; 0.07

0.07

0.28

BSFP new admissions

Micronutrient Supplementation

Contact

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cofacilitateurclusternutrca@gmail.com

CHAD

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2015

NCC: UNICEF P3 TA

Deputy: DNTA

IMO: Acting Information Management Officer

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website

KEY DOCUMENTS

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

SITUATION ANALYSIS

Chad continued to face multiple humanitarian crisis in 2019 which affected more than 4,3 million people. Armed conflicts in Lake province, food and nutrition insecurity in the Sahel belt and Sahara Desert, and epidemics of measles have affected negatively the nutritional situation of people in Chad. The Lake Chad basin crisis has led to recurrent movement of the population which has resulted in new influx of 5000 refugees and more than 42,000 internally displaced persons. Globally, the country host 124,000 IDPs, 449,700 refugees and 81300 returnees who are depending on humanitarian aid. Besides outbreak of measles that affected many districts nationwide has not yet been stopped. By the end of 2019, the epidemic of measles that started in 2018 affected 36 health districts where 26,623 cases were reported with 259 deaths. Among other common diseases are diarrhea, acute respiratory infections and malaria.

Food and nutrition situation have deteriorated in 2019 compared to 2018 and the number of people in need of food and nutrition assistance has increased. While results of IPC in early 2019 indicated that 0.5 million people were under pressure of food insecurity (Phase 3-5), it is projected 1.1Million people in need for the next year. The nutritional situation is still of concern given the level of global acute malnutrition (GAM) of 12,9% and Severe acute malnutrition (SAM) of 2.9% although it has slightly decreased from 2018 (GAM 13% and SAM 3.9%). This national trend hides regional disparities which reveals 9 out of 23 provinces in crisis of global acute malnutrition (with GAM > 15%: Barh El Ghazel, Batha, Borkou, Ennedi Est, Ennedi Ouest, Kanem, Salamat, Sila, Tibesti) and 13 provinces with SAM >2% (Barh El Ghazel, Batha, Borkou, Chari Baguirmi, Ennedi Est, Ennedi Ouest, Hadjer Lamis, Kanem, Lac, Logone occidental, Salamat,Tandjilé, Ndjamena). Globally 18 out 23 provinces need nutrition support.

Chronic malnutrition is also highly affecting one in three children in Chad, and 12 out of 23 provinces have surpassed the threshold of 30%. The Prevalence of anemia (Hb<11g/dl) is high (>40%) both among children aged 6-59 months (63.6%) and pregnant women (40.6%).

Many factors are associated with malnutrition in Chad. Apart from food insecurity and diseases poor care practices especially for children and women have a negative effect on child nutritional status given that basic social services such provision of clean drinking water, health services, sanitation are not enough. Infant and young child feeding practices are poor too. Only 8.8% of children aged less than six months are exclusively breastfed nationwide with some disparities between provinces ranging from 27.3% to 0% (Chad SMART survey, 2019). However, mothers continue breastfeeding their children up to 1 year (86.4%) or more than 2 years (53.8%).

RESPONSE STRATEGY

- Ensure adequate care for people suffering from acute malnutrition. Managing moderate and severe acute malnutrition cases through supplementary and therapeutic feeding units.
- Strenghten prevention of different forms of malnutrition as well as nutrition resilience with a focus on community nutrition interventions.
- Strengthen the availability and accessibility of care services for people suffering from acute malnutrition and promote accountability and cross-protection.
- Maintain and strengthen coordination mechanisms of nutrition activities, nutritional surveillance and preparedness system.

CHALLENGES

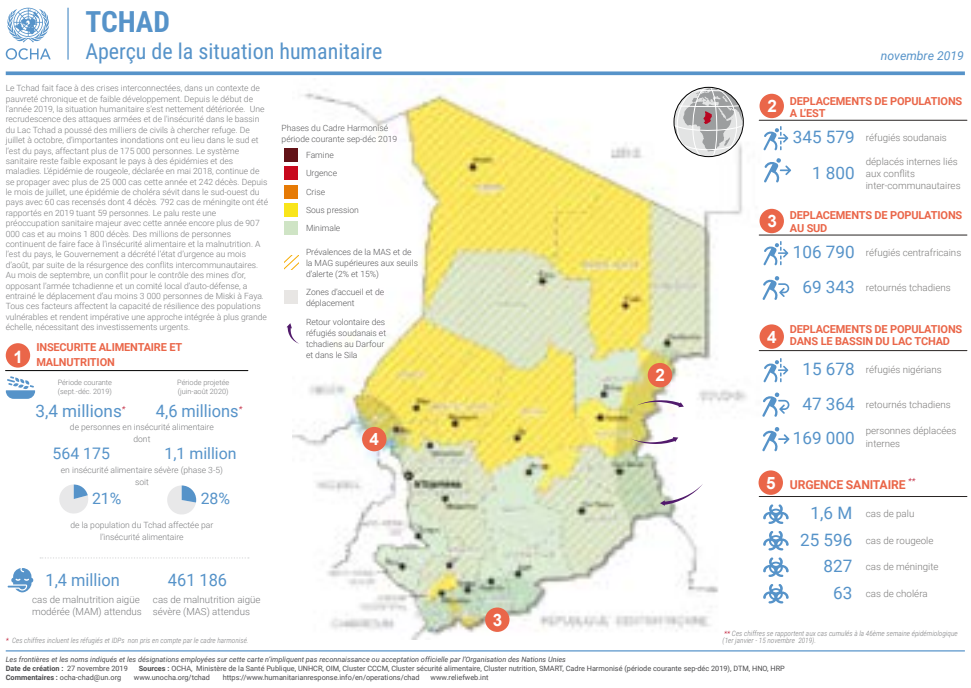
- Lack of funding. The nutrition cluster has received slightly more than half of the required funds to implement activities. Some interventions were discontinued by partners because of the lack of fund. Besides, healthy pipeline of nutrition supplements and RUTF could be secured and contingency stocks renewed.
- Insecurity and reduced humanitarian space especially in the Lake region. The on-going response did suffer from time to time interruption of humanitarian activities due to the deterioration of the security situation.

- Scale up of interventions that focus on prevention of undernutrition was not effective due to lack of funding.
- Low coverage of Nutrition Services linked to low coverage of health services because of uneven geographical distribution of Health Facilities.
- Poor quality Reporting (completeness and promptness of data) including the lack of cluster data manager.
- Insufficient quality monitoring in the implementation of interventions and supervision of health personnel
- Existence of strong cultural barriers (habits and customs) negatively affecting nutrition service utilization and child caregiving behaviours.

PRIORITIES FOR 2020

- Ensure therapeutic care for 343,576 children under-fives suffering from severe acute malnutrition and supplementary feeding care to 1,095,964 moderately malnourished children in 18 priority regions of Chad.
- Scale-up interventions to prevent different forms of malnutrition including Infant and Young Child Feeding activities in the 18 priority regions. Moreover, provide micronutrients supplementation to 268,537 children to respond to measles epidemics.
- Strengthen coordination mechanisms at national and regional level. Ensure that the cluster in N'Djamena, the regional cluster in Bol and 9 regional health and nutrition coordination mechanisms (Mao, Moussoro, Abeche, Mongo, Ati, Moundou, Biltine, Bonghor, Am-Timan) have the capacity to strategically plan, monitor and coordinate nutrition interventions, including emergency preparedness and response.
- Improve the availability and accessibility of appropriate nutrition care services for affected people living in hard-to-reach zones through mobile clinics.
- Advocacy and fundraising to ensure that resources are available, and the working environment is suitable for nutrition actors to provide humanitarian response.

TCHAD: APERÇU DE LA SITUATION HUMANITAIRE -NOV 2019



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2019


HRP 2019


C MAM guidelines

FUNDING

69.6 M

TOTAL FUNDING RECEIVED (USD)

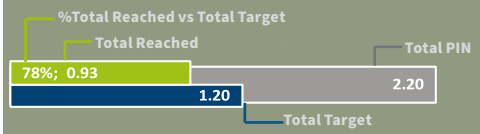
40.8 M(59%)

TOTAL GAP (USD)

28.8 M(41%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

Jean Sendwe Nyombo Luboya
jluboya@unicef.org

DEMOCRATIC REPUBLIC OF THE CONGO

CLUSTER INFORMATION

Coordination mechanism:Cluster

Year of activation: 2006

NCC: UNICEF P3 FT

Deputy: COOPI, Country Nutrition Coordinator

IMO:COOPI

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

Coordination arrangement:

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

PARTNERS

LNGOs	16	INGOs	23
UN AGENCIES	3	AUTHORITIES	1
OBSERVERS	2	DONORS	11

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	3	INGOs projects	23
NNGOs projects	16	Other projects	0
Nutrition as stand-alone intervention			18
Total number of projects			42

KEY LINK

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report
- Bulletin N°1 Cluster Nutrition
- SNSAP documents
- Manuel d'orientation ANJE-U
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

The Democratic Republic of Congo (DRC) is severely affected by several public health crisis. From the beginning of the Ebola outbreak in August 2018 to the 10th of February 2020, 2256 deaths have been reported. During the course of 2019 there were about 3375 measles cases and in 20 provinces a cholera epidemic has occurred, with a case fatality rate among under five of 1.2% for measles.

According to an Integrated Food Security Phase Classification (IPC) conducted in July 2019, approximately 15.6 million people are food insecure.

The 2018 Multiple Indicator Cluster Survey showed 42% of children under the age of five suffer from stunting (more than 7 million children), 7% of children under five suffer from wasting (more than 1 million children) and 23% of children are underweight.

The latest bulletin on nutritional surveillance and Early Warning Systems (EWS) covering the period from January to December 2019 reveal that 100 of the 494 health zones (20%) are on alert phase.

In 2019, nutrition clusters partners conducted 32 nutrition surveys, and 23 out of these, showed a worrying nutritional situation with a prevalence of Global Acute Malnutrition (GAM) above 10%. Moreover, in 6 of these surveys, the crude death rate among children under 5 years of age exceeded 2 deaths per 10,000 children per day. The last MICS, conducted in 2018, found 5 provinces (Haut-Uele,Ituri, Kwango, Nord-Ubangiand Tshuapa) out of 26 with a GAM prevalence equal or higher than 10%, while the prevalence of stunting is 42%.

In addition, the minimum acceptable diet and minimum dietary diversity among children under 2 years of age are 15.2% and 8% respectively which show a poor nutritional status among children of the DRC.

RESPONSE STRATEGY

As per 2019 HRP

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

CHALLENGES

- Poor access to several health facilities related to insecurity and poor road conditions.
- Low level of integration of nutrition aspect in the food security, WASH and social protection projects.
- Conflicting targeting priorities between the Nutrition Cluster and Donors.
- Low availability of financial resources to scale up the management of cases of moderate and severe acute malnutrition.
- Low capacity of the health system to ensure the continuation of interventions after the withdrawal of NGOs.
- Low capacities for supply chain management for nutrition products.

PRIORITIES FOR 2020

- Strengthening of sub national nutrition clusters coordination mechanisms (Kasaï Central, Kasaï Oriental, Tanganyika, Ituri, Sud Kivu, north of kivu).
- Increasing Nutrition Cluster field presence for monitoring and supervision of implementing partners.
- Unit cost estimation for nutrition in emergencies interventions.

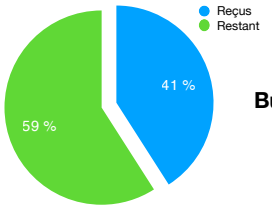
- Improving the quality and completeness of the nutrition data (SMART, SNSAP, PCIMA, ANJE-U, 4W)
- Enhancing integration and coordination with other sectors such as WASH, food-security, health and cash working group.
- Enhancing Nutrition Cluster work for advocacy, documentation and visibility.

QUARTERLY NUTRITION CLUSTER BULLETIN

Bulletin trimestriel
Cluster Nutrition

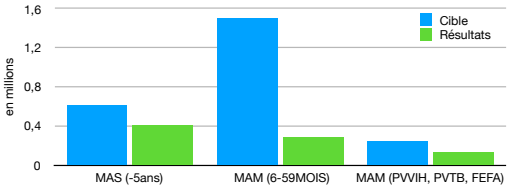
USAID

Financement de la nutrition



Budget Total: 160M $

PEC de la MAS et la MAM jusqu'à septembre 2019

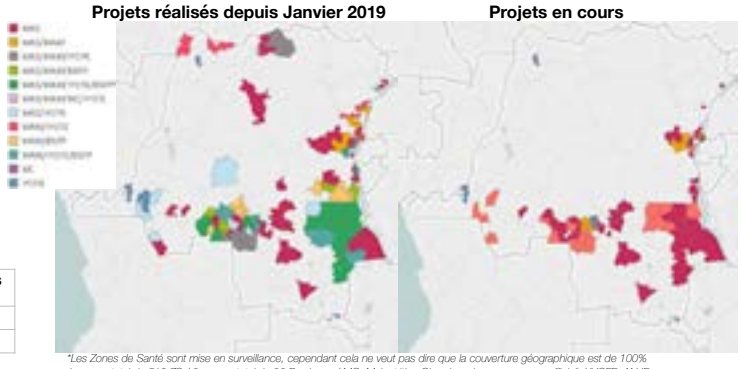


Acteurs humanitaires présents

Nombre d'acteurs humanitaires en 2019 : **30**
Nombres de ZS couvertes en 2019: **127**[1] dans **20**[2] provinces

Activités	Nbe de ZS appuyés	Activités	Nbe de ZS appuyés
MAS	96	ANJE	64
MAM	65	BSFP	41
MC	3		

Projets réalisés depuis Janvier 2019 — Projets en cours



*Les Zones de Santé sont mise en surveillance, cependant cela ne veut pas dire que la couverture géographique est de 100%
1: sur un total de 519 ZS / 2: sur un total de 26 Provinces / MC: Malnutrition Chronique (acronymes non officiel) / IYCFE: ANJE

NUTRITION GUIDELINES

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

NUTRITION RESOURCES

HNO 2020 | HRP 2020 | CMAM guidelines | IYCF guidelines | Assessment guidelines

FUNDING

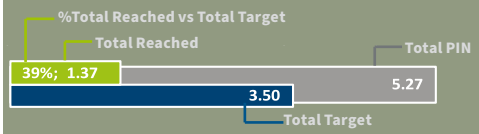
160 M

TOTAL FUNDING RECEIVED (USD) **84.8 M**(53%)

TOTAL GAP (USD) **75.2 M**(47%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

Kalil Sagno
ksagno@unicef.org

ETHIOPIA

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2000

NCC: UNICEF P4,FT

Deputy: UNICEF NOC,FT

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

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

Coordination arrangement:

National level led by NDRMC and Unicef co-lead the ENCU/Nutrition Cluster) at Federal level. Six sub-national cluster coordination hubs

PARTNERS

LNGOs	1	INGOs	10
UN AGENCIES	3	AUTHORITIES	3
OBSERVERS	0	DONORS	3

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website
- Latest ENCU monthly synopsis
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

Prioritized emergency nutrition response was provided in protracted drought areas and chronically food insecure areas, mainly across the southern and south eastern belt and across Somali Region, parts of Oromia, Afar, and pocket areas of Amhara and Tigray regions. Southern parts of Somali region faced 3 consecutive years of dry-spell episodes (including in the 2019 sub-optimal Gu rains), which severely eroded livelihoods e.g., capacity to produce camel milk and to increase the herd size. In addition, the recent and sudden rise of conflict-induced IDPs along the Oromia- Somali border, Gedeo and West Guji Zones, Kamashi and Metekel Zones of Benishangul Gumuz, East and West Wellega zones, and East Guji zone of Oromia Region significantly led to increased emergency nutrition response needs. The negative consequences of these shocks were compounded since April/ May 2019 by a significant increase in market prices (staple food and commodity prices) significantly above the 4-year average.

RESPONSE STRATEGY

In 2019 efforts were made to ensure early identification and referral, the revised national Acute Malnutrition guidelines were endorsed and started to be adopted toward end of 2019. Enhanced access to services in remote and hard to reach communities including IDP/returnee sites was provided; the promotion of continuum of care for SAM and MAM treatment was made through the integration of MAM treatment in the health system in 100 woredas; IYCF promotion was integrated to CMAM services and nutrition prevention services were provided notably Vitamin A supplementation and biannual provision of antihelminth to prevent micronutrient deficiencies.

The priority for 2019 was notably to roll out the revised guidelines for acute malnutrition treatment (leading to an expected increase in SAM and MAM admissions that will occur because of the adoption of internationally recommended 2006 WHO standards and MUAC cut-off for the definition of Acute Malnutrition) that eventually occurred toward end of 2019.

A focus was also put into strengthening the quality of Nutrition surveys. SMART Methodology trainings were organized (2 sessions followed by implementation of at least 4 Nutrition Surveys) with the support of Action Against Hunger and Concern Worldwide. Subsequently, ENCU established its Nutrition Information Working Groups and mechanisms to strengthen Nutrition survey and data quality.

In addition, toward fostering multisectoral responses, ENCU worked with the Health and the WASH Clusters to establish a minimum package and selection criteria for co-targeting and joint implementation of WASH in Health and WASH in Nutrition activities.

CHALLENGES

- In the first half of 2019, TSFP pipeline breaks posed huge challenges that led to cessation of TSFP activities including in woredas of most concerns and a re-prioritization exercise was done to further narrow down the number of vulnerable woredas where to implement TSFP.
- Sub-optimal active case finding at community level and limited outreach activities prevented early detection and referral of acute malnutrition, all in all contributing to very high proportion of SAM cases with medical complications, e.g., in SNNP Region where the proportion of admissions in stabilization center over total new SAM admissions was often above 20% (well above the national average of 11%).

PRIORITIES FOR 2020

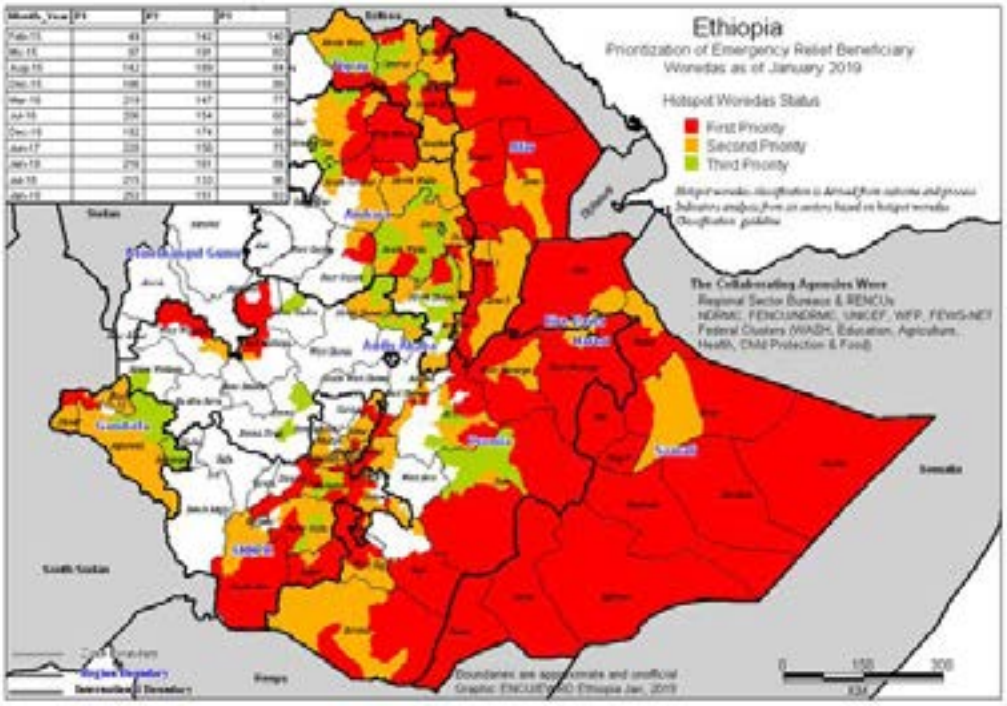
As outlined in the 2020 HRP, the ENCU/Nutrition Cluster's main goals are to protect the Nutritional status of the Ethiopian population and to ensure a timely and effective Nutrition response through three main objectives:

- To provide enhanced access to treatment services to children under five years of age and pregnant and nursing women affected by acute malnutrition.

- To support preventive nutrition services for vulnerable populations focusing on protection of adequate Infant and Young Children Feeding (IYCF) practices and promoting multi-sectoral responses.
- To strengthen local health system capacities including on coordination mechanisms, early warning, Nutrition situation monitoring and Nutrition emergency preparedness and response planning.

The key priorities for 2020 will be to strengthen Nutrition Emergency Preparedness and Response planning (EPRP) capacities; to establish a road map to scale-up IYCF-E interventions; and to continue the work initiated toward piloting a Health-Wash-Nutrition minimum package and strengthening Nutrition data and nutrition survey quality.

ETHIOPIA HOT SPOT CLASSIFICATION, JAN 2019



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2020


HRP 2020

FUNDING

216 M

TOTAL FUNDING RECEIVED (USD)

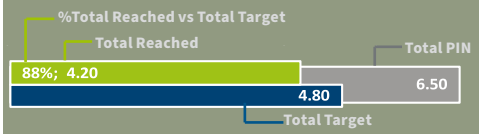
119 M (55%)

TOTAL GAP (USD)

97 M (45%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

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MALAWI

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2019

NCC: NCC on Surge Capacity

Deputy: N/A

IMO:N/A

Coordination arrangement:

Government lead; UNICEF co-lead

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRP

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

KEY LINK

- Humanitarian Response website

KEY DOCUMENTS

- **Situation Report (Bi-monthly Sitrep)**

SITUATION ANALYSIS

A total of 3,306,405 people were identified to be food insecure by the Integrated Food Security Phase Classification (IPC) and received humanitarian assistance through the Malawi Vulnerability Assessment Committee (MVAC) from October 2018 to March 2019. Later in March 2019, Malawi experienced one of the worst tropical cyclone that formed in the Mozambican channel, bringing heavy rains and strong winds. Severe flooding negatively affected people's lives, livelihoods and socio-economic infrastructure, pushing more people into poverty. In total, an estimated 975,000 people were affected, with 86,976 displaced, 60 killed and 672 injured. In total, fifteen districts were impacted. In view of this, the Department of Disaster Management Affairs (DODMA) Malawi activated the nutrition cluster to effective respond to the flood emergency. UNICEF as the Cluster Lead agency Nutrition Cluster and in collaboration with the Department of Nutrition, HIV/AIDS (DNHA), has consistently provided technical and leadership support in co-leading the Malawi nutrition cluster. The nutrition cluster ensured that government and development partners responded swiftly to the disaster, immediately implementing life-saving interventions and rapidly mobilizing resources to scale up nutrition interventions. The Government of Malawi conducted a Post Disaster Needs Assessment (PDNA) in April 2019, to thoroughly understand the effects and impacts of the heavy rains and floods. The report indicated that livelihood sources such as agriculture experienced effects from 47,504 livestock deaths and over 91,638 hectares of productive land affected. Crops such as maize, pulses, sorghum and rice, key to household food and income sources were seriously affected, indicating outright crop failure and immediate food insecurity for 2,300,363 farming households affected. This will consequently affect the food, income and nutrition security of affected households. Moving forward, Government requires support towards coordinating recovery interventions, building resilience of the districts most affected by cyclone Idai and preparedness actions for the upcoming lean season. UNICEF Malawi through the cluster, will continue to support the Government.

RESPONSE STRATEGY

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

The nutrition cluster developed a response plan, with the following response strategy;

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

CHALLENGES

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

- Inadequate coordination around funding -some donors financed partners, without consultation with the cluster/coordination; basically, some partners implement directly without consulting the Cluster and relevant government authorities which resulted in duplication of efforts in some areas whilst other areas had gaps.
- Reliance on external funding for the emergency response. The government allocated inadequate resources, due to competing priorities.
- Partners focused on providing services in camps, thus leaving behind those displaced but integrated in relations households.

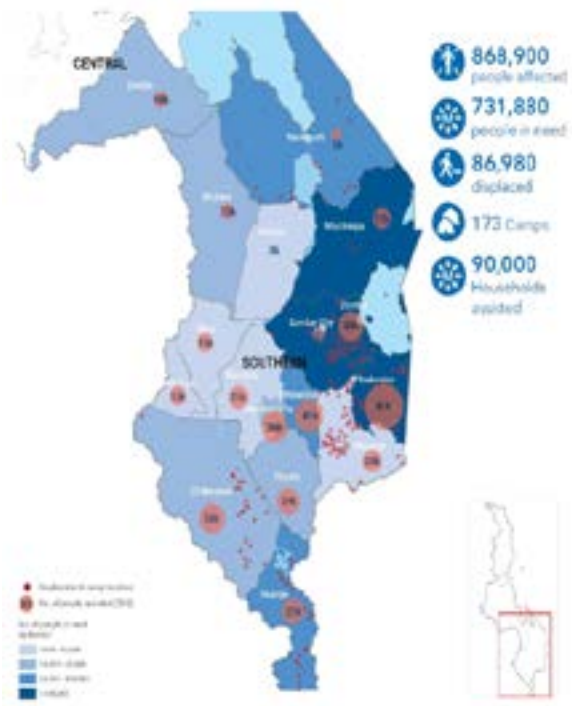
- Nutrition not adequately integrated in social protection. Nutrition education should be included alongside the cash transfers.

PRIORITIES FOR 2020

The following are the 2020 priorities for the Nutrition Cluster:

- Strengthen provision of quality of care for treatment and management of acute malnutrition among vulnerable groups (infants, children, pregnant and lactating, PLHIV).
- Strengthen community capacity and linkages to enhance early identification of malnutrition and referral for appropriate treatment.
- Prevention and protection of vulnerable groups malnutrition through continued provision of preventative nutrition support through provision of adequate targeted food assistance, fortified food blends, Micronutrient powders (MNPs), Vitamin A supplementation, and deworming targeting high risk groups (infants, pregnant, lactating, and PLHIV).
- Strengthening nutrition cluster coordination at national and district level.

2019 CYCLONE IDAI FLOOD AFFECTED DISTRICTS



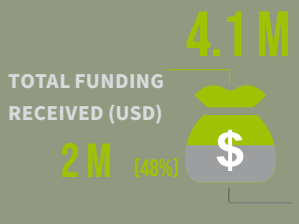
NUTRITION GUIDELINES

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

NUTRITION RESOURCES

Flood Response Plan

FUNDING



Key Figures In 2019

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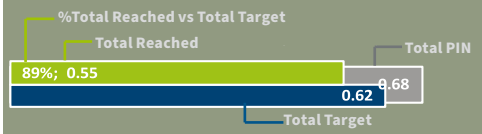


Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Contact

Stanley Mwase
svmwase@unicef.org

MALI

CLUSTER INFORMATION

Coordination mechanism: Hybrid Sector/Cluster

Year of activation: 2012

NCC: UNICEF P3,TA

Deputy: ACF

IMO:N/A

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

Coordination arrangement:

UNICEF Lead, MoPHP co-lead and ACF Co-facilitator Subnational level:5 sub-national hubs in Gao, Timbuktu, Mopti, Bamako and Sikasso. Bamako and Koulikoro covered by central level.

PARTNERS

LNGOs	27	INGOs	14
UN AGENCIES	2	AUTHORITIES	5
OBSERVERS	0	DONORS	9

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	3	INGOs projects	27
NNGOs projects	0	Other projects	0
Nutrition as stand-alone intervention			10
Total number of projects			30

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

Acute malnutrition remains a real threat to the survival of the most vulnerable children and is exacerbated by the conflict and insecurity that afflict northern and central Mali. Access to health services is limited by insecurity, and from January to December 2019, the number of IDP increased from 80.000 to more than 201.000 at national level. 54% of these IDP are female and 53% are children. Regions of Mopti (71,723 IDPs), Gao (55,702), Ségou (24,291), Tombouctou (22,641) and Menaka (17,758) counted the highest number of IDP by the end of 2019.

By June 2019, the forecasts for admissions of severe acute malnutrition were greatly exceeded, especially in the regions of Kayes, Mopti, Timbuktu, Taoudenit, Gao, and Menaka, leading the Nutrition Cluster to increase by around 20% (from 156,000 to 185,000) the total number of expected cases. In total, more than 145,000 children were treated for severe malnutrition in 2019, according to figures from the Ministry of Health.

The results of the 2019 national nutrition survey (SMART methodology, data collected in September 2019) show a stagnation of global acute malnutrition at 9,4% at national level and confirm that the nutritional situation remains particularly worrying in the central and northern regions with prevalence of global acute malnutrition (moderate and severe combined) exceeding or bordering the alert threshold of 10% and sometimes very close or exceeding the emergency threshold of 15%: Menaka (15.3%), Timbuktu (13.1%), Gao (11.6%), Kidal (11.0%), Ségou (9.7%) and Taoudénit (9.6%). The prevalence of severe acute malnutrition is above the emergency threshold of 2% in Menaka (2.4%) and Timbuktu (2.5%).IYCF data show that only 40% of infants 0-5 months are exclusively breastfeed, and only 10,6 % of children 6-23 months old received minimum dietary intake.

Furthermore, if the comparison with the 2018 figures shows that MAG is relatively stable, the last "Cadre Harmonisé" workshop in November 2019 confirms a sharp deterioration in the food and nutrition security situation in Mali. Needs have never been higher since 2014 and at the peak of the crisis in 2020, nearly two million people should be in severe insecurity food. Currently more than 3.6 million people are in food and nutritional insecurity including 670,000 in severe food insecurity, an increase of 40% compared to the period November-December 2018.

RESPONSE STRATEGY

In 2019 Response has been articulated around 3 main objectives:

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

CHALLENGES

Quality, including timeliness and completeness, of data remains a challenge to get a good monitoring of the situation and be able to react accordingly. This is particularly sharp in area where the security situation is difficult – questioning whether lack of data is due to difficulties in their communication or absence of services.

Prevention data are even less available, and an effort should be made to better collect information from partners.

When available (for example through national survey such as SMART and ENSAN), data are not enough analyzed to better understand the root causes of undernutrition in different setting and adapt interventions. Information management and sharing with nutrition sensitive sectors should be improved to ensure immediate and adequate response.

With the degradation of the security situation, especially in the central regions of the country, Human Resources for nutrition interventions constitute one of the main challenge Mali faces. Nutrition intervention remains strongly dependent of international and humanitarian aid, even if progress have been made to integrate nutrition care within the health center activities. As Humanitarian Aid

is redirected to the central area due to the increase of needs there, transition to development programme has still not been made for the north regions (where security situation is still volatile), and they then face lack of human resources for health, compromising nutrition response.

Access to health service is also challenging for the population in area with high rate of MAG, both because of lack of access due to the conflict and decrease in resources and livelihood. Prevention activities are less likely to be implement there, due to additional difficulties to access to the population. There are still serious funding problems for MAM treatment, with only 22% of the target reached in 2019. For 2020, a more specific targeting of MAM intervention has been made to focus on geographical area with the highest MAG rates and where WFP has an effective presence. In "development" areas, which count for a large proportion of the population, and then of cases (even if the rates of MAM in these regions are lower), better follow-up of the children with MAM or at risk is necessary to ensure that child care-givers counseling or nutrition sensitive intervention (in health, wash, food security) effectively lead to child's recovery. Simplified protocols (Management of MAM and SAM by RUTF) is being piloted in three settings (urban, conflict zone, with community health worker) and could also be an option to break the threshold effect that artificially separates MAM and SAM care.

PRIORITIES FOR 2020

The cluster estimated that in 2020, a total of 978,959 people will need an intervention, including 420,746 people for curative nutritional care: 166,155 children in care for severe acute malnutrition (SAM) and 232,185 children and 19,406 pregnant and lactating women (PLW or FEFA in French) treated for moderate acute malnutrition (MAM); and 558,212 people will benefit from preventive care in the form of food distribution cover and IYCF-E (Infant and Young Child Feeding in emergencies) including 319,654 children from 6 to 23 months and 238,558 FEFA. Respectively 100% of SAM and 80% of MAM cases are being targeted.

The response will be articulate around 3 mains objectives:

- Detect and treat cases of acute malnutrition (SAM and MAM): Particular emphasis will be placed on screening, taking advantage of all contact with children under 5 and pregnant and lactating women to carry out systematic screening. Regarding treatment, emphasis will be placed on the search for quality and efficiency, both by intensifying training on the PCIMA protocol revised in 2017 and by scaling up community initiatives having shown their effectiveness (i.e. treatment of SAM without complication by CHWs). Support will also include support for research, evaluation and the dissemination of new innovative approaches such as simplified treatment protocols to better link MAM and SAM care (3 pilots project being implemented) or the Surge approach.
- 2: Monitor and prevent malnutrition in the population at risk: Links with other contributive sectors (such as food security, health and wash) and analysis will be strengthened to better understand and effectively respond to the root causes of malnutrition. Prevention activities, including for acute malnutrition will be encouraged, and the most at-risk population will be more effectively targeted by IYCF in Emergency and blanket feeding interventions.
- 3. Promote the Nexus approach by consolidating the integration of nutrition into the minimum package of activities at all levels of the health pyramid and the involvement of sensitive and contributing sectors in the fight against malnutrition. Emphasis will be made on advocacy for the integration of nutrition in the plans, priorities, and budget of the health sector (including for RUTF supply) and in the development plans at regional and local levels.

NUTRITION RESOURCES


HNO 2020

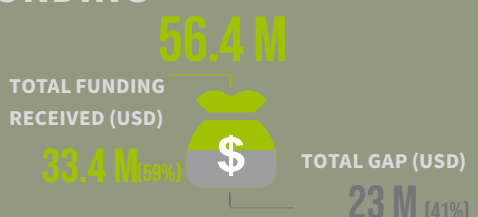

HRP 2019


CMAM guidelines

NUTRITION GUIDELINES

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

FUNDING



Key Figures In 2019

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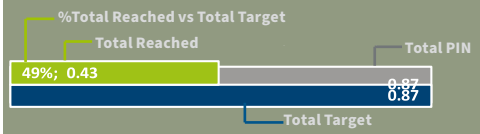
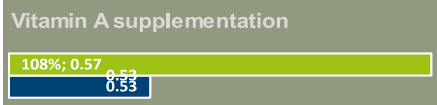


Achievements Per Activity

Children 6-59 months



Pregnant and Lactating Women (PLW)

Contact

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MOZAMBIQUE

CLUSTER INFORMATION

Coordination mechanism:Nutrition emergency coordination mechanism

Year of activation: 2019

NCC: P3 TA (Double Hatting)

Deputy: P3 TA

IMO:UNICEF NOB TA (Double Hatting)

Other: P4 alternate NCC (double hatting)

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	8	INGOs projects	10
NNGOs projects	2	Other projects	0
Nutrition as stand-alone intervention			17
Total number of projects			20

KEY LINK

- Humanitarian Response website

KEY DOCUMENTS

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

SITUATION ANALYSIS

Two strong tropical cyclones made landfall in the country during the same season in 2019, leaving a trail of death, damage and destruction whose impacts will be felt well into 2020. A general deterioration of nutrition conditions is also unfolding during the lean season (September 2019 to February 2020). Also, a violence phenomena generated apparently by islamic extremist groups has been affecting the northern districts of the Cabo Delgado province, generating Food and nutrition security issues and thousands of internal dislocated persons . For the first time since 2001 in Mozambique, cases of pellagra (vitamin B3 deficiency) have been reported in June. Even though the deficiency is caused by a specific nutrient deficiency, Pellagra is a reflex of a poor diet and the situation has worsened since June and by the end of 2019 a total of 3,652 cases have being diagnosed in the post Idai affected area on the provinces of Sofala and Manica. An estimated 42,000 children require treatment for malnutrition in the districts classified to be in Integrated Phase Classification (IPC) phase 2 or above for acute malnutrition (AMN), according to the SETSAN nutrition survey. Although the prevalence of Global Acute Malnutrition (GAM) is classified IPC AMN phase 1 “Acceptable” (<5 percent) for most of the districts, at least 18 districts will surpass the “Alert” level or IPC AMN 2 (5 to 9.9 percent) and within those, 4 districts will reach the serious level (IPC AMN phase 3 : 10 to 14.9 percent) during the period.

RESPONSE STRATEGY

- Restore and expand capacity for life-saving nutrition interventions thorough health facilities and outreach activities for children under five suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), and Pregnant and Lactating Women with Acute Malnutrition living in the affected districts.
- Implement active case finding and referral of malnourished children and pregnant and lactating women and monitor the nutrition situation through MUAC screenings.
- Assure nutritional treatment for Pellagra cases following MISAU/WHO guidelines and supplement with multivitamins the affected populations.
- Provide nutrition supplies for therapeutic feeding and micronutrient supplements for the nutrition response activities, including VItamin A supplementation and deworming.
- Undertake rapid nutrition assessments and screening for detection, referral, and follow-up, supported by community health and nutrition workers.
- Reinforcing inpatient treatment of SAM cases
- Promote optimal breastfeeding and complementary feeding practices, and overall Infant and Young Child Feeding (IYCF) best practices messages for caregivers of children under two in the affected districts.
- Training APEs (Community Health Workers) in a nutrition intervention package and provide advice to mothers and caregivers of children on infant feeding (IYCF);

CHALLENGES

- Mozambican MoH is sole provider of Nutrition treatments services in country. Scaling up the response and accessibility to timely data to inform the response was challenging because of capacity constraints, understaffing and difficulties in accessing government data. Due to the limitations in accessing data in a timely manner, it was difficult to depict a true picture of the nutrition situation and nutrition response based on programmatic information.
- Limited engagement on the nutrition response from humanitarian actors as a results of underfunding and reluctance from MoH to allow delivery of curative nutrition services by Humanitarian actors
- Key material, guidelines and standards were not translated and validated in Portuguese therefore limiting its utilization by ministry of health and other actors
- External support dwindling when nutritional needs likely to increase (post cylcones and increasing malnutrition, Pellagra for the upcoming lean season) due to deactivation of the emergency phase to early recovery phase.

- Weak community outreach components for the timely identification and referral of acutely malnourished children aged below 5 years, done predominantly through Health weeks.
- Nutrition Cluster was heavily under-funded (5% for the first quarter) with funding limited to UN agencies.This was based on the fact that Nutrition was de-prioritized by bilateral donors and in pooled funding mechanisms (CERF) in light of the low GAM levels at the onset of the crisis, even though there was sub-optimal IYCF, high chronic malnutrition levels prior to the crisis and presence of aggravating factors (Cholera outbreak, poor food security, compromised living conditions, poor WASH) that had potentiality of worsening the situation id preventive efforts were not scaled up and sustained. Funidng situation has improved to 33% of the 2019 pledge.
- Poor comprehension of the cluster approach and cluster functions by MoH and Nutrition actors which compounded the coordination challenges.

PRIORITIES FOR 2020

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

IPC AMN IN MOZAMBIQUE AFTER LEAN SEASON AND SHOCKS 2019

NUTRITION RESOURCES

HRP 2019

NUTRITION GUIDELINES

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

FUNDING

32.9 M

TOTAL FUNDING RECEIVED (USD)

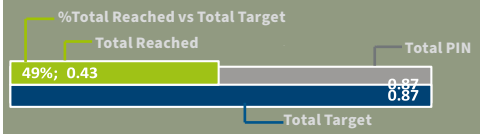
10.2 M(31%)

TOTAL GAP (USD)

22.7 M(69%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

Javier Rodriguez
jrodriguez@unicef.org

MYANMAR

CLUSTER INFORMATION

Coordination mechanism:Sector

Year of activation: 2009

NCC: UNICEF P3 FT (double-hatting)

Deputy: N/A

IMO:UNICEF NOB FT (double-hatting)

Other: UNICEF NOB and NOC Nutrition Officers

Coordination arrangement:

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

PARTNERS

LNGOs	5	INGOs	9
UN AGENCIES	3	AUTHORITIES	1
OBSERVERS	2	DONORS	2

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	5	INGOs projects	5
NNGOs projects	1	Other projects	0
Nutrition as stand-alone intervention			0
Total number of projects			11

KEY LINK

- Myanmar Information Management Unit
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

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

Nutrition data from program result monitoring such as the number of children aged (6 to 59 months) with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) admitted to therapeutic care, shows the improvement of nutrition situation compared to the previous year 2018 despite facing continuous access challenges particularly in Rakhine State. The national Integrated Management of Acute Malnutrition (IMAM) and Infant and young child Feeding (IYCF) programs have been expended by the government and rolled out in coordination with UNICEF and nutrition partners (Access to Health Fund partners) in targeted States/Regions. Myanmar Muli-sectoral national plan of action for nutrition (MSN-PAN) has also been rolled out in coordination with related sectors in prioritized areas and nutrition status is therefore expected to further improve in coming years.However, operational challenges such as access constraint due to ongoing armed conflicts in Rakhine and natural disasters during cyclone season may negatively affect the program implementation period if not mitigated appropriately.

RESPONSE STRATEGY

The objectives of the nutrition cluster for 2019 were the following:

- Improve the access to management of acute malnutrition – Focus on nutritionally vulnerable children U5, PLW/G and caregivers of young children. Target children 5-9 years with SAM. Priorities include screening of acute malnutrition and IMAM through support to inpatient/outpatient facilities and blanket supplementary feeding programmes. Interventions focusing on prevention, treatment, monitoring, coordination and resilience strengthening through community engagement and health system strengthening.
- Improve the access to key preventive nutrition-specific services for nutritionally vulnerable groups – Multiple micronutrient supplementation provided to children and PLW. Vitamin A and deworming tablets provided to children.
- Promote optimal IYCF practices and interventions such as counselling, behaviour change communication, establishment of breastfeeding safe spaces, cooking and responsive feeding demonstrations and monitoring of BMS Code violations. Focus on reaching displaced and other vulnerable non-displaced people with humanitarian needs.

CHALLENGES

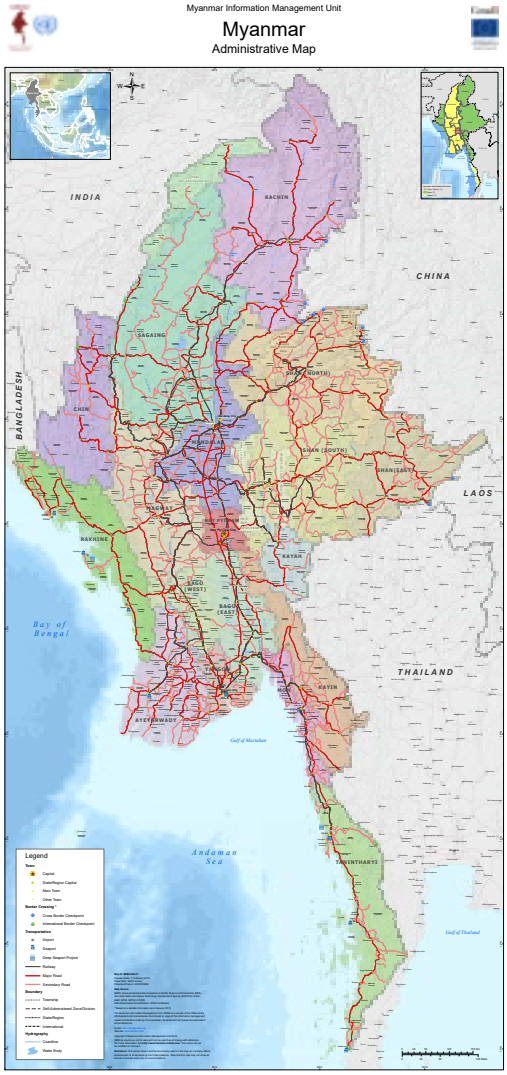
- Continued limited access by humanitarian partners in conflict affected areas requires continued support to other local actor, including government health facilities who have access in this areas, and new innovative approaches.
- Weak active case identification and referral system for children with malnutrition requires involvement of Community Health Worker / Volunteers and strong community mobilization strategies
- Limited resources and capacities of partners for nutrition in emergency response require competency based training, coaching and mentoring

- Weak supply chain and information management system to support quality service delivery
- Challenging context of Rakhine including high numbers of girls admitted for SAM treatment compared to boys require strong gender analysis and gender responsive approaches

PRIORITIES FOR 2020

- Continue providing technical and operation supports to IMAM and IYCF roll out programs.
- Improve access to management services for children and women with acute malnutrition particularly from conflict affected areas in Rakhine and Kachin States.
- Coordinate and support national Multisectoral plan of action for nutrition (MSN-PAN) program.
- Improve access to preventive nutrition-specific services for nutritionally vulnerable children and women.
- Strengthen and reinforce a timely nutritional assessment, surveillance system and nutrition supply chain management.

MYANMAR ADMINISTRATIVE MAP



NUTRITION GUIDELINES

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

NUTRITION RESOURCES

HNO 2020 | HRP 2020 | Treatment Protocol | Operational Protocol

FUNDING

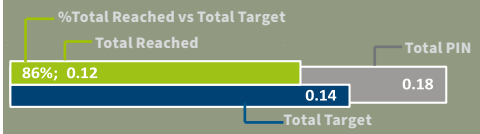
TOTAL FUNDING RECEIVED (USD) 11.2 M

4.7 M (42%)

TOTAL GAP (USD) 6.5 M (58%)

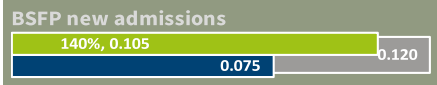
Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

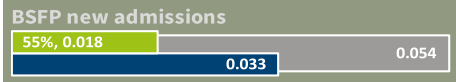


Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

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



Micronutrient Supplementation

Contact

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NIGER

CLUSTER INFORMATION

Coordination mechanism: Hybrid Sector/Cluster

Year of activation: 2010

NCC: UNICEF P4 TA until jan 2020 - P4 FT is recruited at jan 2020

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

IMO:UNICEF Nutrition Specialist P3 (double-hating)

Coordination arrangement:

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

PARTNERS

LNGOs	6	INGOs	36
UN AGENCIES	6	AUTHORITIES	3
OBSERVERS	0	DONORS	3

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	2	INGOs projects	17
NNGOs projects	3	Other projects	0
Nutrition as stand-alone intervention			10
Total number of projects			22

KEY LINK

- Humanitarian Response website
- Nutrition cluster Google drive
- Humanitarian InSight

KEY DOCUMENTS

- **NTG's Positionning paper**

SITUATION ANALYSIS

Despite the efforts made by the Government of Niger and its partners, under-nutrition (acute malnutrition, chronic malnutrition, underweight) and micronutrient deficiencies remain major public health problems. According to the data of the 2019 SMART nutrition survey, almost 1 out of 2 children below the age of five years (45,7%) is affected by stunting (chronic malnutrition), and more than one out of ten children (10,7%) suffer from wasting (acute malnutrition), of which 1,8% concerns severe acute malnutrition. Moreover, 61% of children under five and 49% of women of reproductive age are affected by anemia, the first cause of maternal mortality in Niger (28% of all causes).

The major determinants of malnutrition are low access to basic social services, including health services, water and sanitation services (in rural areas, less than one out of two persons has access to drinking water and only 4% of households use improved sanitation facilities), low prevalence of exclusive breastfeeding (21% at national level), inadequate time of introduction and diversification of complementary foods (only 6,3% of children aged between 6 and 23 months receive a minimum acceptable diet), social norms (which may jeopardize optimal care and feeding practices for infants, young children as well as pregnant and lactating women), and an environment of chronic food insecurity, in particular for the rural populations.

This situation is regularly exacerbated by seasonal shocks (pastoral crisis, lean period, malaria peak), by epidemics (measles), by climatic conditions (droughts, floods), as well as armed conflict which leads to population displacement (in the areas bordering Mali, Burkina Faso and Nigeria). These factors represent an infringement of the child's right to survival and development, and put burden on households, affected communities and the society as a whole, while it inhibits the social and economic development of the country. Indeed, the annual costs associated with child under nutrition in Niger have been estimated at about 7% of the annual GDP, but public investments in nutrition, both for prevention and for treatment of malnutrition, are insufficient. With regard to the management of acute malnutrition, a roadmap for the gradual transfer of services to the Government is in the process of validation by the Council of Ministers.

RESPONSE STRATEGY

As per 2019 HRP :

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

CHALLENGES

- Overall financial limitations pushing partners to scale down their support.
- Commitment for nutrition from national authorities is not translated into budget allocation (focus being more on food security).
- Challenges in achieving adequate coverage and quality of services; issues with timely reporting and quality of routine data, low capacity for critical analysis; slow adoption of necessary program optimizations; misuse of supplies.
- Lack of at-scale preventive approaches ahead of the seasonal acute malnutrition peak and low capacities for emergency preparedness and response planning for nutrition.

In relation to coordination, the following challenges exist and should be further addressed in 2020:

- Insufficient coordination for nutrition at decentralized level.
- Nutrition sector group is functioning as a cluster but at the same time more attention should be given to the overall nutrition agenda in the country, in particular to the prevention of chronic malnutrition.

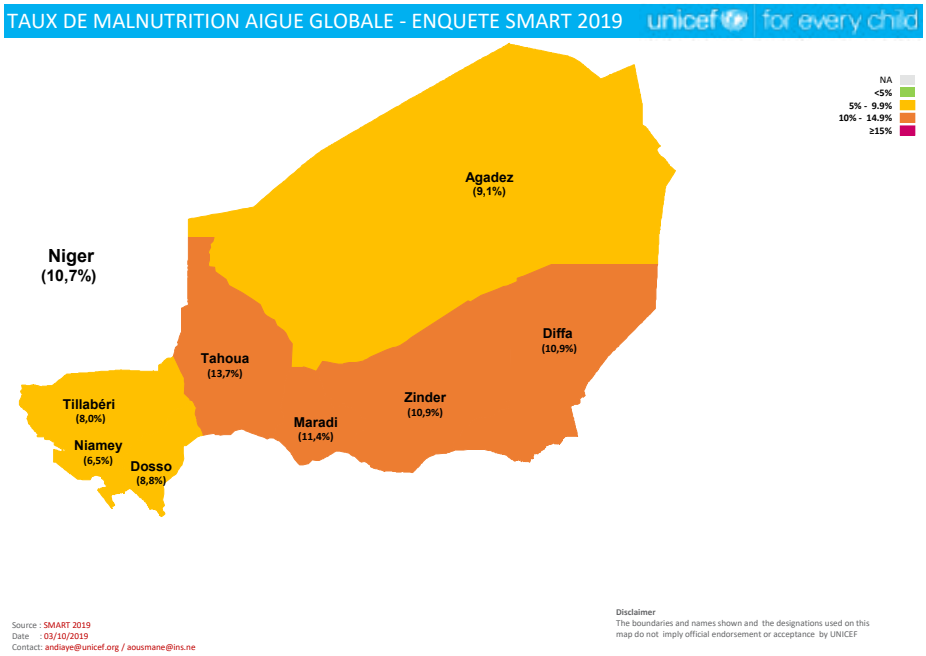
PRIORITIES FOR 2020

- Strengthening integrated management of acute malnutrition (IMAM) programming with measures to increase treatment coverage while shifting from supporting service delivery to providing more technical support to the Ministry of Public Health.
- Scaling-up preventive maternal infant and young child nutrition (MIYCN) interventions and multi-sectoral approaches that build resilience.

The following activities will be prioritized by the GTN (nutrition sector group)/nutrition cluster in 2020:

- Joint advocacy for increased financial resources (both from the domestic budget and from partners, including the use of innovative financing mechanisms).
- Support/activate coordination for health/nutrition at the regional levels, in line with the HCi3N (High Commissioner 3N initiative, coordinating the implementation of the multi-sectoral National Policy on Nutrition Security)/sustainable development and multisectoral approach.
- Capacity strengthening of Government and stakeholders in emergency preparedness, including information management and surveillance.
- Improve coordination between sector clusters, as well as the coordination between GTN/nutrition cluster and the HCi3N as well as SUN networks to strengthen the humanitarian - development nexus, and give attention to all forms of malnutrition.

PREVALENCE OF GLOBAL ACUTE MALNUTRITION (GAM) - SMART NUTRITION SURVEY 2019



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2020


HRP 2020


CMAM guidelines


IYCF guidelines

FUNDING

76 M

TOTAL FUNDING RECEIVED (USD)

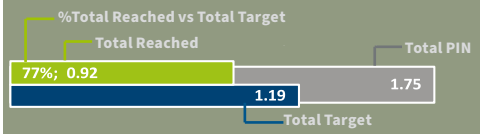
40 M (12%)

TOTAL GAP (USD)

36 M (88%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

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NORTH EAST NIGERIA

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2015

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

Deputy: N/A

IMO:IMO (seconded by IMMAP)

Other: Alternate Co-lead - IRC .

Coordination arrangement:

FPHCDA lead at Federal level

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

PARTNERS

LNGOs	2	INGOs	14
UN AGENCIES	3	AUTHORITIES	4
OBSERVERS	5	DONORS	7

NUTRITION PROJECTS IN THE 2019 HRP

UN projects	3	INGOs projects	17
NNGOs projects	2	Other projects	-
Nutrition as stand-alone intervention			20
Total number of projects			22

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

The food and nutrition situation in Northeast Nigeria has deteriorated in the past one year. According to the Integrated Food Security Phase Classification (IPC) analysis, an estimated 2.95 million people are food insecure and considered to be facing crisis to emergecy situation (IPC level 3 to 5) and are in need of food assistance.

According to the Northeast Nigeria Nutrition and Food Security Surveillance Surveys conducted in November 2019, the Global Acute Malnutrition (GAM) rates in the three states were; Yobe (11.5%), Borno (8.1%) and Adamawa (7.2%). The areas of Central Borno, Eastern Borno and Central Yobe have the highest levels of acute malnutrition, facing a critical nutrition situation, with GAM rates of 10 to 20 per cent. (The Global Emergency threshold is 15 per cent).

The Nutrition Sector is estimate that nearly a million children will be acutely malnourished in 2020, with 288,219 severely acutely malnourished and 633,319 moderately malnourished. In addition, approximately 200,000 pregnant and lactating women will be moderately malnourished.

The main contributors of acute malnutrition include poor dietary intake, poor Infant and Yound Child feeding and care practices, limited access to safe water and sanitation services, poor hygiene and food insecurity. According to latest survey, the average rates of exclusive breastfeeding were less than 30%, and less than 5% of households consumed the Minimum Acceptable Diet (MAD). Outbreak of acute watery diarrhea and measles are also an important cause to the high levels of acute malnutrition.

The poor nutritional situation is excerbated by the ongoing military operation and escalation of insecurity incidences. he deterioration of security has resulted in displacement and influx of population to the existing Internally Displaced Persons (IDP)camps or secure centres. The newly arrivals will further put a strain to the already stretched nutrition, health, water and sanitation facilities increasing the likelihood of outbreak of diseases, further shortage of food by both the IDPs and host communities.

Overall, the Northeast Nigeria States have the highest levels of malnutrition, contributing to a third of the total national burden of acute malnutrition. Two thirds of health facilities in have been damaged by the conflict, a clear indication of the impact of the crisis on the health system.

RESPONSE STRATEGY

HRP Strategic Objectives

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

CHALLENGES

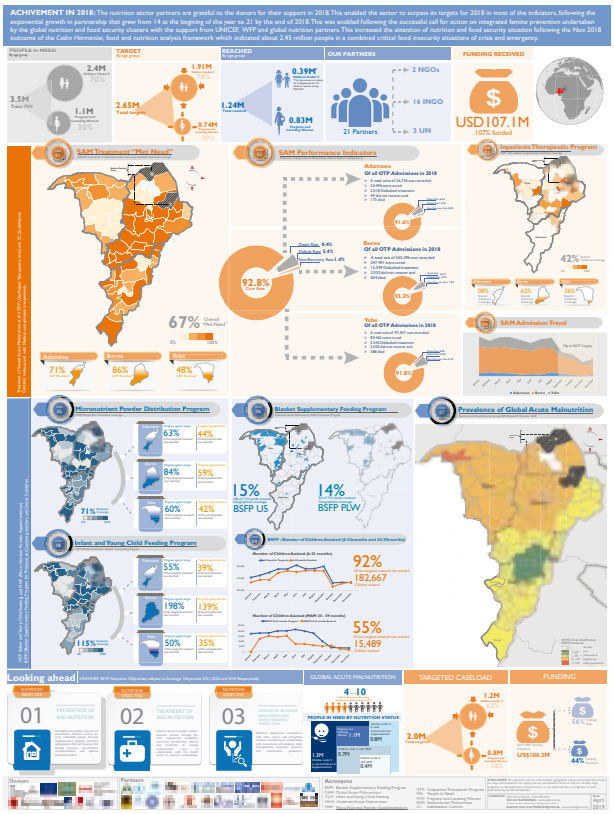
- Population movement due to conflict with many newly displaced persons arriving from the inaccessible areas; this has increased the burden on the existing nutrition services as this movements are associated with extreme needs as those IDPS arriving from these areas have not accessed humanitarian services.

- Disruption of nutrition response in some LGA due to the ongoing conflict including destruction and looting of nutrition supplies.
- Limited nutrition capacity, experience and high turnover of staff, particularly in “deep field” locations due to insecurity and inadequate accommodation, affected the quality of the nutrition response.
- Limited joint needs assessment and a gap in structured nutrition sector planning for nutrition surveys including SMART, coverage surveys and rapid assessments.
- Inadequate quality support supervision and monitoring of the nutrition response due to insufficient resources, manpower and training.

PRIORITIES FOR 2020

- Develop a sector response plan that will include early recovery, protracted crisis and emergency response strategies.
- Implement the identified streamlined approaches including partners' presence rationalization (1 partner/LGA) and map LGAs where CLA will strategically position as the provider of last resort, handover to partners or offer complementary services.
- Conduct in-depth area-based gap analysis to provide concrete data for fund raising to fill in the gaps.
- Review and update of nutrition sector guidelines to ensure they are in line with current knowledge and international best practices/standards.

NORTHEAST NIGERIA NUTRITION SECTOR DASHBOARD, 2018



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2019


HRP 2019


C MAM guidelines


IYCF guidelines


Assessment guidelines

FUNDING

106 M

TOTAL FUNDING RECEIVED (USD)

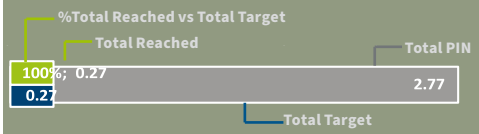
84 M (79%)

TOTAL GAP (USD)

22 M (21%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

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PAKISTAN

CLUSTER INFORMATION

Coordination mechanism:Working Group

Year of activation: 2013

NCC: UNICEF NOC FT (double-hatting)

Deputy: N/A

IMO:UNICEF NOB FT (ongoing)

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

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	6	INGOs projects	2
NNGOs projects	7	Other projects	0
Nutrition as stand-alone intervention			7
Total number of projects			15

KEY LINK

- NMIS web portal

KEY DOCUMENTS

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

SITUATION ANALYSIS

In 2019, the continuous drought like situation have led to high number of children being wasted in Sindh and Balochistan (23.3% and 18.9 % respectively, NNS 2018-19). The survey reported highest prevalence of acute malnutrition in drought affected districts as high as 33.3% in Tharparker district of Sindh Province and 29.0% in Pishin district of Balochistan Province within all affected districts with a minimum of 15.3% of Global Acute malnutrition rate.

According to Integrated Food Security Phase Classification (IPC) analysis of the projection period (September to Dec 2019); Acute malnutrition is a major public health problem in all the 8 drought affected districts in the Sindh province. Two districts (Tharparkar and Umerkot) in the province have Extremely Critical levels (IPC AMN Phase 5) of acute malnutrition – i.e. about every third child in these districts is suffering from acute malnutrition. Six other districts (Jamshoro, Kambar Shahdadkot, Badin, Dadu, Sanghar, and Thatta) have Critical levels (IPC AMN Phase 4) of acute malnutrition. Although the 6 districts are classified in IPC AMN Phase 4, 2 of them (Kambar Shahdadkot and Badin) have acute malnutrition levels very close to IPC AMN Phase 5.

In Balochistan according to IPC analysis of period of the 14 drought affected districts, 1 district (Panjgur) has Extremely Critical levels of acute malnutrition (IPC AMN Phase 5) while 11 have Critical levels of acute malnutrition (IPC AMN Phase 4), while out of 11 districts 4 (Kachhi, Pishin, Jhal Magsi and Dera Bugti) districts have acute malnutrition levels that are close to IPC AMN Phase 5 thresholds and 2 (Awaran and Gwadar) are in Phase 3 with Serious levels of acute malnutrition according to the IPC AMN scale.

This dry spell has adversely affected farmers: due to limited availability of irrigation water, subsistence level farmers could not cultivate land optimally and produce adequate cereals and pulses for their own consumption. The harsh terrain, thinly spread populations, poor infrastructure, lack of health services, deprived socio-economic indicators continue exacerbating the already deteriorating conditions with the drought-like situation.

In Dec 2019 and Jan 2020, extreme level of snow fall and flash floods has affected 16 districts of Balochistan, and some parts of Northern areas of Pakistan that include 3 districts of Pakistan Administered Kashmir and 1 district of Gilgit Balltistan. Balochistan PDMA has called for an emergency response by issuing a letter that mentioned 16 affected districts. UNOCHA with all other partners has conducted a rapid Need Assessment in all 16 Districts. Around 1 million individuals including 130,000 children U5 has been affected with the snow fall and flash floods in Balochistan. 8 out of 16 districts are those which have previously drought affected are now affected with extreme snow and flash floods, that increase the vulnerability of the people due to harsh weather and limited access of the population to markets, health facilities, schools etc. and also affected the crops, which worsening the food insecurity situation in the area.

Moreover, Tribal Districts of Khyber Pakhtunkhwa remain one of the most underdeveloped regions of Pakistan enduring decades of unrest, crises, poverty and underdevelopment. The region is marked by poor nutrition indicators, with around 20% Global Acute Malnutrition rates far above the 15% emergency threshold which calls for the need to scale up the nutrition in Emergency Response.

RESPONSE STRATEGY

- UNICEF has already started activities in Sindh Tharparkar and Umerkot Districts through its implementing partners, In Balochistan UNICEF is implementing activities through Department of Health. For Snow fall Emergency UNICEF is in close coordination with Provincial Disaster Management Authority (PDMA) and department for Health for any scale-up.
- Nutrition Working Group has been established and functional in Sindh province. Till date, five meetings of Nutrition Working Group (NWG) has been conducted, and action points documented and shared with all stakeholder involved in nutrition sectors. Also meeting organized on emergency preparedness and response plan, which was chaired by Provincial Disaster Management Authority.

- In Balochistan Nutrition Sector Working Group (NWG) for the coordination of nutrition response has been activated. NWG is led by the Provincial Nutrition Directorate and Co led by UNICEF and PDMA. The main partners in NWG are department of health and other line departments, WFP, WHO, PPHI, LHW program and local and international NGOs. So far, every month coordination meetings have been conducted.
- Funding shortfalls have impacted programme coverage. In addition, in some cases, limited funds for programming versus funds for supplies has also impacted effective implementation of nutrition programmes

CHALLENGES

- Funding shortfalls have impacted programme coverage. In addition, in some cases, limited funds for programming versus funds for supplies has also impacted effective implementation of nutrition programmes
- Delay in the issuance of the NOC from the Umer Kot District Government and delayed procurement and clearance of off-shore supplies.
- Widespread geographical areas result in low coverage of healthcare delivery services especially to far flung areas, volatile security situation in some parts of district Killa Abdullah
- Human resources constraints due to the difficult operating environment which influence staff retention
- Unlike other sectors like Health, Education, WASH etc., the nutrition sector has not been formalized yet as a sector in the government. There are still gaps of dedicated coordination mechanism for nutrition in the existing structures of the government. Currently almost all of the nutrition support services in the newly merged districts of Khyber Pakhtunkhwa rely on donors/UN support [UNICEF, WFP, WHO and Donors like DFID, USAID etc.].
- Pakistan Humanitarian Country Team Lead by OCHA is currently considering deactivation of the formal cluster system in Khyber Pakhtunkhwa. Since the government capacity on nutrition is weak, dedicated coordination mechanism for nutrition is non-existent in the current government system, deactivation of the nutrition cluster will leave a big coordination gap.

PRIORITIES FOR 2020

- Continue nutrition response that consists of management of acute malnutrition at health facility level through technical staff along with the prevention package of optimal infant and young child nutrition intervention, Micro-Nutrient Powder (MNP) supplementation for children aged below 5 years and Iron folic acid supplementation for Pregnant and Lactating Women (PLW) through health workers, community volunteers and other health staff, at sub-national level in 8 drought-affected districts of Sindh and 16 snow fall and flash floods affected districts of Balochistan.
- Extend our support to Gilgit Baltistan government to treat SAM children by providing RUTF to the Health facilities.
- Mobilize donor funds for nutrition response in merged districts of Khyber Pakhtunkhwa since government has very negligible allocations for nutrition.
- Mobilize resources for Balochistan and Sindh most affected districts and with high number of children suffering from SAM.
- Capacity building of the provincial and district health and nutrition management on nutrition in emergencies and cluster affairs to enable them effectively coordinate the nutrition response in case of any emergencies arises.
- Further scale up of nutrition information management system in all provinces.

NUTRITION RESOURCES

Drought Response Plan

NUTRITION GUIDELINES

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

FUNDING

50.6 M

TOTAL FUNDING RECEIVED (USD)

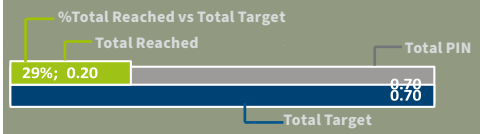
14.7M (29%)

TOTAL GAP (USD)

35.9 M (71%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

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SOMALIA

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2006

NCC: UNICEF P4 FT Currently vacant

Deputy: WFP

IMO:UNICEF NOB FT

Other: Cluster Support Officer NOB FT.

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRP

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

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

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

SITUATION ANALYSIS

Somalia is among the top ten countries with the highest prevalence of malnutrition in the world, and the third highest in the eastern and southern Africa region. The average prevalence of global acute malnutrition (GAM) had remained high (10–14.9%) over three seasons (13% 2019 Deyr, 14% 2019 Gu, 13% in 2018 Deyr, 14% in 2018 Gu and 14% in 2017 Deyr). A combination of factors was responsible: high morbidity (e.g. acute watery diarrhoea), poor infant and young child feeding and caring practices, persistent complex emergency resulting from conflict and environmental factors (drought and floods). Other contributing factors include food insecurity, limited health service availability (poor EPI coverage), poor health-seeking behaviour & difficulty in accessing clean water supply.

Pervasive poverty, conflict and military operations increasing displacement (2.6 million IDPs) of communities continued to be the main drivers of the state of malnutrition.

Somalia had experiencing the negative impact of abnormally performing Gu' rains (April – June 2019) which followed a poor 2018 Deyr season (Oct-Dec), and unusually dry conditions during the 2019 Jilaal season (Jan-Mar).

At the same time, in some parts of the country heavy rains received in a short period resulted in flooding and significant damage to planted crops, land and other resources critical for agriculture and livestock production. While the rains eased drought conditions, improved water availability and supported the livestock sector to some extent, further disruption from swarms of locust destroyed late-planted corps.

RESPONSE STRATEGY

- Objective 1: Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases.
- Objective 2: Strengthen lifesaving food based therapeutic/preventive nutrition services for vulnerable population groups focusing on blanket supplementary feeding.
- Objective 3: Strengthening robust evidence based system for Nutrition with capacity in decision making to inform need based programming.
- Objective 4: Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions.

CHALLENGES

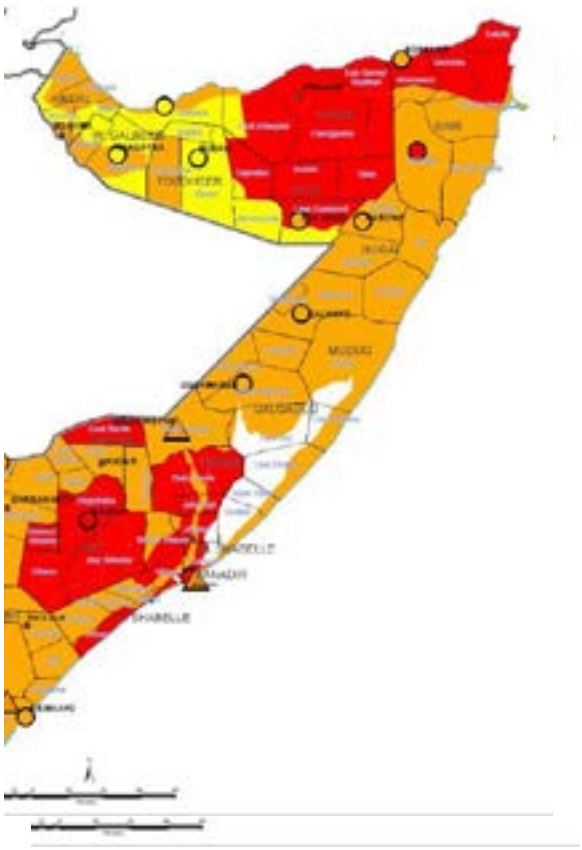
- Short term humanitarian funding leading to gaps in service provision.
- Insecurity and inaccessibility in some regions/districts in South Central Somalia is inaccessible.
- Nutrition cluster coordinator position vacancy unfilled.
- Revision of HRP because of drought conditions (DIRP) and flood response appeal requiring frequent changes with high needs and limited funding.
- Limited capacity and staffing of government.
- Limited capacity of local organization to provide multi-sectoral services.

PRIORITIES FOR 2020

- The key response activities prioritized would include the regular identification of acutely malnourished children and PLW, including through the Mothers MUAC approach, and therapeutic feeding support for the treatment of acute malnutrition cases.
- The response priority will follow the GAM rate and the number of cases expected for treatment.
- Targeting boys and girls under the age of two and pregnant and lactating women (PLW) with food-based nutrition services during the lean seasons.
- Strengthening the sub-national coordination through supportive supervision and on the job training.

- Promoting optimal infant and young child feeding by providing counselling on the right child care practices and micronutrients deficiency control.
- The Nutrition Cluster will continue to promote and advocate with all development and humanitarian actors for prioritization and implementation of effective preventive programming including: micronutrient support to vulnerable groups, such as PLW and children under age five, food-based and non-food based preventive actions, nutrition sensitive activities and integrated multi-sectoral nutrition, health, and hygiene preventative care (NHHP), food security and MCHN/ IYCF-E.
- The Cluster will continue to support cash-based interventions to support preventative activities, to address root causes of malnutrition at household level and to support treatment outcomes.

MAP OF SOMALIA, 2019



NUTRITION GUIDELINES

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

NUTRITION RESOURCES

HNO 2020 HRP 2020

FUNDING

178 M

TOTAL FUNDING RECEIVED (USD)

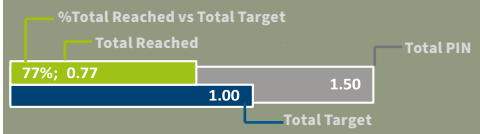
38 M (21%)

TOTAL GAP (USD)

140 M (79%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions

139%; 0.250

0.180

MAM new admissions

85%; 0.400

0.780

0.470

BSFP new admissions

65%, 0.150

0.230

Vitamin A supplementation

Micronutrient Supplementation

-, 0.220

Pregnant and Lactating Women (PLW)

MAM new admissions

67%, 0.120

0.280

0.180

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

-; 0.870

BSFP new admissions

-, 0.23

Micronutrient Supplementation

Contact

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SOUTH SUDAN

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2010

NCC: UNICEF P4,FT

Deputy: WFP

IMO:UNICEF P3,FT

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

Coordination arrangement:

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

PARTNERS

LNGOs	34	INGOs	38
UN AGENCIES	6	AUTHORITIES	2
OBSERVERS	6	DONORS	5

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report
- Humanitarian InSight
- Financial Tracking Service 2019

KEY DOCUMENTS

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

SITUATION ANALYSIS

In 2019, it is estimated that 860,169 children under five and 596,944 PLWs suffer from acute malnutrition. Food Security and Nutrition Monitoring System (FSNMS) Round 24 conducted in the lean season 2019 reports a prevalence of global acute malnutrition (GAM) of 16.2% among under-five children, hence an increase from the 13.3% reported in FSNMS Round 22 conducted at the peak lean season 2018. Coverage of VAS is reported at 76.5%. High prevalence of malnutrition among Pregnant and Lactating Women (PLW) has also been noted from FSNMS Round 24, with 8 out of 10 states (80%) showing malnutrition rates of >10%; and 3 out of 10 states showing malnutrition rates of >20%. Prevalence of acute malnutrition in PLHIV is 26% by Body Mass Index (BMI) and 17% by mid-upper arm circumference (MUAC).

In 2019 the rainfall totals since July are the highest on the 1979-2019 record. The unusually intense and sustained rains have affected areas already experiencing high levels of vulnerability as a result of years of conflict and access constraints, thereby placing affected people at a greater humanitarian risk. Following the abnormally heavy rains and flooding in many part of the country, extensive damage has been reported, affecting lives and livelihoods. Infrastructures for nutrition service delivery operated by partners have been completed wiped out or rendered unusable in some of the location, as well as storage facilities for nutrition commodities in warehouse for partners and the two UN agencies (WFP and UNICEF). Movement of nutrition commodities to the sites where they are required remains constrained hindering continued supply of lifesaving nutrition interventions for children with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) and pregnant and lactating women with acute malnutrition.

RESPONSE STRATEGY

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

Cluster Objectives:

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

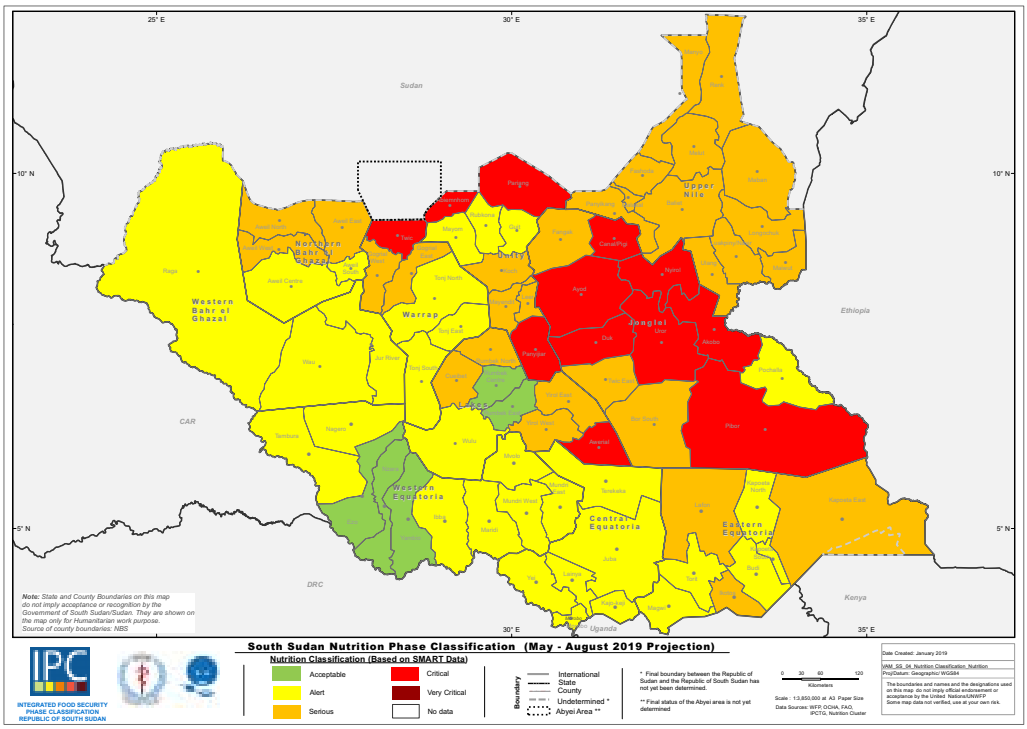
CHALLENGES

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

PRIORITIES FOR 2020

- Strengthen the equitable access and utilization of quality preventative nutrition specific service delivery for children, adolescents and women in prioritized locations.
- Sustain the coverage and quality of SAM and MAM treatment services.
- Scale up coverage of nutrition integration with other sectors(health, WASH, FSL, Education and Protection)
- Enhance mapping and rationalization plan of the nutrition needs, sites and actors to inform advocacy and programming.

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



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2020


HRP 2020


Work plan 2019

C MAM guidelines

IYCF guidelines

FUNDING

180 M

TOTAL FUNDING RECEIVED (USD)

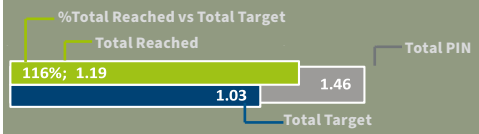
190 M (106%)

TOTAL GAP (USD)

- (-%)

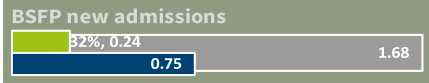
Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



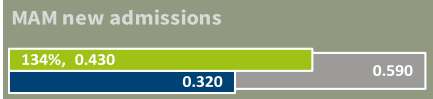
Achievements Per Activity

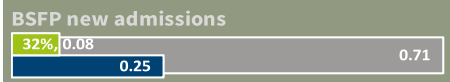
Children 6-59 months



Micronutrient Supplementation

Pregnant and Lactating Women (PLW)





Micronutrient Supplementation

Contact

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SUDAN

CLUSTER INFORMATION

Coordination mechanism: Sector

Year of activation: 2008

NCC: UNICEF P4,FT

Deputy: N/A

IMO:UNICEF NoB TA

Coordination arrangement:

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

PARTNERS

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

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

- Sudan Multi-Year Humanitarian Strategy (2 2019)

SITUATION ANALYSIS

Sudan continues to experience a protracted humanitarian crisis driven by a myriad of factors including food insecurity, acute malnutrition, disease outbreaks, population movements (IDPs and refugees), climatic shocks, armed conflict and protection risks.

The situation has recently been exasperated by political instability and economic downturn involving elevated inflation rates (73% in 2018), devaluation of the local currency (160% in 2018) and cash and fuel shortages. The annual inflation rate soared above 60% in June 2018, leading to a sharp rise in the cost of living and a precipitous drop in purchasing power. The deteriorating macroeconomic situation is worsening economic conditions for all Sudanese people, especially vulnerable families and children aged below 5.

Poverty affects 46% of the population. The malnutrition landscape is characterized by persistent elevated levels of acute malnutrition in children aged below 5 and pregnant and lactating women, chronic malnutrition (stunting) and micronutrient deficiencies. The situation is aggravated by poor WASH leading to disease outbreak, limited food intake, poor dietary diversity at household level and poor young child feeding practices (IYCF). In 2018-2019 the national global acute malnutrition rate was 14.5%, considered high, while 4.3% children were suffering of the severe form; 36.5% children were stunted. More than 66 localities in nine states are above the 'very high' threshold of 15 percent. About 2.7 million children suffer from wasting annually (522,000 of the severe form and around 2.1 million of the moderate).

Despite substantial attention to the provision of treatment services in the conflict-affected states over the years, the majority (52%) of Sudan's acutely malnourished children live in the nine non-conflict affected states where the response has been inconsistent. The stagnation in the prevalence of all forms of malnutrition is an indication that different ways of working are needed.

RESPONSE STRATEGY

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

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

Nutrition sector partners provided life-saving nutrition interventions by establishing mobile clinics, fixed nutrition sites and outreach clinics to treat and prevent SAM and MAM in children under five years and pregnant or lactating women. Working closely with the state and the health sector, nutrition partners continued to scale-up services to manage SAM with medical complications in hard-to reach areas. Overall, the 2019 HRP called for approximately $1.2 billion USD to deliver life-saving interventions to 5.7 million of the most vulnerable people in Sudan. The Nutrition Sector received only $27.7 million USD out of the $110 million USD required for 2019. Around sixteen key donors are supporting the humanitarian response and are playing a critical role in Sudan. Currently around 1,447 Outpatient Therapeutic Programmes (OTP), 587 Supplementary Feeding Programmes (SFP) and 134 Stabilization Centers are operational throughout Sudan. From January to December 2019, the Nutrition Sector partners were able to treat 260,391 cases of severe acute malnutrition (SAM), 496,446 cases of moderate acute malnutrition (MAM) and 25,052 SAM children with medical complications.

CHALLENGES

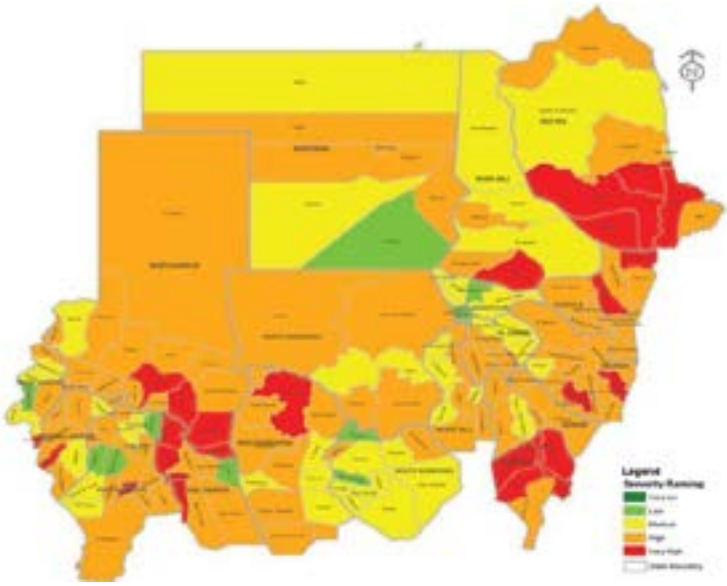
Despite efforts by nutrition sector partners, a huge gap remains between the actual coverage of

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

PRIORITIES FOR 2020

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

SUDAN SEVERITY MAP



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2020


HRP 2020


CMAM guidelines


IYCF guidelines

FUNDING

110 M

TOTAL FUNDING RECEIVED (USD)

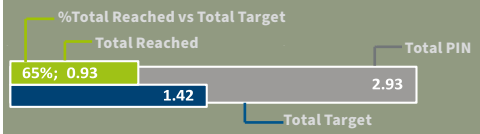
63 M (57%)

TOTAL GAP (USD)

47 M (43%)

Key Figures In 2019

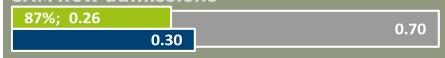
Figures below are from Jan to Dec 2019 (Millions)



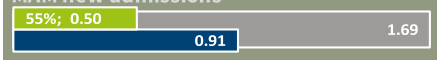
Achievements Per Activity

Children 6-59 months

SAM new admissions



MAM new admissions



BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

Alam Fakhre Khattak
faalam@unicef.org

WHOLE OF SYRIA

CLUSTER INFORMATION

Coordination mechanism: Hybrid Sector/Cluster

Year of activation: 2015

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

Deputy: Save the children

IMO:UNICEF P3,FT ; In Syria NOA FT

Coordination arrangement:

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

PARTNERS

LNGOs	51	INGOs	13
UN AGENCIES	3	AUTHORITIES	2
OBSERVERS	0	DONORS	4

NUTRITION PROJECTS IN THE 2019 HRPS

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

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

SITUATION ANALYSIS

At the end of 2019, approximately 1.2 million pregnant and lactating women (PLW), and 3.4 million children under 59 months of age were in need of life-saving nutrition services. Acute malnutrition persists throughout geographical hotspots in Syria, with 137,000 children 6-59 months and 51,000 PLWs acutely malnourished at the end of 2019. Maternal malnutrition has increased five folds, leading to poor intrauterine growth, high risks pregnancy and childbirth complications. The criticality of acute malnutrition is highest in sub-districts with large numbers of IDPs, repeated displacements, and areas lacking specialised nutrition services to continually support pregnant women and young children who are the most in need. For in-patient treatment, the rate of malnourished children presenting health complications has increased twofold in some sub-districts. More stabilization centers with trained staff are urgently needed throughout the country for these cases. Almost one in three pregnant women is anaemic, while more than one in four children aged 6-59 months have anaemia as a result of insufficient micronutrient (iron) intake.

Sub-optimal maternal nutrition and infant and young child feeding practices, poor quality of food, and repeated illnesses (due to poor water, sanitation and health conditions) are drivers of poor nutritional status for large parts of the population.

Chronic malnutrition rates are at a historic peak, with almost 500,000 children suffering from stunting with likely long-term effects on their physical and cognitive development. The national prevalence of stunting in children is estimated to be at 12.6%, with highest rates reported in Idleb and Aleppo Governorates (one in six children stunted).

RESPONSE STRATEGY

- Strengthen humanitarian lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.
- Improve equitable access to quality humanitarian lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases for boys and girls under five and Infant and Young Child Feeding (IYCF).
- Strengthening robust evidence-based system for Nutrition with capacity in decision-making to inform needbased programming.
- Establish coordinated and integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming.
- Nutrition sector coordination facilitated and enhanced across response hubs.

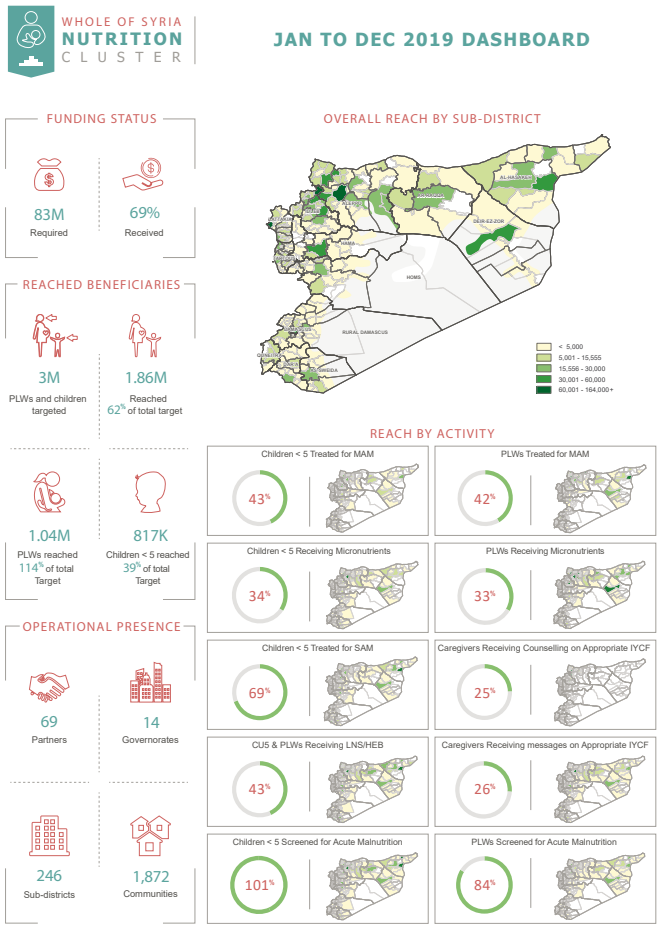
CHALLENGES

1. Continuous deterioration in security which limits population access to services, suspension of services, and displacements.
2. The perception and buy-in by donors on the seriousness of stunting, which is high and on the rise. Significant advocacy efforts have been made to improve awareness and understanding on malnutrition in all its forms and the long-term consequences of chronic malnutrition.
3. The implementing cluster partners are mostly medium to low scale national NGOs with limited capacity to effectively undertake nutrition in emergency interventions that are to scale. Capacity for inpatient facilities and trained human resources is a particular challenge.
4. Remote programming brings added difficulties to quality assurance and ensuring assistance is in line with humanitarian principles including monitoring quality, influence and diversion of aid, and working closely on cross-cutting issues such as gender, mental health and disabilities.
5. Coordination between the different sub-hubs due to political sensitivities.

PRIORITIES FOR 2020

- The nutrition sector will deliver life-saving nutrition services to PLW and children under the age of five, with a specific focus on the first 1,000 days of life.
- Affected populations residing in hard-to-reach areas, IDP sites, returnees, overburdened communities, areas affected by a high intensity of hostilities will be prioritized as well as areas of severity 3 to 5.
- The nutrition response will scale up multi-sectoral interventions to address the immediate and underlying causes of malnutrition as well as stunting, wasting, and micronutrient deficiencies, to stop the intergenerational cycle of malnutrition in Syria.

WOS NUTRITION DASHBOARD JAN - DEC 2019



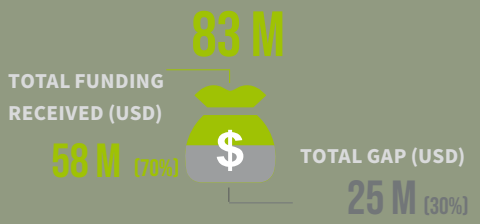
NUTRITION GUIDELINES

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

NUTRITION RESOURCES

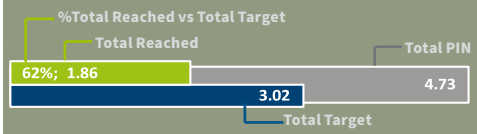
HNO 2019

FUNDING



Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

Vitamin A supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

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

BSFP new admissions

Micronutrient Supplementation

Contact

WOS
Tarig Mekkawi ;tmekkawi@unicef.org
Inside Syria
Najwa Rizkallah, nrizkallah@unicef.org

YEMEN

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2009

NCC: UNICEF P4 FT

Deputy: P3 TA-

IMO: Seconded by third Party CTG Organization

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

Coordination arrangement:

National: UNICEF Lead, MoPHP Co-Chair

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

PARTNERS

LNGOs	17	INGOs	20
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	4	DONORS	7

NUTRITION PROJECTS IN THE 2019 HRP

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

KEY LINK

- Humanitarian Response website
- Cluster Coordination Performance Monitoring (CCPM) Report, Final Report not yet finalized and published
- Humanitarian InSight
- Yemen NC Achievement Dashboard December, 2019

KEY DOCUMENTS

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

SITUATION ANALYSIS

In Yemen, an estimated 7.4 million people were in need of humanitarian nutrition assistance in 2019, with 3.2 million people requiring treatment for acute malnutrition, including 2.05 million children under the age of five and 1.1 million pregnant and lactating women (PLW). About 2.4 million of PLW and caretakers of children aged 0-23 months needed lifesaving Infant and Young Child Feeding (IYCF) counselling.

At the beginning of the year, it was estimated that food insecurity would affect about 20 million people, representing 67% of the total population. Water, sanitation and hygiene (WASH) services remain sub optimal with 16 million people lacking adequate access to them. Provision of basic health services is also insufficient with only about 50% of the health facilities offering health services. The combination of food insecurity with sub-optimal health and WASH services contributes to the deterioration of nutrition situation in some of the Districts and Governorates.

Admissions in selective feeding programmes for SAM, SAM with complications and MAM increased by 3, 29 and 13 percent respectively, compared to 2018 levels, because of geographical scale up of services, increase in reporting rate as well as number of sites reporting.

SMART surveys were conducted in 11 Governorates (Hajjah, Taizz, Ibb, Shabwa, Lahj, AL Mahra, Saada, Dhamar, Socotra, Abyan and Hadramout) in 2019. Six strata out of the 20 surveyed, were classified 'very high' as acute malnutrition prevalence was above 15%. Compared to 2018, a deterioration was reported in six strata, an improvement in 3 and remained at the same level in 9 strata. In the remaining 10 Governorates no SMART survey was conducted. After Governorate/livelihood SMART survey results were extrapolated at Districts level for both 2018 and 2019, Districts with critical levels of acute malnutrition decreased by 28 percent (from 39 to 28).

RESPONSE STRATEGY

- RReduce the prevalence of acute malnutrition through prevention and systematic identification, referral and treatment of acutely malnourished boys, girls under five and PLWs.
- Strengthen humanitarian life-saving preventive nutrition services for vulnerable population groups focusing on appropriate IYCF practices in emergency, micro-nutrient supplementation, BSFP interventions and optimal maternal nutrition.
- Strengthen capacity of national authorities and partners to ensure effective decentralized nutrition response.
- Ensure a predictable, timely and effective nutrition response through strengthening robust evidence-based system and nutrition needs analysis and as well as advocacy, monitoring and coordination.

CHALLENGES

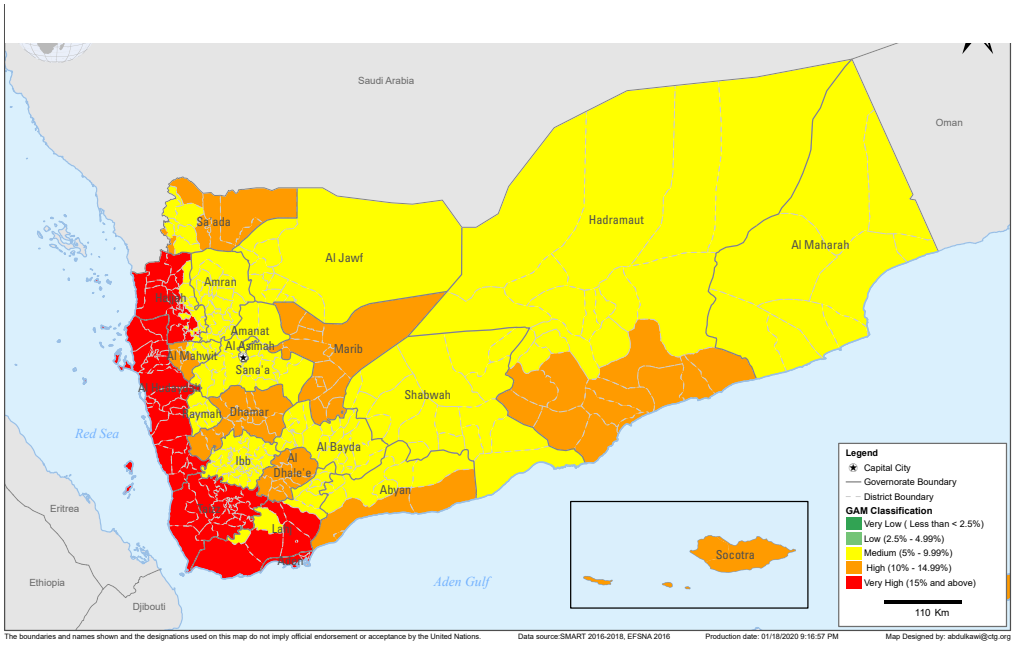
- Delayed approval of projects (for bureaucratic and administrative reasons) and restriction to international staff to work in the Country.
- Late and low reporting rate in the some of the nutrition intervention programmes.
- Insecurity and deliberate restriction of movements limiting humanitarian space and delivery of lifesaving nutrition response.
- Funding gaps among some of the partners, although the overall cluster was considered well-funded.
- Limited coordination and communication between national and sub-national authorities offices on technical and strategic issues that have been agreed by either side with nutrition cluster operational partners.
- Lack of current nutrition SMART survey data to describe the nutrition situation at governorate level in 12 governorates moved the Nutrition Cluster continued using 2018 SMART surveys data for 10 of them and older surveys for the remaining two governorates (Hudaydah and Amanat Al Asmah) for comparing situation that could have led to underestimation of the caseload in those governorates

- Understanding and providing nutrition support for children under-two that are not breastfed due to various reasons remained as a key gap and challenge in nutrition cluster responses in Yemen.

PRIORITIES FOR 2020

- Strengthen community health workers approach to scale up nutrition interventions in villages situated at more than 5Km distance.
- Improving monitoring and quality of nutrition services (technical capacity, supplies, referrals, defaulter tracking and reporting, utilization of services, joint supervision with stakeholders, etc.).
- Facility based mapping of the services and partners presence.
- Prioritization of nutrition responses and partners allocation guided by health facility level gap analysis updated on quarterly basis and ensure timely gap filling.
- Strengthen assessment, multi-sectoral analysis/triangulation and utilization of nutrition information at all levels (national, governorate, district).
- Implement integrated responses (health, WASH, FSAC and nutrition) with clear examples of interventions that can be integrated at facility/community levels.
- Strengthen the implementation of the AAP strategy, monitoring and reporting.

YEMEN NUTRITION CLUSTER: GAM RATE CLASSIFICATION (AS OF 31 DECEMBER, 2019)



NUTRITION GUIDELINES

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

NUTRITION RESOURCES


HNO 2019


HRP 2019


Work plan 2019

FUNDING

320 M

TOTAL FUNDING RECEIVED (USD)

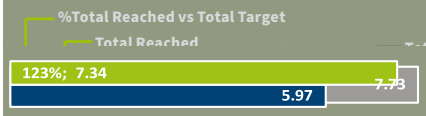
287 M (90%)

TOTAL GAP (USD)

33M (10%)

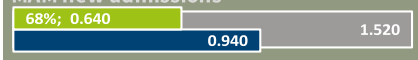
Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)



SAM new admissions

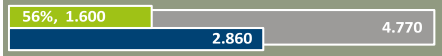
MAM new admissions



BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation



MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation

Contact

Isaack Manyama
imanyama@unicef.org

VENEZUELA

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2019

NCC: stand by partners

Deputy: Caritas Venezuela

IMO: Stand by partner

Coordination arrangement:

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

PARTNERS

LNGOs	8	INGOs	3
UN AGENCIES	1	AUTHORITIES	0
OBSERVERS	-	DONORS	-

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	1	INGOs projects	5
NNGOs projects	10	Other projects	0
Nutrition as stand-alone intervention			15
Total number of projects			16

KEY LINK

- Humanitarian Response website
- Humanitarian InSight

KEY DOCUMENTS

SITUATION ANALYSIS

At the start of 2020, more children in Venezuela suffer from malnutrition as a result of the prolonged economic emergency in the country causing many families to not have enough access to nutritious food and access to essential public services in health, education, electricity, water and sanitation. Many pregnant women live in poor and unhealthy environments, facing difficult access to health centres for prenatal consultation. According to the Annual Situation Report by the United Nations Children's Fund (UNICEF), the average Global Acute Malnutrition (GAM) for children under five from June to December 2019, reached 6.3 percent and stunting at 25.1 percent. Likewise, the 32,9 percent of pregnant women are reported to be underweight due to inadequate levels of proteins, increasing the risk of maternal mortality.Also, Venezuela has shown an escalation in the prevalence of undernourishment from 11.7 percent in 2017 to 21.2 percent in 2018, as reported by FAO. Moreover, the WFP collected data from July to September 2019 for a Food Security Assessment and estimated 32.3% of Venezuelans are food insecure and in need of assistance.

The current Venezuelan economic slowdown, including international sanctions, has a tightening effect on the purchasing power of families, including the regular acquisition of food. This situation gives rise to a prioritization scheme within households, whereby the needs of children under 5 are placed over those of older children. Reports from Nutrition Cluster partners during meetings, indicate that in Venezuela, children and adolescents 5 to 15 years, are being more affected by the crisis because they tend to receive smaller food rations, despite their energy and nutrient requirements being much greater. This situation is compounded by children's low capacity to cope with their parents' failure to provide adequate care and supervision. Some of them suffered migration-induced abandonment, compelling them to dropout school to provide care and economically support their younger siblings. Under these circumstances, children over 5 are one of the most vulnerable groups in society and are prone to suffer late physical and cognitive development and other physical and mental health problems.Furthermore, there is a high prevalence in Venezuela of substandard infant and young child feeding practices among mothers and inadequate medical support. Before the crisis, medical staff unfortunately promoted formula-feeding rather than breastfeeding. This situation is compounded by breastmilk substitute (BMS) donations received from abroad and distributed by some organizations and government staff without following international protocols which do not recommend accepting in kind donations of BMS in emergencies nor untargeted BMS distribution (see operational guidelines on infant feeding in emergencies version 3: https://www.ennonline.net/operationalguidance-v3-2017). These negative practices are increasing the prevalence of acute and chronic malnutrition in the country

RESPONSE STRATEGY

The Nutrition Cluster Strategy will continue to focus on prevention of micronutrient deficiencies and acute malnutrition in children and adolescents, the treatment of acute malnutrition in children and adolescents 0 to 15 years, the strengthening of optimal infant feeding practices, as well as the capacity building of health staff, community members, and civil society. Subnational clusters functioning in the state of Bolivar, Táchira and Zulia, together with the National Cluster based in Caracas, will have a strong role in the implementation and monitoring of nutrition interventions involving international NGOs, national CSO and local health authorities.

CHALLENGES

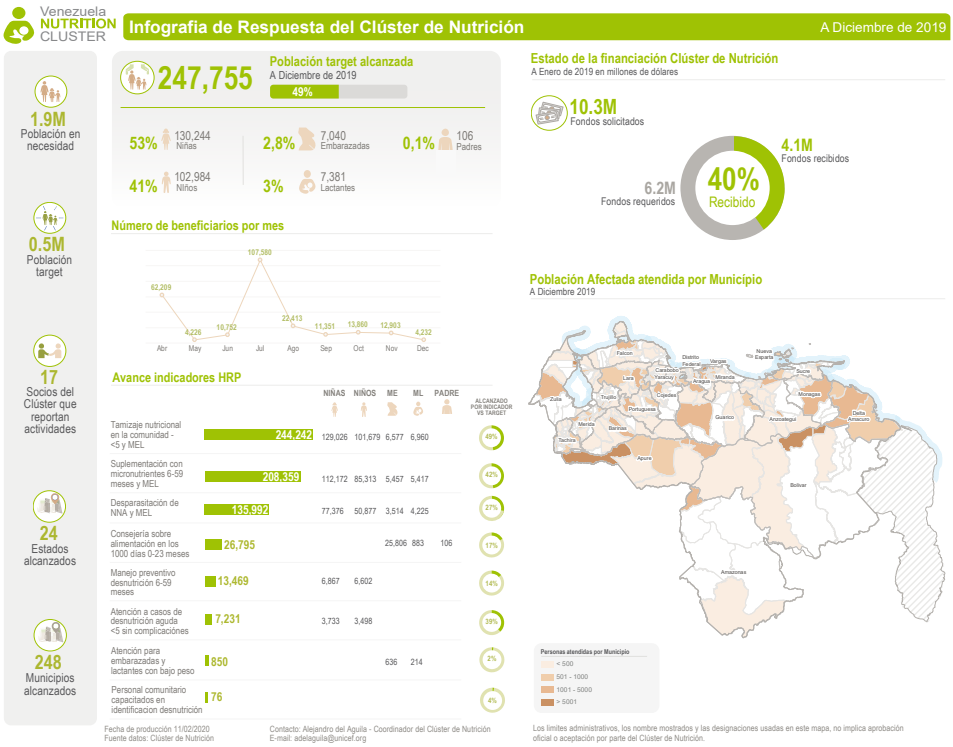
Despite not having a robust information sharing environment in Venezuela, emergency-related information sharing across the humanitarian community has greatly improved contributing notably to the cluster objective of exchanging information for decision making and service delivery. Authorities have started sharing official information on public services and other social and demographic issues, nevertheless, they are still banning data collection due to the persistent concern that it will be misused.

- There is little knowledge among partners and community members of nutritional care and interventions in accordance with international guidelines and protocols. In addition, medical and care personnel continue to leave the country, taking with them much needed capacity.
- It is very hard for importers to pay for medical supplies and equipment, food and many other items for the regular functioning of the country because of the International sanctions imposed on the Venezuelan economy.

PRIORITIES FOR 2020

- This year the cluster will focus on strengthening its IYCF-E response through the establishment of a Technical Working Group, which will provide technical support and capacity building to health staff and community members.
- Strengthening the existing in-country information management approaches for collecting, analysing and reporting malnutrition information (including prevalence, activities, resources, gaps) is a priority. We need to build trust among all stakeholders and to enhance our advocacy campaign for information sharing and data collection, including the possibility of conducting SMART surveys in country.
- Working closely with authorities to build the capacity of health professionals and other relevant stakeholders on nutritional assessment and response for children under 5, pregnant and breastfeeding women PLW, and children and adolescents 5 - 15 years, and other life-saving nutrition interventions to improve the quality of the nutrition services in vulnerable communities.

CLUSTER DASHBOARD - DEC 2019



NUTRITION GUIDELINES

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

FUNDING

10.3 M

TOTAL FUNDING RECEIVED (USD)

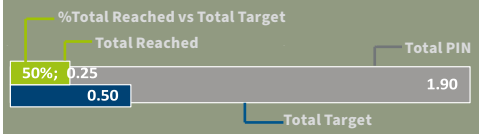
4.1 M (40%)

TOTAL GAP (USD)

6.2 M (60%)

Key Figures In 2019

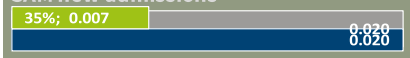
Figures below are from Jan to Dec 2019 (Millions)



Achievements Per Activity

Children 6-59 months

SAM new admissions



MAM new admissions

BSFP new admissions

Vitamin A supplementation

Micronutrient Supplementation

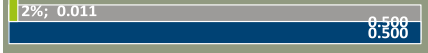
Pregnant and Lactating Women (PLW)

MAM new admissions

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

BSFP new admissions

Micronutrient Supplementation



Contact

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ZIMBABWE

CLUSTER INFORMATION

Coordination mechanism: Cluster

Year of activation: 2019

NCC: P4 FT; UNICEF Surge (6 months)

Deputy: GOAL

IMO: Standby Partner (NORCAP)

Others: Nutrition Consultant; Field based NOA

Coordination arrangement:

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

PARTNERS

LNGOs	3	INGOs	6
UN AGENCIES	4	AUTHORITIES	1
OBSERVERS	0	DONORS	5

NUTRITION PROJECTS IN THE 2019 HRPS

UN projects	4	INGOs projects	4
NNGOs projects	3	Other projects	0
Nutrition as stand-alone intervention			0
Total number of projects			11

KEY LINK

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

KEY DOCUMENTS

- **Nutrition Cluster Response Plan**

SITUATION ANALYSIS

Zimbabwe has been experiencing the consequences of El Nino weather event, reduced agricultural production coupled with a protracted economic breakdown. Cyclone Idai hit the country in March 2019 amidst a drought season and the food security situation is expected to continue declining. A food and nutrition security assessment (May 2019, Rural Vulnerability Assessment) was conducted in all the 60 rural districts. A national GAM of 3.6% was found, an increase from 2.5% reported in 2018, and 8 districts had GAM levels above 5% (Masvingo, Makoni, Mutare, Seke, Mondoro Ngezi, Sanyati, Binga and Tsholotsho). An urban vulnerability assessment was conducted in July 2019 and showed increased vulnerability in all urban locations across the country. Both rural and urban assessments showed increased food insecurity. It is estimated that in Zimbabwe by the peak of the 2019 lean season, 7.7 million people will be food insecure, a rise from 28% reported in 2018 for the same season. The nutrition status of children in Zimbabwe will be further compounded by sub-optimal infant and young child feeding practices including very poor dietary diversity at 15% and with only 7% having attained the minimum acceptable diet.

RESPONSE STRATEGY

The nutrition response was composed of : coordination of nutrition partners; active screening for early detection, referral and treatment of children with acute malnutrition ; procurement and prepositioning of lifesaving therapeutic foods at all public health facilities in the country; provision of micronutrient supplements including Vitamin A; support and counselling of mothers and caregivers of children under the age of 2 years in IYCF-e; capacity building for health workers and partners in nutrition in emergencies planning and implementation and nutrition communication for the emergency response at community level.

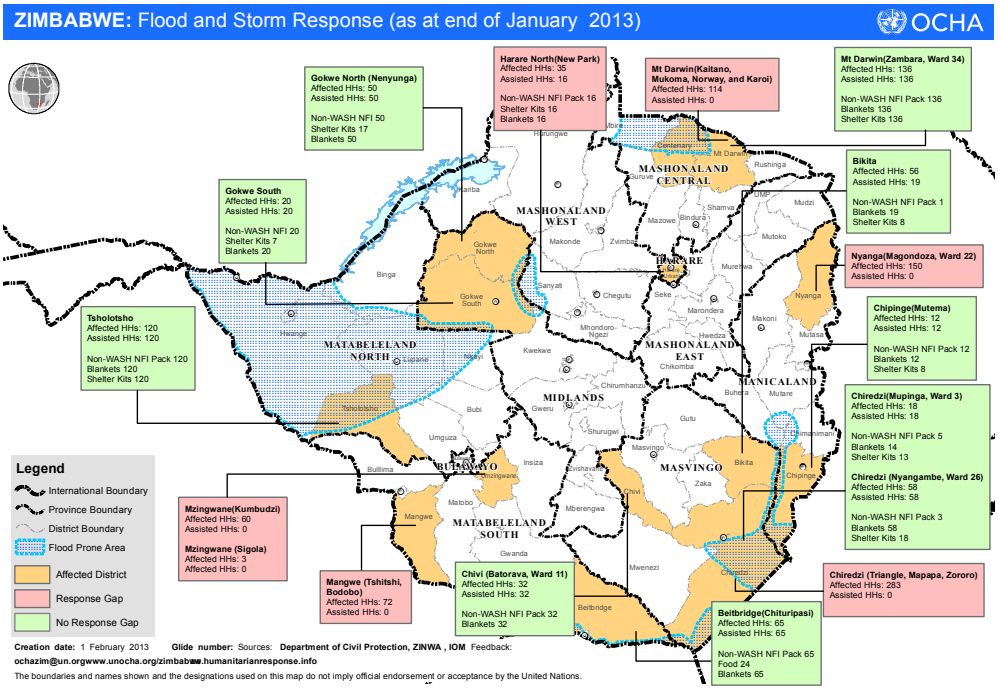
CHALLENGES

1. Inaccessible communities and health facilities in the cyclone-affected districts as roads and communication infrastructure were destroyed by the cyclone.
2. Lack of dis-aggregated data on children with disability as that data is not routinely collected through National Health Information System.
3. Routine government reporting systems provide data with a time lag of one month, and this does not meet the emergency reporting requirement needs.
4. Limited funding to meet the needs of the response.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2020

- Procurement and pre-positioning of essential nutrition supplies in all 63 districts including urban.
- Scale-up of early identification, referral and treatment of children with acute malnutrition giving priority to 25 most affected districts.
- Development and implementation of a strategy to accelerate resource mobilization for the protracted drought emergency.
- Support mothers and caregivers of children under the age of 2 years on IYCF-e to prevent malnutrition.

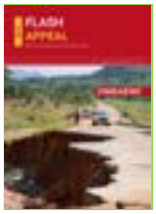
ZIMBABWE FLOOD PRONE DISTRICTS



NUTRITION GUIDELINES

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

NUTRITION RESOURCES



2019 Flash Appeal

FUNDING

3.6 M

TOTAL FUNDING RECEIVED (USD)

1.4 M (39%)

TOTAL GAP (USD)

2.2 M (61%)

Key Figures In 2019

Figures below are from Jan to Dec 2019 (Millions)

%Total Reached vs Total Target

Total Reached

Total PIN

108%; 0.05

0.05

0.27

Total Target

Achievements Per Activity

Children 6-59 months

SAM new admissions

4%; 0.001

0.012

0.014

MAM new admissions

38%; 0.001

0.003

0.003

BSFP new admissions

Vitamin A supplementation

103%; 0.03

0.03

0.04

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

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

38%; 0.021

0.020

0.022

BSFP new admissions

Micronutrient Supplementation

109%; 0.012

0.011

0.013

Contact

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