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ANNUAL MEETING  
2021

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# 2021 Annual Meeting – Day 2

Co-chairs:

**Megan Gayford**, GNC-Technical Alliance co-chair, UNICEF &  
**Alex Rutishauser-Perera**, SAG member, ACF

# Agenda - Day 2

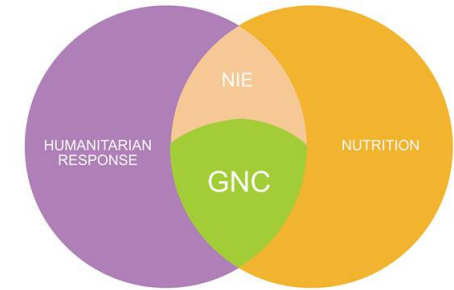
- 10 min – opening and summary of the day 1 – Chairs of the day 1
- 50 min – 10 groups x 4-5 min presentation on the challenges from day 1.  
Feedback through the chat (group members to take notes as needed) or a whiteboard.
- 60 minutes (including possible break) - Group work to develop a NiE Sector Road Map: key initiatives, and indicators
- 50 min – 10 groups x 4-5 min presentation on the NiE Sector Road Map.  
Feedback through the chat (group members to take notes as needed) or a whiteboard.
- 10 min – Wrap up – chairs of the day



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# Summary of Day 1



- Opening remarks
  - Combine activities and work together to create a social structure for nutrition coordination and joint implementation
- Year of action on nutrition
  - Nutrition for Growth (N4G)
  - Food Systems Summit
- Opportunities over the next year to make sure NIE agenda and nutrition coordination
- COVID-19 Pandemic
  - GNC was shown to be flexible and adaptable in responding to new challenges
  - GNC has been highlighted as high performing
  - Doubled the countries that are supported
- This week is unpacking what the NiE roadmap looks like and how the GNC will contribute to its
- Operational support, capacity building, influencing and advocacy over the past five years
- Preparations for the next strategy process have included various evaluations and some points of what the



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# What more could the GNC be doing?



- Strengthen advocacy at all levels
- Strengthen support to sub-national coordination mechanisms
- Scale up capacity development in the context of localization & NiE
- Continue work on adaptation of cluster/sector work in complex settings (ISC) and HDN (engagement with SUN)
- Expansion of partnerships (e.g., more academic & research institutions, private sector, non-traditional donors)
- Advocacy to UNICEF for adequate Human Resource hiring in countries
- Focus on evidence generation, KM and communication (technical and coordination) at all levels, e.g., develop resource repository on lessons learned/ country experience to share

# Groups – all days

1. *Nutrition information and data for decisions* (Louise Mwigiri, UNICEF & Hassan Ahmed, ACF – co-chairs of the NIS GTWG)
2. *Preparedness (and transition)* (Kate Golden, Concern, SAG member & Anteneh Dobamo, GNC-CT)
3. *Human Resource: people and skills* (Anna Ziolkovska, GNC-CT, SAG member & Andi Kendle, IMC, GNC-TA)
4. *Communication & Advocacy* (Saul Guerrero, UNICEF, SAG member & Elena Gonzalez, independent)
5. *Programming approaches* (Megan Gayford, UNICEF, GNC-TA & Natalie Sessions, GNC-TA, ENN)
6. *Knowledge management, evidence generation & research* (Tanya Khara, ENN, GNC-TA & Sarah O'Flynn, SCI)
7. *Financing* (Erin Boyd, BHA & David Rizzi, ECHO - SAG members)
8. *Cross cutting issues including gender, disability, localization, etc.* (Ben Allen, IMC, GNC-TA & Alex Rutishauser-Perera, ACF, SAG member)
9. *Ways of working: internal partnerships and collaboration* (Colleen Emary, WVI, GNC-TA and SAG member & Terry Njeri Theuri, UNHCR, SAG member)
10. *External partnerships and collaboration* (Nicolas Joannic, WFP & Linda Shaker Berbari, GNC-TA, IFE Core Group)



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Group feedback:  
Key challenges in NiE  
Sector

# CHALLENGES - GROUP 1: Nutrition Information & Data

Data Prioritization and Planning	Data Generation and Supply	Data Use, Analysis, Dissemination and Communication
<p>Lack of clear process and structures (including coordination of NIS) to guide and identify information needs. Few countries in fragile contexts have established nutrition information monitoring and evaluation frameworks</p> <p>*Co-ordination of nutrition information activities is fragmented</p>	<p>Limited physical access to conduct nutrition assessments conflict, COVID-19 situations/scenarios - <i>in settings with insecurity during the acute phase we often only have screening data. Guidance on screenings is more limited than for surveys - e.g., what information is helpful to document when screenings are the only source of data</i></p> <p>*Limited infrastructure leads to persistent data gaps – e.g. lack of registers, reporting tools, computers etc.</p>	<p>Data sensitivity in some settings can act as a barrier to effective use of data</p>

GROUP 1: Proposed solution for challenge 1 – Lack of clear process and structures (including coordination of NIS) to guide and identify information needs. Few countries in fragile contexts have established nutrition information monitoring and evaluation frameworks

### **Key initiative(s) / solution(s)**

- Ensure that there is a coordination structure that is active and includes and incorporates NIS coordination
- Mapping of countries that have existing M&E Frameworks and other foundational documents for proper NIS systems
- Identify Model countries that can be considered flagship examples for NIS coordination to learn from.
- Ensure where existing nutrition strategies and policies for nutrition exist there is a clear process to develop an M&E framework with clear linkages to overall priorities

### **Key monitoring indicators (if time allows)**

- # of countries that have existing NIS coordination mechanisms
- # of countries that have existing M&E frameworks
- # of countries that are actively operationalizing their M&E frameworks.



GROUP 1: Proposed solution for challenge 2 – Limited physical access to conduct nutrition assessments conflict, COVID-19 situations/scenarios - *in settings with insecurity during the acute phase we often only have screening data. Guidance on screenings is more limited than for surveys - e.g., what information is helpful to document when screenings are the only source of data*

## Key initiative(s) / solution(s)

- Collect lesson learnt tools from countries implementing surveys/assessments in epidemic/pandemic environments e.g. Ebola in DRC, Polio and data collection lessons from that exercise etc. Based on these lessons come up with guidance documents that can contextualize and help with adaptations.
- Explore alternative data collection modalities technology or identifying other methods or indicators to inform the nutrition situation (building on existing experiences) .e.g Rapid SMARTs, risk monitoring frameworks etc. Technologies and innovation e.g. AI in South Sudan.
- Engage local partners (national partners) in having a bigger role on generation of data. (capacity building, ownership etc.)

## Key monitoring indicators (if time allows)

- # of local actors involved in data generation
- # of lessons and guidance documents produced from epidemic/disease outbreak contexts to share lessons and adaptations.
- # of alternative data collection modalities and technologies developed and used in hard to access contexts.

## GROUP 1: Proposed solution challenge 3 - Data sensitivity in some settings can act as a barrier to effective use of data

### Key initiative(s) / solution(s)

- Creation of open source data platforms to create an enabling environment between partners. This could take form of a data repository for accessing available survey data (example: SMART+ aggregator) and programme data (example: dhis2)
- Application of standard methods and approaches to data generation is critical to ensure optimal data utility
- Identifying in advance what data is required for decision making by different stakeholders at different levels (local, national, global)
- Clear guidance on protocols on data sharing that foster data sharing and aim to make data a public good.

### Key monitoring indicators (if time allows)

- Number and % of countries and agencies using open source data platforms
- Number and % of countries and agencies who have guidelines for data sharing in place

# Challenges - GROUP 2: Preparedness (& transition)

1. Governments are the key agents but lack capacity in preparedness planning, especially for nutrition due to:
  - a) weak skills and approaches in risk analysis/ planning
  - b) weak surveillance and preparedness systems and
  - c) simply not having enough staff/ volunteers to engage in preparedness, especially nutrition preparedness

2. Weak / fragmented nutrition preparedness processes that are not integrated across a) sectors and b) key actors, including government, supporting NGO/ UN partners, donors, communities. Analysis, if happening, is often siloed by sector, department, agency. Communities are not being engaged efficiently

3. Lack of flexible programming and funding strategies from both development and humanitarian sectors/ donors. Not many agencies are prepared to put funding in for preparedness even though costs are very little; timing of funding is often out of sync to cover pre/post emergency.
  - Seasonality is a big factor in many contexts, meaning an opportunity for predictable preparedness and response cycles each year, but we are missing it (seen simply as a 'protracted emergency').
  - Need stronger link between nutrition and resilience/ DRR programmes/ funding streams (BHA has this stream), but resilience often focused on livelihoods more than nutrition.

**To Advocacy Group:** Weak advocacy on the role of governments and engagement with governments on nutrition preparedness – Clusters could possibly communicate better. Not considering non-traditional targets (e.g. African Union).



# GROUP 2: Solutions to Challenge 1 & 2:

1. Governments are the key agents but lack capacity in preparedness planning, especially for nutrition due to: a) weak skills and approaches in risk analysis/planning b) weak surveillance and preparedness systems and c) simply not having enough staff/ volunteers to engage in preparedness, particularly nutrition preparedness

## Solutions

Roll out Emergency Preparedness Platform by the GNC-CT and UNICEF (based on the pilot ERP guidance developed in 2019-2020) in priority countries with the SUN focal points

Assess capacity first and build on what exists (not all govts are weak). May need to consider different tiers of countries. And use a maturity matrix to assess progress (may need to develop this matrix?). Must look at capacity at different angles – is prep included in key policy / M&E frameworks, service delivery systems. Kenya has an example of framework

### *Considerations:*

- Also consider type of emergency – protracted or sudden onset – approach will be different.
- Be sure goes down to sub-national level. Two levels of training/capacity building: generalists and then more nutrition-focused. Keep it simple.
- Don't duplicate existing processes of gov'ts & humanitarian partners. Link to Humanitarian Needs Overview and the Humanitarian Response Plan. Don't create extra work for govt (good it is CC leading).
- INFORM & EPRP very comprehensive and a good basis but explore all available tools. Entry point is whatever exist.

# GROUP 2: Solutions to Challenge 2:

**2. Weak / fragmented nutrition preparedness processes that are not integrated across a) sectors and b) key actors, including government, supporting NGO/ UN partners, donors, communities. Analysis, if happening, is often siloed by sector, department, agency and communities are not being engaged in efficient manner, especially for nutrition.**

## Solutions

**Roll out Emergency Preparedness Platform by the GNC-CT and UNICEF (based on the pilot ERP guidance developed in 2019-2020) in priority countries with the SUN focal points**

**Identify who has the capacity and the mandate to do this within the structures at country/regional level (Govt first, then look for alternatives to support govt)  
Bring in development actors in.  
Add nutrition preparedness to more development nutrition plans of govt, agencies. (Horizontal and Vertical)**

**Improve communication within organisations. UN agencies need to come together with Sudan developed a plan for climate change and emergency preparedness and having UN integrated plan made this easier.**

**Consider creating preparedness working group at country (not just tech silos like IYCF, wasting, etc). Any positive examples?**

**Need to have reflections/ learning not**

**Need a training package for partners – when will existing ERP training package for CCs be made available?**

**Consider expanding mandates of existing agencies to include preparedness to avoid creating new groups. (Kenya example)**

**Possible monitoring**

**indicators**

# GROUP 2: Solutions to Challenge 3:

- 3. Lack of flexible programming and funding strategies from both development and humanitarian sectors/ donors. Not many agencies are prepared to put funding in for preparedness even though costs are very little; timing of funding is often out of sync to cover pre/post emergency.**
- **Seasonality is a big factor in many contexts, meaning an opportunity for predictable preparedness and response cycles each year, but we are missing it (seen simply as a 'protracted emergency').**
  - **Need stronger link between nutrition and resilience/ DRR programmes/funding streams (BHA has this stream), but resilience often focused on livelihoods more than nutrition.**

**Advocate for preparedness to be part of 'normal' development and emergency programming – be clearer where nutrition preparedness fits (including at a minimum risk monitoring). Link HDRP & UNDAF processes.**

**Advocate for long-term systems funding – e.g. health system strengthening and then be sure we get in there and be sure preparedness is included.**

**Improve integration of sectors in programme design & coordination. When WASH, nutrition, health, FS is all together, preparedness is easier to pull together – especially for a multi-causal issues like nutrition.**

# Challenges - GROUP 3: Human resources

- The competencies that are needed for staff working on Nutrition in Emergencies are not standardized across the sector.
- The systems and mechanisms to support staff capacity in nutrition in emergencies have largely focused on staff of UN/iNGOs over local NGOs/CBOs, government, MoH, frontline workers of all sectors.
- HR retention (contract types, no pool of trained people, career path, building succession plans)

# GROUP 3: Proposed solution for challenge 1 – staff work load

## Key initiative(s) / solution(s)

- Develop and roll out tool for the recommended structure of NiE teams - such as the "Good practices for the minimal structure of the coordination teams for the cluster lead agencies" - that define recommended staffing structures for different levels, types of emergencies and types of organizations (i.e local NGO, international NGO, UN agency, etc.) and possibly NiE staffing requirements for different types of emergencies
- Advocacy with decision makers on resource allocation for adequate staffing commensurate with the scale of the response/ context

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX



# GROUP 3: Proposed solution for challenge 2 – staff experience

## Key initiative(s) / solution(s)

- - Ideally all nutrition job descriptions should reflect emergencies, and performance measured accordingly.
- - Access to capacity strengthening opportunities to build confidence in the basics of emergency response
- - Roll out the NiE Competency Framework, with an emphasis on the softer competencies to be recognized and prioritized in the recruitment/management of staff
  - a. Identify key standard NiE posts across NGOs and UN agencies
  - b. Develop standard JDs for those posts that are agreed by the GNC partners
  - c. Develop and implement a roll out plan taking into account organizations that are not part of the GNC (i.e. local NGOs)

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# GROUP 3: Proposed solution for challenge 3 – technical support

## Key initiative(s) / solution(s)

- Roll out the GNC CD framework and e-learning platform for the IMOs and NCCs
- Develop a capacity building framework and standardized learning platform for NiE staff (based on the GNC-CT example)
  - a. Identify gaps in the current available learning materials (ongoing)
  - b. Develop a CD framework for NiE
  - c. Identify the roles of the GNC-TA, GTWG and GNC partners in implementing the framework
- Access to the GNC Technical Alliance services

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# Challenges - GROUP 4: Communications & advocacy

Important to discuss both content (dependent on issues identified in other functions that need to feed an updated advocacy strategy) and processes.

Key challenges in terms of process:

- 1- Develop capacity at country level to translate nutrition data into clear messages tailored to advocacy audiences
- 2- Establish processes to ensure information flows from the local level to the global to be promoted in key global forums and also from cluster to other key partners (intercluster/partner agencies/global platforms, etc.)
- 3 –Prioritize few issues for cluster advocacy and establish processes to work with cluster partners so that they can engage, support and promote cluster key messages in process where they are active

## GROUP 4: Proposed solution for challenge 1 – Lack of capacities in-country to transform information and data into clear messages tailored to advocacy audiences (non-technical)

### Key initiative(s) / solution(s)

- Explore ways to improve and standardize the analysis and dissemination of nutrition information to support all countries in framing NiE more effectively and in a way that responds to the needs of clearly identified audiences. For example practical examples and templates to increase consistency and reduce effort at country level to develop quality nutrition information outputs that are appropriate to the different audiences – conversation starts before a crisis. At any point, what do you need to prevent the situation to be worse
- Provide teams with simple guidance to map advocacy audiences as well as advocacy platforms
- Roll out the GNC Advocacy toolkit
- a) Identify priority countries that require support in advocacy  
b) roll out the advocacy e-learning to the priority countries  
c) Support them (through an advocacy consultant) to develop advocacy strategy and toolkits  
d) Document and disseminate lessons learned from the development and implementation of the advocacy strategies and combine the tools in the advocacy toolkits

### Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

GROUP 4: Proposed solution for challenge 2 – 2- Lack processes to incentivize information flow local to global that could help also to homogenize messages and speak with one voice in key global forums

## Key initiative(s) / solution(s)

- Assess how cluster coordinators/co-chairs are fulfilling their advocacy responsibilities and what barriers are/ how can be addressed
- Consider creation of an advocacy technical wg at national cluster level supported by an advocacy expert
- Advocacy/Comms WG to take forwards capacity issue and propose realistic suggestions to improve capacity at global and national level' as a 'solution' that needs working up in more detail
- 'establish best practice and guidance tools to enable and support national advocacy' as a solution for global GNC to address this challenge.
- Advocacy mechanism at a global level?

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

## GROUP 4: Proposed solution for challenge 3 – Lack an updated global advocacy strategy to focus on key current priority issues

### Key initiative(s) / solution(s)

Review advocacy strategy and work plan (who do that when):

Identify existing global nutrition advocacy groups/ initiatives and explore how the NiE advocacy priorities can be moved forward through these groups/initiatives

- Develop and implement global joint NiE advocacy and communications WP
- a) Organize Advocacy and Communication WG under the GNC  
b) Identify key NiE priorities for advocacy in the next 4 years  
c) Develop and implement annual Advocacy and communication WP
- Will we have time to talk about the GNC advocacy towards N4G & how to 'mutualise' with all the other preps
- Start for good enough

### Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# GROUP 5: Programming approaches

- **Low coverage of essential nutrition interventions**
  - Access challenges and reaching affected populations, especially in complex crises
  - A lack of innovation in taking services to communities
  - Issues with commodities: if we want to increase coverage, we need to decrease the involved costs
- **Contextualisation challenges**
  - Broader definitions of NiE beyond low GAM/SAM rates are needed
  - Programming guidance for nutrition in other age groups
  - Lack of experience & documentation of nutrition sensitive programming in different contexts
- **Linking information, analysis and design**
  - NIS and outputs are disconnected to analysis and decision making (responses aren't always linked to needs but other priorities)
  - Limited investment in early warning systems
- **Mainstreaming within the health system and nexus**
  - Linking acute emergencies with longer term development objectives
  - Need to explore further how government actors can take the lead in NiE
  - Linkages with health system is currently a missed opportunity & mainstreaming nutrition across the health system is challenging
  - There is a lack of human and financial resources with MoH

# GROUP 5: Proposed solution for challenge 1 – Low coverage of essential nutrition interventions

## **Key initiative(s) / solution(s)**

- Harnessing private sector that already has reach into communities (e.g. social entrepreneurs)
- Piggy backing onto logistics of the private sector (transport and cold chain systems)
- Focussing solutions around the community system (building on from iccm+)- increasing use of community mobilisation mechanisms; engaging local civil societies and community based organisations
- Demand plays a huge role- need to consider community engagement and quality improvement



# GROUP 5: Proposed solution for challenges 2 – Contextualisation challenges

## Key initiative(s) / solution(s)

- **Creating an environment where countries are able to try different things- documenting unique experiences from countries and experiences in NiE to highlight ways of contextualising**
- **Fostering innovation at a micro level and having enough flexibility to try things while responding to NiE- creating a culture of being open to fail**
- **Improved preparedness plans (and enriched analysis of preparedness) to inform better programming and identification of resources**
- **Developing programming guidance, emergency thresholds and indicators for measurement for nutrition in other age groups and also guidance around broader demographics (e.g. including PLWs, creating MIYCF guidelines)**
- **A focus on issuing interim guidance when guidelines aren't available (e.g. during COVID and MUAC for u6mo)**

# GROUP 5: Proposed solution for challenge 3- Mainstreaming within all systems associated to malnutrition and nexus (and DRR)

## **Key initiative(s) / solution(s)**

- It starts with a mapping of the multisectoral determinants of MN and associated risks and stakeholders that will inform short and longer-term adaptations that will support communities to absorb, respond and recover from shocks/stresses
- Cost effective analysis to highlight linkages of interventions with broader wins in the development sector
- Understanding the barriers in other systems to better integrate
- Placing nutrition as an outcome within other sectors so it becomes an accountability factor and having a clear accountability framework
- Considering the lack of financing for health interventions- increasing advocacy for financial plans

# GROUP 6: Knowledge Management & Evidence generation

- 1. Identification of knowledge gaps and research priorities covering the full spectrum of nutrition areas.** *How to best ensure that knowledge gaps and research priorities are being identified and periodically reviewed/updated in a collaborative and structured way, driven by local/national actors and needs. Need to also focus on how to address that gap identified (learning and/or research; humanitarian and/or non-humanitarian context).*
- 2. Scalability and uptake of new models/solutions/approaches.** *How to ensure the drive, design, implementation and application of research into new models/approaches addresses issues of scalability which can limit their uptake or roll out, including early and consistent partnership with local/national actors and capacity of partnerships to undertake "Research that influence policy / guidance.*
- 3. Lack of structured approach for sharing and supporting the uptake of emerging evidence and learning.** *How to ensure that the sharing and exchange of experiential learning and research is accessible to partners (including local partners and communities) in terms of the form it takes, there being sufficient avenues (FEX plus) and the need to be accessible for speakers of multiple languages.*

# GROUP 6: Proposed solution for challenge 1 – identification of gaps and priorities

## Key initiative(s) / solution(s)

- Consolidation of **existing** research prioritisation exercises – across thematic areas for NiE. (ie CHNRIs, baseline assessment report. Help desk questions)
- Identify common repository for consolidation (ie – GNC / GNC TA Website); include prioritization of areas; Operational and academic; AND ongoing projects; info on donor interest; Tools sharing alongside.
- GTWGs to have Sub-Working Groups with focus on research to "own" this initiative
- Recommendation to expand KM/research into it's own pillar with focus on operations in Strategy– expansion to define knowledge management and include research skills
- Focus on engagement with practitioners in generation of gap analysis; Recommendation to include KM in NCC roles to prioritize areas of learning generated from national and local partners

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# GROUP 6: Proposed solution for challenge 2 – scalability/uptake

## Key initiative(s) / solution(s)

- *A number of issues - Evidence strength, policy endorsement (WHO), national policy translation difficulties, advocacy and donor engagement, resources*
- *Early engagement with MoH and national institutions to enhance national ownership at onset of research – Share learning/case studies of good examples that had implications for uptake.*
- *Inclusion of research skills within GNC capacity development strategy – (ie research skills); NCC to partner with MOH and national institutions on training for L/INGOs*
- *Enhance links between NGOs and academic institutions – e.g. for data analysis (particularly secondary data), reviews of evidence (ie meet and greet during Research Days; prioritize inclusion of research institutions in countries of research)*
- *Recommendation for NGOs to staff dedicated M&E officers to manage programme data, analysis, data for decision making*

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# GROUP 6: Proposed solution for challenge 3 - structured approach for sharing & supporting uptake

## Key initiative(s) / solution(s)

- *Explore more ways of sharing experiences that are easy and accessible and can encourage sharing transparently*
- *Prioritization of translations of reports, articles; simultaneous translation of sharing (webinars / cafes); solicitations for sharing opportunities*
- *Conduct country/regional level survey of how people would like to share learning, what form, languages etc.*
- *National clusters to include learning / capacity strengthening on research and learning within annual workplans (ie – workshops to share research outputs, ie Annual National NiE Research Day)*
- *Harmonize GNC and GNC-TA KM strategy*
- *Learn from other clusters (ie WASH)*

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# Challenges - Group 8: Cross-cutting issues

*CCIs are difficult to frame, the group spent quite some time defining CCI between:*

- *People-centered approaches (Age (older persons and adolescent girls)/Gender/Disability/HIV/TB/Minorities/Indigenous/LGBTQIA+)*
- *Ways of working (DRR/Climate Change/Localisation)*

## 1. **Poor Knowledge Management**

- Some CCIs have a lot of guidance for nutrition such as Gender (but which ones are relevant) while others have huge gaps (disability)
- Guidance not always adapted to the field users (need for translation into practical language understandable by nutrition people/too technical, etc...)
- Lack of time to read them all
- Format not always adapted (like the HRPs)
- Not all the good initiatives are captured

## 2. **Lack of accountability**

- Organisations are thematic focused
- Strong leadership for some CCIs such as gender and HIV but not others (e.g. older people)

## 3. **Differences in standards and implementation (practical) due to lack of capacity and skills**

- Different knowledge and skills required than for regular M&E to collect data
- Lack of access to appropriate equipment/technologies
- Challenging for local organisations to reach the standards required without guidance
- The capacity building of GNC partners is not enforced (they are seen as implementers)
- Poor situation analysis done, especially when it comes to localisation, so local initiatives overlooked

# GROUP 8: Solutions

## 1. Poor Knowledge Management

- Some CCIs have a lot of guidance for nutrition such as Gender (but which ones are relevant) while others have huge gaps (disability)
- Guidance not always adapted to the field users (need for translation into practical language understandable by nutrition people/too technical, etc...)
- Lack of time to read them all
- Format not always adapted (like the HRPs)
- Not all the good initiatives are captured

### Solutions

- **Need to develop a common approach to addressing CCIs (advocacy, tools, resourcing)** – perhaps use Gender as a model e.g. gender marker, 2 page usable document, checklist at country level
- Advocate for CCIs to be included in OCHA HRP templates (disability and gender included, but others not) and guidance
- Also needs to be in programme sheets for
- **Simple practical (not overly technical) and language appropriate checklists, that include a variety of tools (communication modalities) that are inclusive of a variety of ability (e.g. sight or hearing impaired)** that colleagues can refer to – NCs and programmers
- Make sure well piloted
  
- IASC guidance?
- Gap mapping for practical guidance on CCIs and prioritisation
- **What about collecting and documenting best stories and lesson learned for integrating CCIs**
- **Map and collate what is deemed appropriate, and what are the most up to date and best guidance, for nutrition**



# GROUP 9: Internal Collaboration (ways of working)

- Limited representation of the voices of Affected Population at the various levels (national/regional/global level). Limited representation of local CBOs/national NGOs at global level WGs.
- There are unrealized opportunities in engagement with local CBOs/national NGOs, governments, local authorities , academic, private sector on NiE implementation
- Lack of clarity among partners around the current structures and roles within the NiE space at regional and global level (e.g. UNICEF-WHO Teams, UN Network, Food Security Crises Network), and within GNC itself (e.g GNC-CT, GNC-TA, GNC WGS, GNC TA GTWGs, SAG and other structures)

# GROUP 9: Proposed solution for challenge 1 – limited representation of the voices of CBOs/LNGO & Affected population

## Key initiative(s) / solution(s)

- **Affected Population:** *1. Review flow of information (subnational to national); 2. establishing a unified/standardized system of capturing beneficiary feedback & using it for program design; 3. inclusion in assessment – early warning systems. (learn from what is currently being done by agencies and come up with something standardized); capitalizing upon community nutrition volunteer networks*
- **CBOs/LNGOs/Government:** Opening up membership of GNC WG, Alliance WGs to a broader range of actors in national sectoral coordination, ensuring CBOs/LNGOs are represented; representation of a rep from country level NGO forum in global structures

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# GROUP 9: Proposed solution for challenge 2 – unrealized opportunities for engagement in NiE implementation

## Key initiative(s) / solution(s)

- Ensure participation of the local NGOs/CBOs/Government in cluster/sector -response and preparedness mechanisms. Latest inter-agency localization guidance to include this. Capacity and resource allocation to enable this to be factored.
- Academia – support their engagement on research, assessments & inclusion of updated NiE in the relevant curriculum. Requests on this to channelled through the national sector coordination platforms.

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# GROUP 9: Proposed solution for challenge 3— lack of clarity

## Key initiative(s) / solution(s)

- Map all major NiE networks and structures and develop an infographic detailing the purpose of each and the linkages. This to be updated every 6 months. This to be disseminated to the various networks and regularly updated.
- Review the current GNC structure including the Technical Alliance in line with the new GC Strategy and based on this revise the SOP.

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# Challenges - GROUP 10: External collaboration

- Nutrition is not prioritized as a stand-alone issue and a core function and often subsumed within other sectors such as food security and health, particularly in humanitarian contexts. *How do we develop, strengthen, and align ongoing mechanisms and partners to support a nationally-driven nutrition agenda to prevent and treat malnutrition in all its forms in development and humanitarian contexts?*
- Funding for nutrition is often siloed by partners/donors despite willingness and consensus for multi-sectoral and systems approaches to nutrition. *How does the GNC and partners make a better case for mobilizing resources for multi-sectoral programming that address malnutrition in all its forms?*
- There is often a disconnect between global and national level coordination within and across partnerships. *How do we ensure better linkages and alignment to ensure convergence of support at global level to national level action for nutrition?*

GROUP 10: Proposed solution for challenge 1 – Nutrition is not always prioritized as a stand-alone issue and a core humanitarian function and often subsumed within other sectors such as food security and health, particularly in humanitarian contexts. *How do we develop, strengthen, and align ongoing mechanisms and partners to support a nationally-driven nutrition agenda to prevent and treat malnutrition in all its forms in development and humanitarian contexts?*

## Key initiative(s) / solution(s)

- **Build on existing initiatives:**
  - Statement being prepared on specificity of nutrition as a key component to address all forms of malnutrition --> dissemination and endorsement.
  - Advocacy on importance of increasing/strengthening national capacity for nutrition coordination.
  - Continue efforts to reach out to as many countries as possible who may benefit from tools developed by GNC to strengthen coordination.
- Ensure leadership at the national level?

**Need to define the problem (what is hampering intersectoral collaboration) and ensure that definition makes sense for collaborators (other clusters, other key**

**The higher up nutrition is on the political agenda--> the better the result. Importance of having adequate space and time for nutrition partners to function.**

GROUP 10: Proposed solution for challenge 2 – Funding for nutrition is often siloed by partners/donors despite willingness and consensus for multi-sectoral and systems approaches to nutrition. How does the GNC and partners make a better case for mobilizing resources for multi-sectoral programming that address malnutrition in all its forms?

## Key initiative(s) / solution(s)

- *Need for strong multi-sectoral HRP*

**Connected to first challenge – if we make a better case of the importance of nutrition this will help us make the case to donors that they need to support coordination mechanisms.**

**Advocay is key to make the case.**

**If nutrition actors throughout continuum come with a well coordinated holistic plan and address donors – this would show the united front and encourage donors to support. National nutrition plan – that is costed and that can be integrated in HRP.**

**Opportunity: Having a donor meeting hosted by BHA, GNC, GWASH, Health, GFSC, to bring in constraints that we have identified in the field – one main one is funding and how it is siloed. Opprtunity to discuss how to solve this problem with donors – how can mechanisms that they have to adapt to mutlisectoral programming.**

GROUP 10: Proposed solution for challenge 3 - There is often a disconnect between global and national level coordination within and across partnerships. How do we ensure better linkages and alignment to ensure convergence of support at global level to national level action for nutrition?

### **Key initiative(s) / solution(s)**

- Continue efforts to reach out to as many countries as possible who may benefit from tools developed by GNC to strengthen coordination.

**Linked to first two challenges**

**Knowledge management: Importance of realising that communication may also be lacking from countries to global level.**

**Looking for ways to ensure documentation/consultative processes – Importance of pulling learnings and discussing challenges.**



# Proposed solution for challenge 1 – over-reliance on capacity to collect primary data

## Key initiative(s) / solution(s)

- Need to actively explore, identify, and adopt a more diverse range of methods including tools/approaches that can use secondary data
- Pilot new approaches in a ‘build back better’ approach to NIS
- XXX
- XXX

## Key monitoring indicators (if time allows)

- XXX
- XXX
- XXX

# Group work

- Join the same group as yesterday
- Co-chairs are the same as yesterday
- Designate one person to monitor whiteboard (connection among all rooms)
- Draft template shared with co-chairs
- **Propose key solutions for the key challenges identified yesterday. Be realistic and specific.**



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# Groups – all days

1. *Nutrition information and data for decisions* (Louise Mwigiri, UNICEF & Hassan Ahmed, ACF – co-chairs of the NIS GTWG)
2. *Preparedness (and transition)* (Kate Golden, Concern, SAG member & Anteneh Dobamo, GNC-CT)
3. *Human Resource: people and skills* (Anna Ziolkovska, GNC-CT, SAG member & Andi Kendle, IMC, GNC-TA)
4. *Communication & Advocacy* (Saul Guerrero, UNICEF, SAG member & Elena Gonzalez, independent)
5. *Programming approaches* (Megan Gayford, UNICEF, GNC-TA & Natalie Sessions, GNC-TA, ENN)
6. *Knowledge management, evidence generation & research* (Tanya Khara, ENN, GNC-TA & Sarah O’Flynn, SCI)
7. *Financing* (Erin Boyd, BHA & David Rizzi, ECHO - SAG members)
8. *Cross cutting issues including gender, disability, localization, etc.* (Ben Allen, IMC, GNC-TA & Alex Rutishauser-Perera, ACF, SAG member)
9. *Ways of working: internal partnerships and collaboration* (Colleen Emary, WVI, GNC-TA and SAG member & Terry Njeri Theuri, UNHCR, SAG member)
10. *External partnerships and collaboration* (Nicolas Joannic, WFP & Linda Shaker Berbari, GNC-TA, IFE Core Group)



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Group presentations – to  
be done by each group,  
sharing screens of the co-  
chairs



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# Wrap up & evaluation – Day 2