GLOBAL NUTRITION CLUSTER ANNUAL MEETING REPORT

Virtual Event

June 15–17 & 22–24, 2021

Acronyms

CBO	community-based organisation
CD	capacity development
CMAM	community-based management of acute malnutrition
CVA	cash voucher assistance
ENN	Emergency Nutrition Network
ERP	emergency response preparedness
GBV	gender-based violence
GNC	Global Nutrition Cluster
GNC-CT	Global Nutrition Cluster Coordination Team
GTWG	Global Thematic Working Group
HPC	Humanitarian Programme Cycle
HR	human resources
IASC	Inter-Agency Standing Committee
IFE	Infant Feeding in Emergencies
IFRR	Integrated Famine Risk Response
IM	information management
IMAM	integrated management of acute malnutrition
INGO	international nongovernmental organisation
IPC	Integrated Phase Classification
ISC	inter-sectoral coordination
IYCF-E	infant and young child feeding in emergencies
KM	knowledge management
M&E	monitoring and evaluation
MOH	Ministry of Health
NiE	Nutrition in Emergencies
NIS	nutrition information systems
NGO	nongovernmental organisation
SAG	Strategic Advisory Group
SOP	standard operating procedure
SUN	Scaling Up Nutrition
TST	technical support team
UNICEF	United Nations Children's Fund
WASH	water, sanitation, and hygiene
WG	working group

CONTENTS

Summary

Over two weeks in June (15–17 and 22–24), the Global Nutrition Cluster (GNC) hosted its annual meeting, convening people from around the world virtually. Attendees represented the GNC's 46 partners and observers from international nongovernmental organisations (INGOs), research and development groups, academic institutions, UN agencies, donors, individuals, local authorities, national nongovernmental organisations (NGOs) and community-based organisations (CBOs). See Annex 2 for the list of participants.

The aim of Week 1 was "Visioning the Future." Attendees conceptualised the Nutrition in Emergencies (NiE) Sector Road Map and GNC Strategy (2022–2025). In addition to presentations, attendees participated in group work across 10 domains to identify key NiE challenges and solutions to update the road map, and proposed activities and indicators to inform the GNC strategy.

Week 2 consisted of 11 satellite sessions at which attendees reflected on current GNC initiatives and ways to align them with the new GNC strategy. Session topics, often with country insights, included capacity strengthening, inter-sectoral collaboration, emergency response preparedness (ERP), information management (IM), GNC Technical Alliance, nutrition information systems (NIS), infant and young child feeding in emergencies (IYCF-E), refugees and migrants, cash voucher assistance (CVA), and NiE in the context of COVID-19.

Next Steps	Deadline
Revise the GNC governance structure and standard operating procedures SOPs) in consultation with the Strategic Advisory Group (SAG) and partners	September 2021
Draft the 2022–2025 NiE Road Map (UNICEF)	October 2021
Finalise the 2022–2025 GNC Strategy (GNC-CT)	October 2021
Draft 2022 GNC Annual Work Plan	November 2021

Background

The Global Nutrition Cluster was established in 2006 as part of the Humanitarian Reform process, which aimed to improve the effectiveness of humanitarian response programmes by ensuring greater predictability, accountability, and partnership. The vision of the GNC is to safeguard and improve the nutritional status of emergency-affected populations by ensuring an appropriate response that is predictable, timely, effective, and at scale. Its core purpose is to enable country coordination mechanisms to achieve timely, high-quality, and appropriate nutrition response to emergencies.

GNC partners are organisations, groups, and individuals committed to respecting fundamental humanitarian principles, work in NiE, and actively help the GNC fulfil its role and contribute to its work plan.

The Global Nutrition Cluster Coordination Team (GNC-CT) provides leadership and stewardship for coordination and functions as the secretariat for the GNC. The GNC-CT is staffed by UNICEF and housed in its Geneva offices. The GNC-CT represents GNC partners in global fora and provides operational support to country nutrition clusters while linking stakeholders and ensuring effective communications.

The SAG provides strategic support to the GNC-CT guide the direction of GNC affairs. The SAG is composed of representatives from three NGO partners, four UN agencies, two donor representatives, and one nutrition cluster coordinator.

The GNC Technical Alliance (known as the Alliance) is the technical arm of the GNC and provides systematic, predictable, timely, and coordinated nutrition technical support to countries affected by emergencies.

The GNC holds an annual meeting for partners and other stakeholders. Due to the timing of the onset of the pandemic, there was no meeting in 2020. This year, the annual meeting resumed and for the first time was held virtually, via Zoom. The purpose of this year's meeting was to review achievements and challenges during the past five years, and based on that, work collectively toward the development of the NiE Sector Road Map, and inform the new GNC Strategy (2022–2025). Additionally, virtual satellite events provided a way to reflect on current GNC initiatives and how they would align with the new strategy.

DAY 1: Developing the NiE Sector Road Map: What are the key challenges?

Outputs:

- All participants are familiar with the key GNC achievements over the past 5 years
- Key challenges for the NiE sector developed and agreed upon

Key resources:

- GNC annual meeting presentations - Day 1
- Recording of Day 1

Opening Remarks

UNICEF Executive Director Henrietta Fore said that UNICEF is honoured to be the Global Nutrition Cluster Lead Agency. She discussed ensuring the alignment of the GNC's NiE Road Map and strategy with the coinciding development of the UNICEF strategic plan, especially because the plan includes strengthening coordination. Finally, she said that UNICEF has launched its updated Core Commitments for Children in Humanitarian Action with a strengthened focus on its humanitarian coordination role.

SUN Movement Coordinator Gerda Verburg said that SUN 3.0 will be operationalised this year and is a great opportunity to align strategies and work together more effectively. SUN began collaboration with GNC last year to strengthen coordination between clusters and SUN focal points, which led to the publication of the Humanitarian-Development Nexus policy brief, which will be followed by e-learning modules. SUN is excited about 2021 being the Year of Action on Nutrition and called for strong linkages between the UN Food Systems Summit and the Nutrition for Growth Summit.

UNICEF Deputy Director for Emergency Operations Meritxell Relano reflected on last year's UNICEF-commissioned Humanitarian Review, which highlighted both achievements in humanitarian coordination and remaining bottlenecks, which UNICEF is mitigating with various initiatives. To strengthen the Cluster Lead Agency role, UNICEF is conducting a second evaluation and will present the results in September. The final 2022–2025 strategic plan will include strengthening coordination at the global and country levels.

UNICEF Senior Nutrition Advisory Saul Guerrero opened by acknowledging the challenges of the past two years and thanking everyone who focuses on cluster activities. He set the stage for how the next three days would focus on the need for the GNC to work in an increasingly coordinated manner. Outcomes of this meeting will assist the new strategy to meet the challenges of current and future global and country crises.

Summary of Day 1

Deputy Global Nutrition Cluster Coordinator Anna Ziolkovska provided an overview of the GNC's accomplishments during the 2017–2021 GNC Strategy, under its three strategic priorities:

1. Operational support: The GNC established the help desks; started the Global Technical Assistance Mechanism, which became the GNC TA; launched the support dashboard; produced over 60 tools including the coordination toolkit, GNC checklists to replace the GNC handbook, and COVID-19 guidance; launched the GNC and GNC TA websites; and started the GNC newsletter.
2. Capacity building: The GNC held various webinars, including 14 in 2019; published five training packages; implemented a mentoring program, developed the Capacity Development and Competency (CD) Framework, and launched 150 e-learning modules.
3. Influence and advocacy: The GNC have maintained the number of support countries; developed advocacy materials; and worked with the Integrated Phase Classification (IPC) to produce the Acute Malnutrition Road Map (2021–2022) and GNC annual and mid-year reports.

Ms. Ziolkovska next walked participants through the four-phase development process of the 2022–2025 NiE Road Map and GNC strategy, as summarised in the table below.

1	2	3	4
Research & Evaluation	**Initial consultations with stakeholders**	**Visioning the Future: GNC Annual Meeting 2021**	**Finalize the new Strategy (2022-2025)**
March-September 2021	**March-April 2021**	**June 2021**	**July-October 2021**
External Evaluation (Humanitarian Review/CLARE II)	GNC Strategy Survey/Key priorities for NiE (March 2021)	Develop NiE Sector Road Map	NiE Sector Road Map
			2022-2025 GNC Strategy
Internal Evaluation: GNC progress towards Strategy (2017-2021)	GNC 'Added Value' Survey (April 2021)	Develop 2022-2025 GNC Strategy	Updated SOP
			2022 GNC Workplan

Phase 1 Recommendations from the 2019 UNICEF Humanitarian Review were that UNICEF needs to ensure consistent quality in its cluster lead positions and other coordination mechanisms; ensure that a dedicated cluster team is permanently in place where appropriate; develop a career path for cluster coordinators to attract talent; add cluster performance to country office leadership assessments; finance global cluster leadership using core funding; staff cluster coordinator positions with UNICEF personnel; and prioritise investment in cluster coordinators and national co-leads.

The Cluster Lead Agency Evaluation (CLARE) II will be finished this year. Preliminary global results indicate the clusters have matured; perennial issues remain a source of confusion, controversy, and tension; and global clusters have produced plenty of useful guidance materials and provided country-level COVID-19 support. Preliminary country-level results show that nutrition sometimes faces activation challenges. As an Inter-Agency Standing Committee (IASC) stand-alone cluster, there is general appreciated for dedicated cluster coordinators at senior level and/or individuals fulfilling cluster coordinator positions. Leadership style and the cluster's priorities are perceived as personality driven and dependent on the individual in the coordinator's position, and cluster leadership is not well understood and is confused with cluster performance.

Phase 2 included the GNC strategy and 'Added Value' surveys. Findings about *what the GNC is doing well* were summarised as providing guidance and tools for humanitarian coordination and Helpdesk support; having an effective technical support team; adapting to new situations (e.g., virtual support during COVID-19); implementing various capacity-building approaches; having platforms for information sharing; developing global guidance with focus on partner roles; and convening GNC partners when crises are emerging. Findings about *what more could the GNC be doing* were summarised as strengthening advocacy and support to sub-national coordination mechanisms; scaling up CD in the context of localisation and NiE; continuing to adapt cluster/sector work in complex settings; expanding partnerships; advocating to UNICEF for adequate human resource (HR) hiring in countries; and focusing on evidence generation, knowledge management (KM), and communication.

Phase 3 was conducted during the annual meeting to look at the intersection of nutrition and humanitarian response. On Days 1 and 2, participants in groups looked at key challenges in NiE and the solutions to overcome them. UNICEF started drafting the NiE Road Map and will advance the outputs from the group work. On Day 3, groups look at solutions and note how the GNC's new strategy can align with them.

In **Phase 4,** UNICEF will finalise the NiE Road Map, and the GNC-CT will finalise the GNC Strategy (2022–2025) by October 2021. Additionally, the GNC will update its SOP and present a webinar in September to discuss any changes to GNC governance. Phase 4 will culminate with the GNC's costed 2022 work plan.

Day 1 group work prioritised the three most important NIE challenges to overcome over the next four years. The summary of the group work was presented on Day 2.

The 10 Domains for Group Work
1. Nutrition information (Louise Mwigiri, UNICEF & Hassan Ahmed, ACF, co-chairs NIS GTWG)

2. Preparedness (and transition) (Kate Golden, Concern, SAG member & Anteneh Dobamo, GNC-CT)

3. Human resources (Anna Ziolkovska, GNC-CT, SAG member & Andi Kendle, IMC, GNC-TA)

4. Communication & Advocacy (Saul Guerrero, UNICEF, SAG & Elena Gonzalez, independent)

5. Programming approaches (Megan Gayford, UNICEF, GNC-TA & Natalie Sessions, GNC-TA, ENN)

6. Knowledge management, evidence & research (Tanya Khara, ENN, GNC-TA & Sahar O'Flynn, SCI)

7. Financing (Erin Boyd, USAID/BHA & David Rizzi, ECHO - SAG members)

8. Cross-cutting issues (Ben Allen, IMC, GNC-TA & Alex Rutishauser-Perera, ACF, SAG member)

9. Internal collaboration (Colleen Emary, WVI, GNC-TA/ SAG & Terry Njeri Theuri, UNHCR, SAG)

10. External collaboration (Nicolas Joannic, WFP & Linda Shaker Berbari, GNC-TA, IFE Core Group)

DAY 2: Developing the NiE Sector Road Map: what are the key solutions?

Outputs:

- Draft NiE Sector Road Map agreed upon

Key resources:

- [GNC annual meeting presentations - Day 2](#)
- [Recording of Day 2](#)

Presentations of challenges identified during group work on the Day 1

1. Nutrition information
   - Data prioritisation and planning: Lack of clear processes and structures to guide/identify information needs.
   - Data generation and supply: Limited physical access to conduct nutrition assessments in emergency situations.
   - Data use, analysis, dissemination, and communication: data sensitivity can impede effective use of data.

2. Preparedness (and transition)
   - Governments should be the key agents but lack capacity in preparedness planning, especially for nutrition.
   - Weak/fragmented nutrition preparedness processes that are not integrated across sectors or key actors (governments, donors, etc). Analysis, if it is happening, is often siloed by sector, department, agency. Communities are not efficiently engaged.
   - Lack of flexible programming and funding strategies from both development and humanitarian sectors/donors. Few agencies are prepared to fund preparedness even though costs are very little. Timing of funding is often out of sync to cover pre-/post-emergencies.
   - To advocacy group: weak advocacy on the role of and engagement with governments on nutrition preparedness. Clusters could communicate better.

3. Human Resource
   - The competencies needed for staff working on NiE are not standardised across the sector, the wrong people are in positions, and quality of programmes is not standard across organisations (i.e., everyone or no one is dedicated to nutrition).
   - Systems and mechanisms to support staff capacity on NiE largely focused on UN/INGOs over local stakeholders, including frontline workers in all sectors.
   - HR retention: contracts are often short, no trained pool of experienced people, and no clear career path or succession plans for continuity and quality.

4. Communication and advocacy
   - Lack of in-country capacity in-country to translate information and data into clear messages tailored to advocacy audiences (non-technical).
   - Lack of processes to incentivise information flow between local and global levels that could help to homogenise messages and speak with one voice in key forums.
   - Lack of an updated global advocacy strategy to convene global partners to focus on current priority issues.

5. Programming approaches
   - Low coverage of essential nutrition interventions.
   - Contextualisation challenges.
   - Linking information, analysis, and design (e.g., NIS and outputs are not connected to analysis and decision-making).
   - Need to mainstream nutrition programmes within the health system and nexus.

6. Knowledge management, evidence, and research
   - Identification of knowledge gaps and research priorities covering the full spectrum of nutrition areas.

- Scalability and uptake of new models/solutions/approaches.
- Lack of structured approach for sharing and supporting uptake of emerging evidence and learning.

7. Financing

- *Will be discussed after the meeting by the SAG because of lack of attendees.*

8. Cross-cutting issues
- Framing cross-cutting issues is not clear, even our priority cross-cutting issues are not clear.
- Poor KM for cross-cutting issues.
- Lack of accountability for cross-cutting issues.
- Differences in standards and implementation of different cross-cutting issues due to lack of capacity and skills.

9. Internal collaboration
- Limited representation of the voices of affected population at the various levels.
- Limited representation of local CBOs/national NGOs on global-level working groups (WGs). Unrealised opportunities in engagement with local CBOs/national NGOs, governments, local authorities, academic, private sector, on NiE implementation.
- Lack of clarity among partners on current structures and roles within the NiE space at regional and global levels (e.g., UNICEF-WHO teams, UN Network, Food Security Crises Network), and within GNC itself (e.g. GNC-CT, GNC-TA, SAG etc).

10. External collaboration
- Nutrition is rarely prioritised but put under other sectors such as food security and health, especially in the humanitarian context.
- Funding for nutrition is siloed despite the emphasis on multi-sectoral and systems approaches.
- Disconnect between global- and national level-coordination within and across partnerships, including with development partners.

Day 2 group work – Propose key solutions for the identified challenges
1. Nutrition information
- Challenge 1: Data prioritisation and planning
  - Ensure an active coordination structure in countries that includes NIS coordination.
  - Map countries that have existing monitoring and evaluation (M&E) frameworks and other foundational documents for proper NIS.
  - Identify model countries that for NIS coordination.
  - Ensure that where existing nutrition strategies and policies exist there is a clear process to develop an M&E framework with clear linkages to overall priorities.
- Challenge 2: Data generation and supply
  - Collect lessons and tools from countries implementing surveys/assessments in epidemic/pandemic environments (e.g., Ebola in DRC).
  - Explore alternative data collection modalities or identify other methods or indicators to inform the nutrition situation (building on existing experiences).
  - Increase role of local/national partners in data generation.
- Challenge 3: Data use, analysis, dissemination, and communication.
  - Create open-source data platforms for an enabling environment between partners. This could take the form of a repository of survey data.
  - Apply standard methods and approaches to data generation to ensure optimal data utility
  - Identify in advance what data are required for decision-making by stakeholders at different levels.
  - Provide clear guidance on protocols to foster data sharing and make data a public good.

2. Preparedness (and transition)
- Challenges 1 & 2: Governments lack capacity & weak/fragmented nutrition preparedness processes:
  - Roll out emergency preparedness platform by the GNC-CT and UNICEF.
  - Assess capacity and build on what exists.
- Challenge 2: Weak/fragmented nutrition preparedness processes
  - Identify who has the capacity and the mandate strengthen processes within the structures at country/regional levels. Look to government first and then alternatives.
  - Improve communication within organisations.

- ○ Create a preparedness WG instead of falling into silos, or expand mandates of existing organisations to avoid creating more groups.
  - ● Challenge 3: Lack of flexibility for programming and funding strategies
    - ○ Advocate for preparedness to be part of 'normal' development and emergency programming.
    - ○ Advocate for long-term funding
    - ○ Improve integration of sectors in programme design and coordination

3. HR
  - ● Challenge 1: Use of standard competency frameworks
    - ○ Develop and share good practices for NiE HR structure (key roles) at all levels (community, health facility, district, and upward) for coordination, IM (done), and NiE.
    - ○ Based on the Nutrition in Humanitarian Contexts, Coordination, and IM competency frameworks, develop and roll out generic job descriptions for the identified key roles. Include tasks that need to be performed by actors from other sectors.
  - ● Challenge 2: Systems and mechanisms to focus on local NGOs/CBOs, MOH, government, frontline workers
    - ○ Revise capacity mapping tools (with a focus on the key roles identified) and roll out annual capacity mapping in the NIE sector at country, regional, and district levels through national NiE coordination platforms.
    - ○ Build on the GNC coordination and IM Capacity Strengthening Framework to develop a generic capacity-strengthening framework for the NiE sector, with a focus on the NGOs/CBOs, government, frontline workers.
    - ○ Based on the job descriptions, translate into multiple languages and roll out the minimum package of basic online training for key NIE, coordination, and IM roles on the GNC e-learning platform.
  - ● Challenge 3: HR retention
    - ○ Develop and roll out manager-level guidance with practical solutions on the HR succession and career path plans.

4. Communication and advocacy
  - ● Challenge 1: Lack of capacities in-country to transform information and data into clear messages
    - ○ Explore ways to improve and standardise the analysis and dissemination of nutrition info to help all countries frame NiE more effectively and in a way that responds to the needs of clearly identified audiences.
    - ○ Provide teams with simple guidance (templates) and platforms to map advocacy audience.
    - ○ Roll out GNC advocacy toolkit
      - ■ Identify priority countries that require support in advocacy.
      - ■ Roll out advocacy e-learning to priority countries.
      - ■ Support them to develop advocacy strategy and toolkit.
      - ■ Document and disseminate lessons from development and implementation of advocacy strategies and combine in the advocacy toolkits.
  - ● Challenge 2: Lack of processes to incentivise information flow between local and global levels
    - ○ Assess how cluster coordinators/co-chairs are fulfilling their advocacy responsibilities and what barriers exists and how they can be overcome.
    - ○ Consider creating an advocacy technical WG supported by an advocacy expert at national cluster level.
    - ○ Advocacy/comms WG to advance capacity challenges and propose ways to improve capacity at global and national levels.
    - ○ Establish best practices and guidance tools to support national advocacy as a solution.
  - ● Challenge 3: Lack of an updated global advocacy strategy to focus on current priority issues
    - ○ Review GNC advocacy strategy and work plan (who does what, when).
    - ○ Identify existing global nutrition advocacy groups/initiatives and explore and develop and implement a global joint NiE advocacy and communications work plan.

5. Programming approaches
  - ● Challenge 1: Low coverage of essential nutrition interventions
    - ○ Harness private sector interventions that reach communities
    - ○ Harness logistics of the private sector - transport cold chain.
    - ○ Focus on solutions on the community system/community mobilisation mechanisms, engage

civil society, CBOs.
- ○ Community engagement and quality improvement to increase demand.
- ● Challenge 2: Contextualisation of challenges
  - ○ Create an environment to try different things and document country experiences.
  - ○ Foster innovation and have flexibility to respond to NiE. Allow people to fail.
  - ○ Improved preparedness plans including analysis of preparedness to inform programming and identify resources.
  - ○ Develop programme guidance, emergency thresholds, indicators for nutrition in other age groups, and broader demographics.
  - ○ Focus on issuing interim guidance when guidelines are not available (like COVID-19).
- ● Challenge 3: Mainstreaming nutrition in all systems associated with malnutrition and nexus
  - ○ Map multi-sectoral determinants of malnutrition and associated risks and stakeholders to inform adaptations.
  - ○ Conduct cost-effectiveness analysis and highlight linkages with the development sector
  - ○ Understand the barriers to better integration.
  - ○ Put nutrition as an outcome in other sectors so it becomes an accountability factor.
  - ○ Consider the lack of financing for health and nutrition interventions.

6. Knowledge management, evidence, and research
- ● Challenge 1: Identification of knowledge gaps and research priorities
  - ○ Consolidate existing research prioritisation exercises across thematic areas for NiE.
  - ○ Identify common repository for research.
  - ○ Global thematic working groups (GTWGs) have sub-WGs with focus on research to "own" this initiative.
  - ○ Expand KM/research into its own pillar with focus on operations in strategy.
  - ○ Focus on engagement with practitioners in generation of gap analysis; include KM in nutrition cluster coordinator roles to prioritise areas of learning generated from national and local partners.
- ● Challenge 2: Scalability and uptake of new models/solutions/approaches
  - ○ Strengthen evidence, policy endorsement, address national policy transition difficulties, advocacy and donor engagement, resources
  - ○ Engage early with MOH and national institutions to enhance national ownership at onset of research.
  - ○ Include research skills within GNC CD strategy.
  - ○ Enhance links between NGOs and academic institutions.
  - ○ NGOs to staff dedicated M&E officers to manage programme data, analysis, and data for decision making.
- ● Challenge 3: Structured approach for sharing/supporting uptake of emerging evidence and learning
  - ○ Share experiences that are accessible and encourage transparency.
  - ○ Prioritise translations of resources (including webinars).
  - ○ Conduct country/regional survey on how people would like to share learning.
  - ○ Include learning/capacity strengthening on research and learning within national cluster annual work plans.
  - ○ Harmonise GNC and GNC-TA KM strategy.
  - ○ Learn from other clusters (e.g., WASH).

7. Financing
- ● *TBD*

8. Cross-cutting issues
- ● Challenge 1: Poor KM
  - ○ Develop common approach to address them - advocacy, tools, resources.
  - ○ Capture best practices, stories, and lessons for integrating cross-cutting issues.
  - ○ Map and collate the best guidance for nutrition on cross-cutting issues.
  - ○ Simple, practical, and language-appropriate checklists that include tools for all abilities (sight, hearing, access).
- ● Challenge 2: Lack of accountability
  - ○ Identify/name focal persons at GNC and national clusters for cross-cutting issues.
  - ○ Advocate for partners to include cross-cutting issues into core commitments/charters (including UNICEF).

- ○ Understand how to "do" representation and learn from others including those groups at global and national levels
- ● Challenge 3: Differences in standards and implementation due to lack of capacity and skills.
  - ○ Map capacities and skills to implement different cross-cutting issue standards.
  - ○ Mentor scheme to incorporate cross-cutting issues.
  - ○ Develop e-learning modules to cover a range of priority cross-cutting issues and make them available to all.
  - ○ Ensure common approaches are explored to avoid each cross-cutting issue developing separate checklist/training on aspects/information that are a priority for all.

9. Internal collaboration
- ● Challenge 1: Limited representation of the voices of CBOs/local NGOs and affected populations
  - ○ For affected population: review information flow, establish a standardised system to capture beneficiary feedback and use it for programme design, and ensure inclusion in assessments, capitalising upon community nutrition volunteer networks.
  - ○ For CBOs/local NGOs/gov: open membership of GNC and alliance WGs to a broader range of actors in national sectoral coordination, ensuring CBOs/local NGOs representation and country level NGO representation in global structures.
- ● Challenge 2: Unrealised opportunities for engagement in NiE implementation
  - ○ Ensure participation of the local NGOs/CBOs/government in cluster/sector mechanisms, following release of the IASC localisation guidance.
  - ○ Engage with academia on research, assessment, and inclusion of NiE in curriculum via national sector coordination platforms.
- ● Challenge 3: Lack of clarity
  - ○ Map major NiE networks and structures and identify what and how they can be improved.
  - ○ Revisit current GNC structure and review how it is aligned with the new GNC strategy and revise the SOP, including the Technical Alliance.

10. External collaboration
- ● Challenge 1: Nutrition is rarely prioritised but put under sectors such as food security or health
  - ○ Publish a joint statement on nutrition as a key component for treating all forms of malnutrition. Advocate the importance of increasing/strengthening national capacity for nutrition coordination. Reach out to as many countries as possible that may benefit from tools developed by the GNC to strengthen coordination.
- ● Challenge 2: Funding for nutrition is siloed despite the emphasis on multi-sectoral and systems approaches.
  - ○ Finalise and roll out the newly established inter-sectoral platform at the global level.
  - ○ Support national NiE coordination mechanisms to strengthen multi-sectoral programming on all forms of malnutrition.
  - ○ Identify and implement solutions to promote funding for multi-sectoral responses.
- ● Challenge 3: Disconnect between global and national level coordination within and across partnerships
  - ○ Continue efforts to reach out to as many countries as possible who may benefit from tools developed by GNC to strengthen coordination.

DAY 3: Developing the 2022–2025 GNC Strategy

Output:

- Key initiatives and indicators for the GNC Strategy (2022–2025) agreed upon

Key resources:

- [GNC annual meeting presentations - Day 3](#)
- [Recording of Day 3](#)

Introduction to the 2022–2025 Strategy

Anna Ziolkovska gave an overview of the development thus far of the new GNC strategy. Based on the research, evaluations, and feedback from partners and coordination teams, the GNC-CT and the SAG developed the GNC vision, goal, and mission statements, and three strategic objectives. They were shared prior to the meeting with the partners, coordination teams, and other stakeholders, and the feedback was incorporated.

Vision Statement	By the end of 2025, the nutritional status of the most vulnerable people is protected in countries with ongoing or at risk of situations of fragility.
Goal	By the end of 2025, all countries with ongoing or at risk of situations of fragility will benefit from regular support from the GNC collective to develop or strengthen national and sub-national technical and coordination capacity for nutrition.
Mission Statement	The GNC exists to collectively strengthen the nutrition technical and coordination capacities in countries based on the needs of affected populations, in order to forecast nutrition situations and prepare for, respond to, and recover from situations of fragility, thereby contributing to global efforts to prevent and treat malnutrition in all its forms.

Proposed changes as compared to the previous strategy include that the GNC's mandate covers both **coordination and programme** components of NiE; the GNC supports both nutrition **clusters and sectoral coordination** mechanisms to include all situations of fragility; and the GNC supports countries, their coordination platforms, and authorities/governments with **preparedness for, response to, and recovery from** humanitarian crises through the cycle of humanitarian development nexus.

The three GNC strategic objectives center on **people** to ensure the Cluster Lead Agency and partners are adequately staffed and skilled; **operational and technical support** to ensure that nutrition-related decisions are guided by timely, sound technical advice and generate new evidence; and **building an enabling environment** for improved collaboration, partnerships, and innovation and a supportive financial and policy environment.

Ms. Ziolkovska concluded with a summary of the **GNC Strategy key challenges** per the consultation prior to the annual meeting. Challenges include uneven NiE skills across stakeholders; high staff turnover; need for expansion beyond traditional partnerships; not building on local resources; need for systematic country support; lack of focus on evidence generation and communication; increased need for advocacy and longer-term funding; and gaps in balancing short- and long-term, inter-sectoral coordination (ISC), and sub-national coordinated responses.

Day 3 group work: Prioritise 1–2 solutions per challenge and propose who should lead them

Summary of presentations
1. Nutrition information

- ● Challenge 1: Lack of clear process or structures to guide and identify information needs
  - ○ Conduct a landscape analysis of GNC priority countries that have existing M&E frameworks and nutrition strategies and policies for proper NIS systems (to be led by GNC-TA NISWG).
- ● Challenge 2: Limited access to conduct nutrition assessments conflict, COVID-19 situations
  - ○ Give local partners a bigger data generation role, including in situations of no access.
- ● Challenge 3: Data sensitivity in some settings can impede effective use of data
  - ○ Create open-source data platforms to create an enabling environment between partners.

2. Preparedness (and transition)
- ● Challenge 1: Governments lack capacity in preparedness planning, especially for nutrition
- ● Challenge 2: Weak/fragmented nutrition preparedness processes that are not integrated across sectors or key actors (led by GNC-CT & GNC-TA and UNICEF/CLA)
  - ○ (Solutions apply to both challenges 1 and 2)
    - ■ Assess nutrition ERP capacity and build on what exists.
    - ■ Roll out Emergency Preparedness Platform by the GNC-CT and UNICEF.
- ● Challenge 3: Lack of flexible programming and funding strategies from development and humanitarian sectors/donors
  - ○ Better package/articulate where nutrition preparedness fits within resilience/disaster risk reduction programme/funding streams (GNC partners/GNC-TA).
  - ○ Be more committed to and accountable for nutrition preparedness in programming (GNC partners).

3. Human Resource: (led jointly by GNC-CT and GNC-TA and rolled out through GNC channels)
- ● Challenge 1: Use of standard competency frameworks
  - ○ Develop and share good practices for NiE HR structure (key roles) at all levels (community, health facility, district, and upward) for coordination, IM (done), and NiE.
  - ○ Based on the Nutrition in Humanitarian Contexts, Coordination, and IM competency frameworks, develop and roll out generic job descriptions for the identified key roles. Include tasks that need to be fulfilled by actors from other sectors.
- ● Challenge 2: Systems and mechanisms to focus on local NGOs/CBOs, MOH, government, frontline workers
  - ○ Revise capacity-mapping tools (with a focus on the key roles identified) and roll out annual capacity mapping in the NIE sector at country, regional, and district levels through national NiE coordination platforms.
  - ○ Building on the GNC Coordination and IM Capacity Strengthening Framework, develop a generic capacity-strengthening framework for the NiE sector, with a focus on the NGOs/CBOs, government, frontline workers.
  - ○ Based on the job descriptions, translate into multiple languages, and roll out the minimum package of basic online training for key NIE, coordination, and IM roles on the GNC e-learning platform.
- ● Challenge 3: HR retention
  - ○ Develop and roll out manager-level guidance with practical solutions on the HR succession and career path plans.

4. Communication and advocacy: (led by advocacy and comms WGs, with GNC advocacy resourcing)
- ● Challenge 1: Lack of capacities in-country to transform information and data into clear messages
  - ○ Offer targeted advocacy support to countries.
  - ○ Develop simple guidance/templates tools to map advocacy targets and platforms and translate nutrition information for non-technical audiences.
  - ○ Connect to relevant advocacy platforms beyond GNC.
- ● Challenge 2: Lack processes to incentivise information flow local to global
  - ○ Look at and learn from best practices among other clusters and teams.
  - ○ Revisit advocacy responsibilities at national level and define the best ways to work.
- ● Challenge 3: Lack of updated global advocacy strategy to focus on current priority issues
  - ○ Update global advocacy strategy.
  - ○ Develop and implement the advocacy annual work plan.

5. Programming approaches
- ● Challenge 1: Coverage challenges

- ○ Develop more efficient tools for measuring coverage of all NiE interventions beyond severe and moderate acute malnutrition.
      - ○ Expand access and scale up evidence-based and innovative nutrition actions through community systems.
   - ● Challenge 2: Contextualisation challenges
      - ○ Develop global guidance to inform the contextualised design of programmes and for MOH to contextualise programming at the country level, building on the wasting GTWG work and the GNC/ GNC TA KM work.
      - ○ Develop programme guidance for nutrition in other age groups and demographics, including emergency thresholds and indicators.
   - ● Challenge 3: Mainstreaming nutrition
      - ○ Develop an analysis framework on the barriers that other sectors/systems face in integrating nutrition, and accompanying this, develop a mapping tool of the multi-sectoral determinants of malnutrition, associated to risks and stakeholders.
      - ○ Develop an agreed methodology on conducting cost-effectiveness/efficiency analysis to enable country comparisons, building on the GNC TA wasting sub-WG and expand to other nutrition interventions.

6. KM, evidence and research
   - ● Challenge 1: Identification of knowledge gaps and research priorities
      - ○ Establish common repository for consolidation of key research gaps and ongoing projects across NiE, led by GNC-TA with engagement of GTWGs.
   - ● Challenge 2: Scalability and uptake of new models/solutions/approaches
      - ○ Organise annual learning/evidence event at country-level led by cluster/sector coordinators and supported by GNC-TA.
      - ○ Include research skills within GNC CD strategy, led by GNC TA.
   - ● Challenge 3: Structured approach for sharing/supporting uptake of emerging evidence and learning
      - ○ Develop a GNC strategy on KM/learning/research led by GNC-CT and –TA.

7. Financing
   - ● *TBD*

8. Cross-cutting issues
   - ● Challenge 1: Poor KM (led by GNC-TA with GTWGs)
      - ○ Define core priority cross-cutting issues for GNC and develop a common approach to addressing them.
      - ○ Map and collate the most up-to-date and best guidance relevant for nutrition, and develop simple practical language appropriate tools including a variety of approaches and inclusive of ability.
   - ● Challenge 2: Lack of accountability for cross-cutting issues (led by GNC-CT and –TA)
      - ○ Identify designated focal persons at GNC and national clusters for priority cross-cutting issues and ensure a diverse range of groups are represented.
      - ○ Advocate for all partners to include cross-cutting issues into charters/core commitments.
      - ○ Understand how to "do" representation from various groups.
   - ● Challenge 3: Differences in standards and implementation due to lack of capacity and skills in cross-cutting issues (led by GWTGs/technical support teams (TST)/helpdesks)
      - ○ Map capacities and skills that exist to implement different cross-cutting issue standards.
      - ○ Develop appropriate capacity-strengthening approaches including a mentoring scheme to incorporate cross-cutting issues, e-learning modules, and availing technical support.

9. Internal collaboration
   - ● Challenge 1: Limited voice of affected population
      - ○ Review the flow of information; map current Accountability to Affected Populations system in use by GNC partners and their effectiveness; draft standardised system to capture and use beneficiary feedback to inform programming, to be led by consultant and supported by GNC-CT.
   - ● Challenge 2: Unrealised opportunities for engagement in NiE implementation
      - ○ Ensure active engagement of the local NGOs/CBOs in cluster/sector mechanisms, at national and subnational levels. Review latest inter-agency localisation guidance on how to

involve them in the sector/cluster preparedness and response, led by GNC-CT with country coordination/sector teams.
- Challenge 3: Lack of clarity on NIE actors/structures
  - Map all major NiE networks and structures and identify what and how can be improved. Revisit the current GNC structure and SOP for alignment with the strategy, led by GNC Technical Alliance & GNC-CT, SAG.

10. External collaboration: Led by GNC-CT ISC and Advocacy and Communication group
- Challenge 1: Nutrition is rarely prioritised but put under sectors such as food security and health
  - Roll out and disseminate existing inter-sectoral collaboration and work plan tools, guidance, materials.
- Challenge 2: Funding for nutrition is siloed despite the emphasis on multi-sectoral and systems approaches
  - Continue engagement with other mechanisms (SUN, UN Nutrition, etc.)) to ensure alignment and a unified framework for multi-sectoral nutrition programming to treat all forms of malnutrition
- Challenge 3: Disconnect between global and national level partnership coordination
  - Document concrete examples of external collaborations at the country level and multi-sectoral programming.

Next steps/timeline

Group 7 financing discussions to be completed by the SAG	June 2021
Publish 2021 GNC annual meeting report	July 2021
Revise the GNC governance structure and SOP to align them to the new GNC Strategy	September 2021
Develop the 2022–2025 NiE Road Map	October 2021
Develop the 2022–2025 GNC Strategy	October 2021
Develop 2022 GNC annual work plan	November 2021

Closing remarks
GNC Coordinator Stefano Fedele opened with how the cluster approach has had to adapt over time since beginning in 2005, and recently it has shifted to country-level sector and cluster coordination. The GNC supported 63 nutrition clusters in 2020. Other recent achievements like the new website and strengthening the GNC TA have yielded positive results. The pandemic has accelerated intra- and inter-cluster coordination, which provides the opportunity to capture lessons. Mr. Fedele closed by inviting participants to collaborate with the GNC to implement its mandate to provide high-quality, timely, and effective coordination of humanitarian responses to prevent and care for malnutrition.

Director, Office of Emergency Programmes, UNICEF, Manuel Fontane recognised that while the virtual format might prevent in-person interactions, it does allow for a wider range of attendees. He expressed UNICEF's support for everyone's commitment and engagement for development of the NiE Road Map and the GNC strategy. UNICEF emphasised its commitment to lead and coordinate nutrition-specific and multi-sectoral responses for nutrition outcomes and ensure that proven responses are implemented where they are needed the most and at scale. UNICEF committed to working with all stakeholders to strengthen and improve access to flexible and predictable funding; and ensure access to vulnerable populations and ensure timely, predictable, and cost-effective humanitarian responses. He closed by inviting partners to hold UNICEF to its Core Commitments to Children and looked forward to future collaboration.

GNC ANNUAL MEETING PART 2: Satellite Events

Session 1. Capacity building: stepping back to look forward

Improving capacity in NiE is one of the key GNC priorities for the next four years. The session presented the current GNC CD framework, with a view to update it based on the strategic discussions at the annual meeting. This session gave an update on progress to date, then asked participants to reflect on key focus areas, including rollout of the GNC e-learning platform, revision of coordination and IM components of the CD framework, and the role of the GNC Technical Alliance in capacity strengthening for NiE.

Event page here. Recording here. Slides here.

Summary of session:
The session began with a presentation of the current capacity building efforts in the GNC. Three competency frameworks have already been finalised (cluster coordination, IM, and nutrition in humanitarian contexts). The GNC CD framework has four levels. The first two are targeted to as many people as possible, while the latter two are targeted at individual learning and CD 1-on-1. Level 1 (Introductory) is developed for coordination and IM. Level 2 (e-Learning) will be piloted in the next few months and should have a functioning platform by the end of the year. Then the session looked at key HR-related next steps, asking if we hire the right people for the right roles and how talent is retained, and gaps avoided. Participants also reviewed suggestions from the previous week's meeting to answer these questions.

Report out from group work on the key milestones for capacity-building framework for NiE, coordination, and IM in the GNC:
Rollout of the GNC e-Learning platform (inc. localisation)
Needs include: wider orientation that starts with GNC partners; an introductory explanation on the platform; an evaluation mechanism on improvements due to the platform; a country/partners tracking system; more modules on inter-sectoral collaboration; wider availability to SUN movement and development partners; and should be complemented with face-to-face and 1-on-1 sessions.

Revision of coordination and IM components of the GNC CD framework
No substantial changes to what was already proposed but needs stronger link to HR and career paths and development.

Key technical priority areas for the join NiE CD (key roles)
Strengthen linkages between attrition information and programme design; early identification of wasting; and build capacity on preparedness and in other sectors.

Role of the GNC Technical Alliance in the NiE CD
At global level, maintain current CD WG on NiE, which should interface with the existing GTWGs within the alliance to get feedback on various outputs. It would be tasked with developing the country-level capacity mapping tool and should have a help desk to assist with this. Guidance should include what to do and how to analyse the info, interpret, and develop CD plan. The GNC Technical Alliance should monitor the NiE CD framework implementation and track where the countries are so we can prioritise where technical support is provided.

Discussions on the draft NiE CD framework
Ensure cohesiveness of the components among the coordination and NiE components and put local actors at the centre since they are key to developing how it will unfold. The CD WG should work on the development of the NiE CD framework based on the discussion during the GNC annual meeting.

Session 2. Inter-sectoral coordination: global-level update and country insights from Yemen

This event was jointly organised by the GNC and global health, WASH, and food security clusters to inform partners about ISC work at the global and country level. Collaboration examples and next steps were discussed, followed by a country example from Yemen nutrition, health, and WASH clusters, where lessons learned have led to a change in approach from famine prevention to inter-sectoral collaboration focused on mobilising and scaling up multi-sectoral responses at sub-national level.

Event page here. Recording here. Slides here.

Summary of discussion:
The session began with an overview of ISC structure at global level. Health, WASH, food security, and nutrition cluster coordinators have agreed on a neutral and balanced approach, such as the need for commonly agreed objectives versus nutrition-sensitive approaches, to ensure stronger and more effective ISC. Keen that this inter-sectoral platform is dynamic and responsive to priority needs and able to meet those that arise. Some of the initiatives currently being discussed and actively worked on by the four clusters at global level include the WASH roadmap implementation in public health and nutrition; rapid scaling up of intersectoral collaboration in South Sudan and other countries at risk of famine; and initial discussions for the development of guidance and implementation plans for multi-sectoral approaches to prevent and address cholera.

Next steps in support of ISC:
- Support countries with ISC training, work plans, and guidance.
- Develop a methodology for estimating the unit cost of the integrated package based on crisis type.
- Map ISC initiatives, particularly in the 9 ISC countries (Yemen, South Sudan, NE Nigeria, DRC, Ethiopia, CAR, Burkina Faso, Somalia, Mali, and Niger) as a start.
- Update ISC training materials and put them in e-learning format.
- 4Cs - ISP focus on a risk of famine countries and major humanitarian crisis.
- Develop a joint operational framework with health, WASH, and nutrition for better integration and coordination, especially in public health emergencies.

Then an ISC country example from Yemen, the Enhanced Inter/Multi-Sectoral Collaboration to Scale up Nutrition-Specific and -Sensitive Responses approach was presented. It included practical steps and procedures undertaken by the nutrition cluster in Yemen to plan and scale up multi-sectoral interventions in response to the deteriorating nutrition situation. The clusters collaborated to plan a multi-sectoral response and scale up, rather than just focus on famine prevention and response using the Integrated Famine Risk Response (IFRR) as before. The IFRR mobilised joint resource mobilisation, gained donor support, and facilitated joint cluster monitoring/reviews of the performance and challenges of this model of intervention. Challenges included the misperception that the IFRR is different from normal programming, making it difficult to operationalise on the ground; needing adequate funding for all clusters for the interventions to succeed; and sensitivity to the term "famine." The Enhanced Inter/Multi-Sectoral Collaboration to Scale up Nutrition-Specific and -Sensitive Responses approach had two types of fora: nutrition cluster-led multi-sectoral response coordination and ISC/coordination.

The nutrition cluster-led multi-sectoral response coordination prioritises the IPC-Acute Malnutrition in consultation with Ministry of Public Health and Population and partners. Thus, the nutrition cluster prioritised these districts for response monitoring/scale up. Other clusters' commitment depends on localised gaps, capacity, and funding availability. The ISC/coordination prioritises inter-cluster analysis, which identifies districts with multiple vulnerabilities meeting priority criteria for health, WASH, food security and agriculture, nutrition, and others. These districts become priority for all four clusters for response monitoring/scale up, and there is a cluster-level commitment to fill jointly prioritised gaps in these districts. Challenges include delayed implementation of the multi-sectoral approach; delay in partners completing the gap analysis tool; limited funding; and limited flexibility in some of the sectors.

Session 3. Emergency response preparedness: GNC roll out and experiences from the field (with country insights form Myanmar)

This session discussed the ERP approach theory, the GNC's ERP 2021 rollout plan, GNC's available support, and country-level next steps, including ERP examples in a variety of contexts. It was a forum for an open dialogue on better ERP at both country and global levels. The session consisted of three presentations by three key speakers, and a short Q&A. The notes aim to capture the main points of the session, issues raised by participants, and a basis for next steps on ERP by the GNC.

Event page here. Recording here. Slides here.

Summary of presentations
The session was opened by David Rizzi, nutrition sector specialist at ECHO, who gave an overview on the background of the ERP approach, its relevance in today's context, and the need for all countries, regardless of economic status, to be better prepared for emergencies.

Briony Stevens, GNC coordination help desk, discussed the ERP methodology and GNC global level roll out plan. Topics included:
- Development of the ERP approach at an IASC level.
- Elements of the ERP approach and how to address them at interagency, cluster, and agency levels.
- Progress of the GNC ERP rollout, including an update on the guidance developed by the GNC, how this guidance has been/can be used at a country level, and next steps (Phase 2).

Faith Nzioka, rapid response team nutrition cluster coordinator, deployed to Myanmar for 2021 Q1 and Q2, complemented the discussion by discussing country-level experience with the adoption and application of the ERP approach in Myanmar. Main considerations:
- Organise an ERP workshop to ensure partner participation in the process and sensitisation on the topic.
- Streamline efforts with those at an interagency level and other sectors (and ensure participation of other sector coordinators in ERP development at a nutrition sector-level).
- Have a nutrition sector-specific contingency plan, which can be fed into the OCHA-level interagency contingency plan.
- GNC online tools and dashboards are essential for planning, visibility, and action.

Key issues
Through the Q&A, participants had the opportunity to discuss country-level ERP experience and challenges and raised questions. These included:
- Engagement of local actors in the contingency planning process, from government to development-focused actors.
- How to address intersectionality when leading the ERP process at a sector level and how to engage relevant sectors/sector-leads and other key actors.
- How to streamline efforts when multiple contingency planning efforts are underway at various levels.
- How to ensure efforts are practical and contribute to the greater response.

Action
- In Q3 of 2021, the GNC will fine-tune and disseminate available GNC-level ERP guidance and provide regional-level trainings for all nutrition sector/cluster coordinators, who will lead this process at a country level.
- The GNC will continue to support countries implementing or planning to implement the ERP process through bilateral calls and guidance dissemination.

Session 4. Information Management: Aligning information management with the Humanitarian Programme Cycle

This session briefed participants on the alignment of IM products following the Humanitarian Programme Cycle (HPC) and highlighted how support is being provided to countries with limited IM capacities. The session presented the HPC elements with examples of IM products from global-level maps/templates and different countries.

Event page here. Recording here. Slides here.

Summary of discussion:
The session began with a background on IM. Effective IM is the foundation of effective coordination and is required to improve planning, integration, and implementation of an emergency nutrition response. At the country level, nutrition coordination teams continue to face constraints in fulfilling their IM functions due to organisational issues that are outside their sphere of influence related to the cluster/sector lead agency or gaps in global guidance, which have not been systematically identified for follow-up.

The session then presented an overview of how GNC IM products align with the HPC. The HPC consists of six coordinated elements, with one step building on the previous and leading to the next. Successful implementation of the HPC depends on effective emergency preparedness, coordination with national/local authorities and humanitarian actors, and IM. Examples of products from the six coordinated elements follow.
  a. **Needs assessment & analysis**:
     ● Classification of districts by severity.
     ● Number of sever acute malnutrition cases (in need of treatment vs admitted and in treatment).
  b. **Strategic response planning**:
     ● Country Nutrition Cluster Response Plan 2021 dashboard provides population needs, people targeted, and numbers of projects implemented and partners. Provides map to illustrate population needs vs. target.
  c. **Resource mobilisation**:
     ● Resource mobilisation analysis includes information on the funding, partners, and equipment and nutrition supplies.
  d. **Implementation and monitoring**:
     ● Maps and templates at the global level.
  e. **Operational peer review & evaluation**:
     ● Cluster Coordination Performance Report dashboard developed at the global level. Can be adapted in countries where the exercise has been conducted at the national and sub-national levels. This example can also be used to track the performance of the cluster across different periods.
  f. **Emergency preparedness and response**:
     ● Nutrition Sector Cross-Border Preparedness and Response, a good example displaying different layers on the same visualisation. This infographic presents information on the nutrition programmes, the status of the activities, and the conflict situation with the areas of control in the country.

The session then reviewed the GNC Information Management Operational Support Framework. IM is critical before, during, and after an emergency. Accurate and timely information enables partners and the national authority to identify and prioritise needs, and to make evidence-based strategic and operational decisions to fill gaps and avoid duplication of efforts. Through this framework, countries are categorised based on the level of priority (1 and 2) with consideration to the IM capacities (high, medium, and low) of IM in Priority 1 countries. The framework outlines the minimum package (knowledge areas, skills, and products) and key activities for each priority level. Countries should contact the GNC help desk for questions and support.

Session 5. GNC Technical Alliance: progress update + Q&A

This session provided an update on the overall work of the GNC Technical Alliance, including its core functions, recent work, and how to engage it. It also provided a panel Q&A session with the TA leadership team.

Event page here. Recording here. Slides here.

Summary of discussion
The session began with a 6-month update. The GNC Technical Alliance was rebranded from GTAM to better reflect its relationship to the GNC, and technical support provided to the collective. The leadership team consists of UNICEF (lead); World Vision International (co-lead); Emergency Nutrition Network (ENN); GNC-CT; and International Medical Corps. The two work streams are thought leadership and technical support. KM functions are supported by World Vision and ENN. The website launched in 2020. IYCF-E and NIS are the most requested TA areas. Q1 focused on annual work plans development/revision and identifying ways for more purposeful engagement at country and regional levels for the identification of technical gaps.

An example of the provision of technical support from Somalia was then presented. ARDI is a local organisation in Somalia that provides support for NiE CD and basic training on community-based management of acute malnutrition (CMAM), which was a combination of online training and webinars. ARDI discussed the gap in needs (nutrition, WASH, health integrated programs) due to conflict and natural disasters. For example, before 2020, only three of 23 staff had any NiE capacity. ARDI contacted the GNC Technical Alliance through its website to get training on integrated management of acute malnutrition (IMAM). Ten staff were trained over 10 days and have been deployed to the field and have trained 100 community volunteers to reduce child malnutrition, including by delivering 50 children to IMAM centres. Mission and coverage has expanded greatly and would not have been possible without the training from the GNC Technical Alliance.

Summary of key points from Q&A panel with Leadership Team:
- **GNC Technical Alliance support** is available to anyone, anywhere in the world for preparing, reacting, or recovering from an emergency. Caveat is that if the costs for the support are covered by the Alliance, there are some conditions on those funds. But the TA can explore various funding options, so do not hesitate to make a request.
- **Checks and balances** are in place for TST to **ensure high-quality and global best practices**, not specific agencies' stance on an issue, but working to meet the needs of specific countries.
- If you are working on emergencies in any way, **you are part of the alliance** (don't need to apply). If you want to have a specific role in our thematic groups, reach out to ENN. Get in touch with Tanya, Natalie, or the chairs of those specific areas. Email: technicalalliance@nutritioncluster.net
- **To request support,** fill out the short contact form on our website and we will be in touch. https://ta.nutritioncluster.net/request-support
- The GNC Technical Alliance **determines who supports a specific request** by trying to find support with the most locally available partner. When the GNC Technical Alliance was first under development, we reached out to all GNC partners to see who was available to join the TST. When we receive a request for support, it is shared with the TST partners to see who is available to provide support. We will re-open **TST partnership** to get organisations outside the GNC membership. In the meantime, other partners can join by sending an email to this address.
- There are **conditions and criteria in place to prioritise requests** and see what we can support. Criteria include Integrate Phase Classification level, rapid onset, and forgotten emergencies. We won't duplicate other support in process or in the pipeline. We prioritise local national actors. Timing is considered. We try to link with support in our network whether we or our partners do it.
- The GNC Technical Alliance is a **one-stop solution for technical queries** for all partners (local authorities, local orgs, etc.) to meet the needs of people in emergencies. GNC-CT specifically supports assistance on four themes: sector coordination, ISC, IM, and NIS.
- There are plans to **improve language offerings** on the web platform and the request form. Within the TST support team, we have French and Spanish language speakers, among many other languages, who can offer support.

Session 6. Nutrition information systems: the pandemic, the present, and the future (with country insights from Bangladesh)

This session presented an overview of the NIS WG's achievements and next steps. It shared country experiences from Bangladesh on COVID-19 NIS adaptations with lessons from the resumption of nutrition surveys; presented the recently developed infection prevention and control and acute malnutrition road map; and highlighted upcoming NIS initiatives, including IYCF indicators and a standardised assessment method, and innovation on digital diagnosis of acute malnutrition.

Event page here. Recording here. Slides for Cox's Bazar COVID-19 Survey Adaptations, Mapping Practices, and Session Q&A.

Summary of discussion
The session began with an introduction to NIS WG. Its main purpose is to ensure we have NIS, especially in fragile contexts, that respond to needs and able to provide the required data for decision making.

The session then presented an NIS adaptation to COVID-19 Bangladesh Assessment experience. Presenters discussed experiences and operational adaptations while implementing interim guidance on resuming household surveys during COVID-19 by global SMART team. Key **findings** included non-response rates finally lower than the assumption at the planning stage; low exclusion rate of households due to COVID-19-related criteria; additional 3–5 minutes required per household to implement infection prevention and control measures; and high-quality data achieved through good adaptation. Key **lessons** included the importance of weighing the risks and benefits of conducting surveys during the pandemic; understanding local context and community perceptions of COVID-19; not excluding children due to fever; that gloves and sanitiser can be time-consuming, resource-intensive, and may create an extra waste-management burden at field level; standard facemask sizes can be difficult to use with children; and a 20 minute minimum for households to complete the anthropometry and mortality components while applying infection prevention and control measures.

The presentation of infection prevention and control acute malnutrition roadmap 2021–2022 covered background, objectives, and purpose. The roadmap is focused on: 1) data availability and access; 2) analysis; and 3) communication and access to information. Cross-cutting to all three is technical development. There are 12 priority countries (Bangladesh, Burkina Faso, Burundi, Cameroon, Chad, Djibouti, Libya, Mali, Myanmar, Nepal, North Korea, Panama) and Niger and Nigeria.

Mapping of current practices related to IYCF assessment methodology exercise was presented. Presentation discussed the objectives and methodology. **Findings** included respondents said assessments were mainly conducted in the past three years; most common precaution was use of masks for enumerations Methodology included Top 3: KAP surveys, SMART, and qualitative. IYCF-E indicators top answers were early initiation to breastfeeding and exclusive breastfeeding. **Challenges** included lack of globally recognised thresholds for IYCF indicators; no harmonised sampling methodology for IYCF-E assessments; no standard methodology of IYCF-E assessment; no standard IYCF-E indicators; usual sample size issue with including IYCF in a SMART survey. **Recommendations** included SMART team to consider building an IYCF-E optional module that could be used when assessments are conducted together or as part of SMART surveys; widely disseminate the WHO/UNICEF 2021 IYCF indicators and recommend specific IYCF-E indicators; develop a brief guidance on when to use the various sampling unit and its implication; review experience and understand if and what recommendations can be provided to countries when planning an IYCF-E assessment in relation to sample size considerations; develop an optional set of questions that focus on IYCF-E-specific indicators; review the progress and experience of using the Humanitarian Needs Analysis Tool and recommend their interim use when conducting IYCF-E assessments.

Summary of wrap up
If there's something to take away from the pandemic, we need to have good systems in place. In NIS, we can ensure we have the basics: clear planning and processes in place that will help us make decisions. Lastly, how we can leverage technology and innovation to generate, analyse, and share existing data and information?

Session 7. Infant and young child feeding in emergencies and the IFE Core Group: Strategies, directions, and opportunities for engagement

The session aimed to advance IYCF-E by presenting the Infant Feeding in Emergencies (IFE) Core Group and its recently developed Strategy (2020–2024), theory of change, and action plan, and highlighting areas for potential engagement by IFE Core Group members and GNC partners. The session was also an opportunity to disseminate some of the most recent IYCF-E activities, tools, and achievements. The event was facilitated by members of the IFE Core Group Steering Committee.

Event page here. Recording here. Slides here.

Summary of event
The session began with an introduction to the IFE Core Group, a global collaboration of agencies and individuals committed to the protection, promotion, and support of IYCF-E. The IFE Core Group is part of the GNC Technical Alliance; it is the global thematic WG on IYCF-E. In addition to internal engagement with membership, the IFE Core Group collaborates and coordinates with external groups such as the Global Breastfeeding Collective, NetCode, etc.

Why and what is IYCF-E?
In emergencies, children are vulnerable to malnutrition, illness, and death. Lack of breastfeeding support and inappropriate distribution of breastmilk substitutes results in increased infant morbidity and mortality. We must ensure that infants are exclusively breastfed for the first six months, and that breastfeeding is continued for two years or more with age-appropriate, adequate, and safe complementary feeding. The goal is to safeguard survival, health, and growth by supporting the needs of infants and young children from birth to 2 years, both breastfed and non-breastfed children, and the well-being of mothers. It is a cross-cutting field that requires coordination.

Menti activity: Participants submitted priority challenges that they have encountered or are currently facing in IYCF-E. Keywords included funding, capacity, complementary feeding, lack of BMSC, prioritisation.

Overview of the strategy and theory of change
The strategy aims to set a direction for the IFE Core Group for the next 3–5 years and strengthen learning, guidance, policies, planning, and capacity by ensuring appropriate and quality IYCF-E support services, programmes, and policies. The overall aim is child survival, growth, and development for populations affected by emergencies.

Main pillars of the IFE Core Group activities are identifying gaps and challenges; documenting and bringing forth experiences and lessons; developing resource materials to support feeding and care of children in humanitarian settings (e.g., operational guidance); developing and implementing advocacy and communication strategies (e.g., engaging with global platforms related to NiE); and enhancing membership-networked IFE Core Group community of practice. If interested in joining, go to ife@ennonline.net.

In an **interactive activity**, a question was posed to the audience on how the IFE Core Group can be more responsive to national and regional needs. Recommendations included providing more guidance related to middle-income countries; advocacy efforts at national level; finding appropriate language for advocacy, and artificial feeding support.

In another **interactive activity**, participants marked how they can contribute to the efforts of the IFE Core Group. Top responses included telling colleagues about the group, importance of IYCF-E and capacity-building events; contributing to the development of material such as infographics; and supporting documentation of IYCF-E experiences and lessons**.**

Session 8. Refugees and migrants: Role of nutrition sector in refugee response (with country insights from Bangladesh and Uganda)

This event discussed various coordination mechanisms in refugee and mixed refugee settings. The purpose was to sensitise people who work in coordination in non-refugee settings on the differences across contexts when working with refugees. The sessions consisted of three presentations and a short Q&A.

This session summary captures the main points raised through both the presentations and the Q&A and is a basis for the next steps of collaboration between the GNC-CT and UNHCR to better support country-level colleagues working in refugee mixed settings.

Event page here. Recording here. Slides here.

Summary of presentations
Terry Theury, senior nutrition officer at UNHCR HQ provided background information on UNHCRs mandate, coordination in refugee and contexts and coordination in mixed contexts where the cluster approach may be activated. Various examples of tailored coordination arrangements were shared, including one from Ethiopia which, while a classic approach to coordination in mixed settings, has experienced challenges with streamlining guidance across coordination mechanisms. Terry also walked participants through the various available guidance and how to access support from the GNC or UNHCR.

Isaac Kabazzi, nutrition officer at UNHCR Uganda, shared insights on coordination in a setting in which HPC is not activated. Examples of challenges include government financing for nutrition for both programming and coordination. To overcome this, Uganda is advocating for nutrition to get more funds through the government health sector budget.

Bakhodir Rahimov, nutrition cluster coordinator in Cox's Bazar, followed with an example of a coordination mechanism that is tailored to the context of Cox's Bazar. This presentation had the input from UNHCR, WFP, and all nutrition partners in Cox's Bazar, and highlighted the effect of coordination on prevention and treatment for nutrition outcomes.

Following the presentations, Briony Stevens discussed the proposed next steps of the GNC and UNHCR to disseminate guidance across coordination mechanisms and the need for stronger collaboration between the two agencies at a global and country levels.

Key issues
The Q&A was an opportunity for a discussion on coordination in refugee contexts. Participants raised questions on the role of the government in both refugee and mixed settings. The discussion also focused on available guidance from GNC and UNHCR for refugee contexts, and how to streamline it.

Next steps
The GNC and UNHCR will use this satellite event to build their relationship and support nutrition coordination in refugee settings. This includes dissemination of guidance that may be developed (for example, by UNHCR with the GNC and for the GNC to further disseminate as required).

Session 9: Gender-based violence: Evidence generation for gender-based violence (GBV) risk mitigation in nutrition programming (with country insights from South Sudan)

The main objective of the session was to familiarise participants with the latest developments on strengthening the knowledge base on GBV risk mitigation in nutrition programming. The session also aimed to identify new contexts where the tools could be integrated into existing M&E systems, and nutrition experts who would be interested in refining the global templates.

Event page here. Recording here. Slides here.

Summary of discussion
The session began with an **overview of current global initiatives focused on GBV/nutrition.** In recent years, the nutrition sector, including the GNC, has made exciting progress on GBV risk mitigation. The session provided an overview of some of UNICEF's initiatives in this area as well as a field-based example presented by Action Against Hunger and the nutrition cluster in South Sudan.

Presented **findings from a recent UNICEF desk review** about linkages between GBV and nutrition outcomes for children and women included that women who experienced intimate partner violence were more likely to have stunted and wasted children. Other linkages include risk of perinatal and under 5 mortality; iron deficiency/anaemia in mothers and children; behaviour implications like exclusive breastfeeding, maternal health, and health behaviours; and poor nutrition outcomes for girls married or had children under the age of 18. Women who experience violence during pregnancy are more likely to have health problems and mothers exposed to violence hinders child bonding, which hinders early childhood development.

Presentation then discussed **measuring the effectiveness of GBV risk mitigation in nutrition programming.** Mitigation is not "just" about reducing the risk of GBV for the sake of violence; it also has implications for the successful delivery of nutrition programming. For example, if violence on the way to/from nutrition facilities prevents access to services, or power dynamics within the home constrain mothers' ability to follow advice they receive in IYCF sessions, then the nutrition sector will struggle to achieve its objectives and targets.

Country example: GBV integration in nutrition cluster activities in South Sudan. A GBV safety audit was conducted; the presentation reviewed the objectives, methodology, and key findings, successes, and resources. The safety audit findings and process have been strategically integrated into the South Sudan Nutrition Cluster's Humanitarian Needs Overview and Humanitarian Response Plan (including dedicated indicators on GBV risk mitigation).

Wrap up
If you are interested in more information or joining, contact Christine Heckman (checkman@unicef.org) or Elfriede Kormawa (ekormawa@unicef.org). We are looking to expand the research component. If you know where the academic team should look, please let it know. Humanitarian Response Plan season is about to kick off. As South Sudan has shown, some of the successes are due to rooting in the key documents. At global level, there are GBV specialists available to support national cluster coordination teams to integrate GBV risk mitigation into the next HPC.

Session 10. Designing cash voucher assistance (CVA) programmes to contribute to nutrition outcomes

This session aimed to raise awareness of the guidance, resources, and support available for using cash and vouchers as a modality for nutrition programming, with a focus on the GNC guidance note of the use of CVA in emergencies and the launch of a new CVA WG to promote knowledge-sharing with regional and country networks. The CVA WG will use session findings to identify key gaps and topics of interest for its quarterly workshops, which aim to strengthen capacity in CVA for nutrition outcome programming and to inform the work plan for the CVA GTWG.

Event page found here. Recording found here. Slides found here.

Summary of presentations
Session began with **evidence and guidance on CVA for NiE.** Use of CVA is increasing in recent years and nutrition is the second largest sector for CVA spending. There are five common approaches for integrating CVA in nutrition response. There was then a presentation on global and regional initiatives and priorities. Global CVA & nutrition thematic WG objectives are to create a collaborative platform to discuss challenges and potential solutions associated with the use of CVA for nutrition, coordinate evidence-generation in relation to identified gaps, promote cross-learning, and document best practices. If you're interested in joining, visit GNC Technical Alliance website or email one of the co-chairs (Marina or Diane).

Summary of plenary discussion
Group was asked guiding questions (using Miro)
1. What gaps and challenges in using CVA for nutrition?
2. What tools/training/others are still needed?

Area 1: Needs assessment and situation analysis
- Capacities to conduct feasibility and risk assessment for nutrition; available data on nutrition situation and needs; joint needs assessment and situation; synergies with IM system; comprehensive evidence-based intervention; existing powerful tool to better understand nutrition analysis; encourage household-level data; needs assessment could include qualitative formative research on understanding priorities and determinants of key behaviours.

Area 2: Design
- Consistency in the design of the cash transfer value; combination of interventions; choice of CVA modality; project duration and fund limitation; often not maximising linkage opportunities between cash and nutrition; use available guidance/tools for project design; design built on evidence/lessons; align targeting to the objective of the intervention

Area 3: Implementation
- Duration: less than 1,000 days; good sequencing CVA/SBCC; targeting and beneficiary identification; SBC strategy available to promote the use of CVA for nutrition outcomes; inadequate knowledge of the importance of IYCF programming; complex sector with no obvious link in the theory of change to improve nutrition security through cash; need long-term and multi-sectoral funding with cash - SBCC + access to essential services; use nutrition/cash teams for joint activities; create referral CVA-IYCF; include cash personnel in nutrition/IYCF trainings; think of other ways (complementary) to reduce (instead of repeating the same thing).

Area 4: Meal and evidence generation
- Tools for monitoring impact of CVA-nutrition outcomes; evidence of CVA impact on wasting; referral mechanisms and system of nutrition to other required health services; evidence on minimum duration to achieve nutrition impacts; invest in evidence generation; use evidence to build social protection; encourage broader use of food intake indicators.

Recommended opportunities:
- Capacity building/development of a training kit on CVA for NiE; generate more evidence on CVA for nutrition in humanitarian setting; use evidence to influence donors; document case studies, capture success/stories; use evidence and case studies for resource mobilisation on innovative pilots and research projects; create a checklist on what to consider when designing a CVA + project.

Session 11. Nutrition in emergencies' coordination and programming in the context of COVID-19 (with country insights from the Democratic Republic of Congo and Myanmar)

This session presented a synthesis of the key lessons from the GNC's experience in COVID-19 nutrition coordination and programming at country and global levels.

Event page here. Slides here.

Summary of discussion
Session began with a stocktaking of the COVID-19 response to date including reviewing resources, technical support, technical advice, challenges, and recommendations.

The session then presented on GNC-CT: Supporting Coordination in the Context of Covid-19. Presentation covered the expanded GNC response to COVID-19, which included remote/digital work. There was a range of initiatives and results. Lessons included: virtual platforms, facilitation skills, and techniques are vital for GNC-CT's support to countries; promote use of tailored e-learning to build capacity; KM is vital to inform support to countries; more work on ERP is needed; and collaboration with UNICEF programme division and regional teams enhances the GNC's ability to support more countries before, during, and after an emergency.

Example from Myanmar: NiE programming and coordination in the context of COVID-19
The presentation covered the objective, important actions, use of innovative multi-media for nutrition assessment and promotion, key achievements, and lessons.

Example from DRC: NiE programming in the context of COVID-19
The presentation began with an introduction of the nutrition situation in DRC. It also covered success factors for the CMAM simplified approach and its challenges and limitations. Recommendations and perspectives on next steps were also provided.

Summary of group work
Participants responded to guiding questions:

1. What are the operational needs and challenges that countries face in light of the pandemic, including short-, medium-, and longer-term needs?

Operational needs and challenges included advocacy and thinking longer-term; advocating for how essential nutrition is during crisis/pandemic; switching to remote monitoring was a challenge; suspension of services; activities that didn't have enough funding or supplies; transportation of nutrition supplies from national to sub-national levels (and between countries due to border controls); lack of personal protection equipment; lack of speed of adaptation (possibly due to lack of proper training); and lack of reliable data on COVID-19's effect on nutritional status.

2. How can the GNC-CT and the Alliance continue to support/respond to the technical needs of countries?

They can maintain high-quality nutrition programming; build capacity through e-learning (that is more available and accessible in terms of modalities and languages); ensure that lessons from the whole COVID-19 experience are not lost; that tools, expertise, etc. are documented/kept for future events whether global or smaller scale. They should also have guidance options tailored to context of different regions; help navigate multiple protocols and provide guidance in multiple languages.

Annex 1. Agendas

Part 1: Visioning the Future

DAY 1: Developing the NiE sector road map: What are the key challenges?

- Welcoming & opening remarks
- Summary of GNC's progress toward previous strategy (2017–2021)
- Introduction to Group Work
- Process for developing the NiE sector road map and the new GNC Strategy (2022–2025)
- Group Work to refine key challenges in the NiE sector in 10 breakout groups

DAY 2: Developing the NiE sector road map: What are the key solutions?

- Opening remarks
- Group presentations on key challenges from Day 1
- Group work to develop NiE sector road map
- Group presentations on the road map

DAY 3: Developing the GNC Strategy (2022–2025)

- Summary of the proposed NiE sector road map
- Presentation of the proposed GNC Strategy (2022–2025)
- Group work to discuss the GNC key initiatives for next 4 years, based on NiE sector road map and strategy
- Feedback for each strategic pillar of GNC strategy

Part 2: Satellite Events

Session	Topic
DAY 1	
1	Capacity strengthening: stepping back to look forward [Organiser: GNC-CT / GNC-TA]
2	Inter-sectoral collaboration: global-level update and country insights from Yemen [Organiser: GNC-CT / GWC / gFSC / GHC]
3	Emergency response preparedness: GNC roll out and experiences from the field (with country insights from Myanmar) [Organiser: GNC-CT]
4	Information management: aligning IM with the Humanitarian Programme Cycle [Organiser: GNC-CT]
DAY 2	
5	GNC Technical Alliance: progress update + Q&A [Organiser: GNC-TA]
6	Nutrition information systems: the pandemic, the present and the future (with country insights from the Central African Republic) [Organiser: NIS GTWG]
7	Infant and young child feeding in emergencies and the IFE Core Group: strategies, directions, and opportunities for engagement [Organiser: IFE Core Group / IFE GTWG]
8	Refugees and migrants: role of nutrition sector in refugee response (with country insights from Bangladesh and Venezuela) [Organiser: GNC-CT / UNHCR]
DAY 3	
9	Evidence generation for gender-based violence (GBV) risk mitigation in nutrition programming (with country insights from South Sudan) [Organiser: UNICEF, Action Against Hunger, South Sudan Nutrition Cluster, South Sudan GBV Cluster]
10	Cash and voucher assistance: designing CVA programmes to contribute to nutrition outcomes [Organiser: Cash and voucher GTWG]
11	NiE coordination and programming in the context of COVID-19 (with country insights from the Democratic Republic of Congo and Myanmar) [Organiser: GNC-CT and GNC-TA]

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Annex 3. GNC Annual Meeting – Evaluation Results

Part 1: GNC Meeting (15–17 June)

Day 1 (72 responses)

Q1: What is your overall assessment of today's meeting? (rating of 1-5: 5=highest; 1=lowest)

28% = 5; 58% = 4; 13% = 3; 1% = 1

Q2: Which topics or aspects of Day 1 did you find most interesting or useful?

69% = group work; 31% = plenary

Q3: Do you feel that today's meeting met its goals?

96% = yes; 4% = no

Day 2 (45 responses)

Q1: What is your overall assessment of today's meeting?

13% = 5; 73% = 4; 11% = 3; 2% = 2

Q2: Which topics or aspects of Day 2 did you find most interesting or useful?

73% = group work; 20% = plenary presentation; 4% = plenary feedback; 2% = none

Q3: Do you feel that today's meeting met its goals?

96% = yes; 4% = no

Day 3 (56 responses)

Q1: What is your overall assessment of today's meeting?

38% = 5; 54% = 4; 9% = 3

Q2: Which topics or aspects of Day 3 did you find most interesting or useful?

50% = group work; 30% = plenary presentation; 20% = plenary feedback

Q3: What is your general rating of all 3 days of the GNC Annual Meeting Part 1 (15–17 June)?

39% = 5; 46% = 4; 14% = 3

Part 2: Satellite Events (22–24 June)

Q1: What is your overall assessment of this satellite event? (Option 5 = highest; 1 = lowest)

Q2: Which topics or aspects of the event did you find more interesting or useful?

Q3: Have you learned information that you will apply in your work?

Session 1: Capacity strengthening

Q1 (32 responses): 16% = 5; 47% = 4; 34% = 3; 3% = 2

Q2 (32 responses): 59% = group work; 25% = main presentation; 13% = plenary feedback; 3% = none

Q3 (32 responses): 84% = yes; 16% = maybe

Session 2: ISC

Q1 (35 responses): 9% = 5; 54% = 4; 34% = 3; 3% = 2

Q2 (25 responses): 56% = country insights; 36% = global level presentation; plenary feedback = 8%

Q3 (32 responses): 73% = yes; 27% = maybe

Session 3: ERP

Q1 (20 responses): 25% = 5; 55% = 4; 20% = 3

Q2 (23 responses): 57% = country insights; 43% = global level presentation

Q3 (35 responses): 77% = yes; 23% = maybe

Session 4: IM

Q1 (29 responses): 28% = 5; 45% = 4; 24% = 3; 3% = 2

Q3 (29 responses): 90% = yes; 10% = no

[Q2 not answered]

Session 5: GNC-TA

Q1 (27 responses): 49% = 5; 44% = 4; 7% = 3

Q2 (27 responses): 52% = Q&A session; 26% = country insights; 22% = global level presentation

Q3 (27 responses): 86% = yes; 3% = no; 11% = maybe

Session 6: NIS

Results inconclusive – session ran overtime & v few respondents to evaluation poll

Session 7: IYCF-E

Q1 (49 responses): 49% = 5; 43% = 4; 8% = 3

Q2 (49 responses): 59% = Google form/ google doc/ audience contribution; 31% = global level presentation; 10% = Q&A session

Q3 (49 responses): 90% = yes; 10% = maybe

Session 8: Refugee response

Q1 (17 responses): 82% = 5 or 4 rating

Q2 (19 responses) 84% = country insights; 16% = global level presentation

Q3 (19 responses) 79% = yes; 21% = maybe

Session 9: GBV

Q1 35% = 5; 63% = 4; 3% = 2

Q2 65% = country insights; 25% = global level presentation; 10% = Q&A

Q3 85% = yes; 15% = maybe

Session 10: CVA

Q3 (18 responses): 67% = yes; 5% = no; 28% = maybe

[other questions not recorded]

Session 11: COVID-19 context

Q1 (37 responses): 27% = 5; 56% = 4; 13% = 3; 2% = 2

[other questions not recorded]