Report from

IASC Global Nutrition Cluster Meeting

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Introduction

The Global Nutrition Cluster in its commitment to share information and engage its many partners in work planning and resource allocation has held a series of virtual and actual meetings. This report is of the second face-to-face meeting of cluster members in 2008 and represents a milestone in the evolution of the Nutrition Cluster. Beginning in 2009, there will no longer be a consolidated global appeal for funding for the Global Clusters. The cluster lead agencies, however, have committed to continuing to support the work of the clusters to ensure continued stewardship, resource mobilization, networking and capacity strengthening.

The September 2008 Interagency Standing Committee (IASC) Global Nutrition Cluster Meeting was organised by the Global Nutrition Cluster Team, Bruce Cogill and Leah Richardson. Nairobi was chosen as the venue for the meeting by cluster members in order to bring the global cluster actions closer to the national level and following the invitation by World Vision International (WVI) to host the meeting. WVI Africa Relief Office organised the venue, Safari Park Hotel, and associated logistics. We are grateful to WVI, especially Mesfin Teklu, Director of Emergency Health, for their organizational support and provision of key support personnel. The Administrator for the event was Sophie Loveday from WVI and the events organiser was Miss Poline Maina. The Consultant Rapporteur was Shereen Penny.

Over 50 participants attended and represented UN Organisations (UNICEF, WHO, UNHCR, FAO/FSAU, WFP and UN-OCHA), CDC, International Non-Governmental Organisations (WVI, SCF-US, IMC, IMC-Somalia, Nutrition Works, Valid International, ACF-France, ACF-Canada, Concern Worldwide, MI, Mercy USA, ONN, HKI), Academic Institutions (ICH-UCL), Technical Agencies (FANTA/AED), Donors (OFDA/USAID and ECHO/EU) and Government Representatives (Ethiopia and Madagascar). Participants travelled from as far away as Timor Leste and we were fortunate in having representatives from West Africa, the Horn of Africa as well as Southern Africa. In addition to UN representatives, country nutrition clusters sent representatives from: Ethiopia, Kenya, Liberia, Madagascar, Somalia, and Timor Leste.

The meetings took place over a period of three days, between Tuesday 16th September and Thursday 18th September 2008. The first day was dedicated to working group meetings with parallel sessions being held by Global Nutrition Cluster Capacity Development Working Group and the Assessment Working Group. The following two days were Plenary Sessions with further presentations relevant to the Cluster Approach. All Participants made valuable contributions to the discussions and the key elements of the discussions are presented in the following report. Special thanks to Leah Richardson and Josephine Rajasegera from the Global Nutrition Cluster team, for their support in preparing for the meeting and its follow-up.

Presentations are summarized in the meeting report however the powerpoints are available on the Nutrition Cluster website www.humanitarianreform.org under the Nutrition tab.

Global Nutrition Cluster Meeting (Plenary)

Day ONE – Wednesday September 17th 2008

Opening Session
Session Objective: "Setting the scene" – Background on the Global Nutrition Cluster

1 Welcome, Introductions and Meeting Objectives by Bruce Cogill (Cluster Coordinator New York)

2 Update on Nutrition Cluster Activities and Newly Funded Proposals Leah Richardson & Bruce Cogill (Cluster Coordinator Team, New York)[1]

a) Presentation: How We Responded to your Suggestions from The Last Cluster Meeting - Leah Richardson (Cluster Team New York)

- Allow members adequate opportunities to input in the agenda - input requested at all stages.
- Country presentations to be included in meeting - 4 new included at this meeting.
- Adequate time to be allocated to WGs including a full day before plenary meeting – increased time allocation & WG meetings held in Spring 2008.
- Make agenda more strategic with stated objectives.
- Choice of venue – Nairobi, as per your suggestions.
- Share a brief update of all cluster funded activities.
- Suggestions to WG Chairs (shared with co-chairs to improve WG discussions):
  - Delegating tasks
  - Priority based discussion
  - Clear way forward on issues
  - Controversial issues parked for non WG time

b) Presentation: Action Points Identified in Last Global Cluster Meeting (November 2007) - Leah Richardson (Cluster Team New York)

The following key points were made: -

- IRA – The tool is now complete and endorsed by Health, Nutrition and WASH Clusters.
- Operationalisation of SMART – Consultation held and ACF-Ca won the bid for the multi-pronged proposal and work on Version 2 has begun.
- Meeting on Transitioning to WHO Growth Standards was held in June 2008.
- Vision Statement – discussions from this meeting on the future of the Clusters will contribute towards the Vision Statement.

[1] See complete presentation on the Global Nutrition Cluster website www.humanitarianreform.org

- Build on Surge Capacity – Cluster Coordination Training Package developed, implemented and more planned, emergency roster updated, stand-by agreements under development, however WG not yet initiated.
- Comprehensive Assessment Tool – this has been initiated.
- Capacity Development Strategy - CD focal point hired; development of a CD and Concept Note for donors combined with the Strategy; CD Strategy – presently in draft format.
- Nutrition Cluster Toolkit finalised and complete and has been distributed at the meeting today.
- Harmonised Training Package – Developed, peer reviewed, standardized and piloting is on-going.
- Meeting of NiE Academic Institutions - Planned for Nov 2008, with further roll-out of HTP.
- National Cluster Backstopping - Inter-agency backstopping not implemented.

c) Questions & Comments on the Update
There were no questions.

d) Presentation: Cluster Funded Activities 2008 - Bruce Cogill (Global Nutrition Cluster Coordinator)

Four Work Areas:

1. Coordination, Networking.
2. Capacity Building.
3. Resource Mobilisation & Supply.
4. Stewardship, Technical Guidance and Best Practices in Emergency Preparedness, Assessment, Monitoring and Surveillance.

Working Area: Coordination and Networking

Result	Activities	Agency: Agreement
IASC roles, accountabilities and process are coordinated and communicated to partners.	Cluster meetings: Organise 2 face-to-face meetings. Sharing of information. Virtual meetings. Working Groups.	UNICEF Organising global Cluster face-to-face meetings (with World Vision).
Nutrition Cluster part of Global Network in Cluster Approach as well as in Non-Cluster situation.	Participation with Global fora on emergency preparedness and response. Mainstreaming Cluster at UNICEF.	UNICEF
		Cluster Members

Working Area: Resource Mobilization/Supply

Result	*Activities*	*Agency: Agreement*
Roster, Recruitment, Review of Proposals, Advocacy for nutrition in Appeal documents	Identification of people. Advocacy with donors, UNCT, OCHA and others	UNICEF
Relevant supplies are readily available during the immediate onset of an emergency	Commodity Tools: Develop management tools to streamline and prepare for emergency response (product/commodity fact sheets, indicators).	WFP: Expansion of the NutVal dbase and ration optimization
		UNICEF Copenhagen: Supply chain articulation.

Working Area: Capacity Building

Result	*Activities*	*Agency: Agreement*
Capacity of the Nutrition Cluster to prepare and respond is assessed and supported at Global and National level.	Cluster Coordinators: Ensure 30 Coordinators are trained FY 2008	RedR: tri-cluster coordinators training
	Strategy for Capacity Building: Global strategy for NiE capacity building is finalized and rolled-out	NutritionWorks: Capacity Building: Workshop of universities and humanitarian agencies
Personnel have the skills to effectively assess and respond to Nutrition emergencies.	NiE Training Modules: Revised 21 training packages	NutritionWorks: Development of 21 HTP modules
Personnel have the skills to effectively assess and respond to Nutrition emergencies.	NiE Training: Pilot NiE training package.	Valid International: Documentation of the Lessons Learned of the Harmonized Training Materials Package (HTP) training modules
		UNICEF Somalia: Harmonized Training Materials Package (HTP) pilot training
		UNICEF Uganda: Harmonized Training Materials Package (HTP) pilot training.
Personnel have the skills to effectively manage malnutrition in emergencies.	Management of Moderate Malnutrition: Support efforts to expand foods and protocols to prevent malnutrition.	WFP: Targeted Supp Food Outcome Evaluation in Ethiopia.

	Appropriate Food Responses in Emergencies.	UC-Davis: Use of Lipid-based Nutrient Supplements (LNS) in emergency settings.

Working Area: Stewardship

Result	*Activities*	*Agency: Agreement*
Establish benchmarks for classification of a Nutritional emergency (chronic and acute).	Benchmarking: Review existing classifications systems for emergency phases and indicators/ triggers/threshold to classify Nutrition emergencies.	FAO: Review of the Integrated Food Security Phase Classification (IPC).
		FAO: Relevance and use of the stunting indicator for food security and poverty.
	WHO New Child Growth Standards.	WHO: Applying the new WHO standards to surveys in NICS database.
	Information Management: Classification of Emergencies, information systems, information sharing.	Tufts University: Consolidated Appeals Process (CAP) Critique.

Working Area: Technical Guidance and Best Practices in Emergency Preparedness, Assessment, Monitoring and Surveillance

Result	*Activities*	*Agency: Agreement*
Relevant info is available to generate prompt programmatic action.	Rapid Assessment Tools: IRA endorsed by Nutrition, Health and WASH Clusters.	Cluster with WFP
	Guideline Development: Guidelines, practices and policies for the management of acute malnutrition in infants.	ENN: The MAMI, IFE and Utility of field exchange projects.
Timely, accurate and standardized data for appropriate and rapid response.	SMART: review	ACF-C: Operationalisation of SMART
	Comprehensive Assessment Tools: needs and gaps analysis of existing tools.	NutritionWorks: An analysis of nutrition surveys in Ethiopia.

e) Questions & Comments on Cluster Activities & Proposals

Q: How is the Cluster approached at each level within a country? For example, in Kenya, a letter was obtained to give permission to the Cluster approach during the crisis earlier this year and so the approach was not well coordinated.

A: Bruce explained that the Cluster approach means different things to different people and we need to do better at explaining this. Kenya has an appropriate arrangement with the technical ministries and other counterparts and so there is a dialogue that existed before the emergency so we need to navigate around the territorial and political issues. WASH was able to get moving quickly as they have a practical and programmatic needs that they can work on. UNICEF work closely with OCHA and the Humanitarian Reform Unit, in order to make sure the message is clearly communicated.

C: Similar problem experienced in Swaziland. When humanitarian actors coordinate activities in countries where there is a strong government involvement, then there is a need to clearly outline the Cluster approach in order that there is no confusion or misunderstanding.

C: In most countries of the world, governments are a critical part of the humanitarian response. Colleagues at the meeting who represent countries who have this approach are those from Ethiopia and Madagascar. These colleagues were encouraged to comment.

C: OCHA have a programme for sensitising governments to the Cluster Approach. 26 Countries with Humanitarian Coordinators are officially recognised as Cluster countries (and 16 remaining for these programmes). In countries with rapid onset emergencies, like Georgia, there is no Humanitarian Coordinator but a Resident Coordinator and so the UN had to step in and coordinate.

Session 1
Chair: Andrew Seal (ICH UCL)
Session Objective: To appraise the Global Nutrition Cluster efforts to improve capacity to address nutrition in emergencies by reviewing ongoing cluster activities in capacity development.

1. Reporting Back from Capacity Development Working Group & Discussion – Flora Sibanda-Mulder (UNICEF New York) & Carmel Dolan (Nutrition Works)

a) Presentation: CDWG - Reporting Back - Flora Sibanda-Mulder (UNICEF New York) & Carmel Dolan (Nutrition Works)

The CDWG have been meeting since July 2006. Last meeting was in Washington DC in May 2008. Below are key activities to report back.

1. Toolkit: It is a summary of 12 key emergency nutrition interventions and provides the what, when, how and why. The Toolkit on Mini-CDs were distributed at the Plenary.

- Finalised and mini CD available.
- 12 interventions on NiE.
- Targets implementers – it is a quick reference guide.

2. Finalising the HTP[2]

- All comments, feedback from piloting and use are to be sent to Valid by September 26th 2008 latest. May need to incorporate SMART, for example, and nutritional management of infants less than 6 months old.
- Formed a small group of 5 people to review and finalise modules.
- 2 day meeting scheduled 1st week October in London (Leah, Anne, Hedwig, Andy, Carmel).

3. Disseminating HTP

- Develop proposal for graphics/layout of HTP for cluster funding.
- Limited and small print run of all Part 1.
- HTP on CD ROM - 5000 copies.
- 1 page introductory flyer perhaps based on Save the Children -US model.
- Update acknowledgements page to include cluster partner agencies.
- Advertise in SCN, FEX, nutrition journals.
- Recommend continued hosting of HTP on Cluster website - until SCN future clarified.

4. University Network[3]

Goal: To identify opportunities for establishing sustainable NiE training programmes in southern and northern based universities that function in conjunction with operational humanitarian agencies and utilise the HTP.

Where are we up to?

- NW/CICHD proposal approved by cluster in June
- Venue and date - Nairobi November 6th – 7th 2008
- Database of invitees developed
- Background paper and 5 presentations from invitees …..in process

Invitees

A total of 40 People have been invited, of which:
15 are from Southern universities and nutrition institutes
8 are from Northern universities and nutrition institutes
17 are from operational agencies

Models for Collaboration

[2] Please see complete presentation 'Harmonised Training Package'.
[3] Please see Universities presentation by Andy Seal.

How can we work together to achieve the aim to increase the availability of high quality, sustainable training in NiE?

Some ideas for discussion:

- Model 1 - Work with existing international and regional networks which currently run training courses to establish or reinforce training in NiE (possible models include HELP, PHCE).
- Model 2 - Establish a new network of southern and northern universities which provide training courses in NiE.
- Model 3 - Establish a dissemination 'hub' for the HTP which can then be used by institutions as they wish.

5. Modalities for Functioning of CDWG

- Recommend that Nutrition Cluster Team draft generic Terms of References for Chairs and Co-chairs (cross-check with AWG) as presently Working Groups do not have TORs
- CDWG to comment on TORs.
- Current Chairs to estimate time/days needed.
- CDWG to nominate new Chairs/Volunteer for 2009.
- Minimum of 1 year chairing commitment/rotation.

6. Discussion around Global Cluster Support to Countries

- Suggestion was made (as in the previous meeting) for TORs for how the Global Cluster can provide support to countries. Caroline Abla (OFDA) and Mesfin Teklu (WVI) are preparing possible TORs.
- Gap between what is needed, support available and demand for support.
- Issue around accountabilities for individuals representing cluster to respond to country needs.
- Lack of clarity in role of regional offices.
- Responsibility of cluster partners to flag concerns.
- Next nutrition cluster training is a forum for clarifying roles and responsibilities.

b) Questions & Comments on the Report by CDWG

Q: Concern was shared by a participant from a non-Cluster country about the care of women who are engaging in the practice of artificial feeding during an emergency. It is still a grey area for country offices.

A: There are three key areas in Infant Feeding in Emergencies (ENN/Cluster) – exclusive breastfeeding, complementary feeding and replacement feeding. Marie McGrath (ENN) is doing some work on infant and young child feeding and there is a Core Group looking into this and it was hoped that ENN would have shared this in this forum but they have not been represented at this meeting. Operational guidelines have been developed. The use of 'ready to use' infant formula to minimise the impact of unclean water, combined with hygiene advice on cleaning utensils is being promoted.

C: Bruce raised the issue of stewardship and issues such as replacement feeding practices for other women (e.g. HIV positive) and templates have been developed at the Global Cluster level. On a broader issue, Bruce requested that the participants

provide feedback on their expectations on the two person team in New York representing the Global Cluster. Apart from being a network, how can they best serve those at regional and country level? The Global Cluster does not impose themselves, but go to countries by invitation. It is important for trust to be established with countries to ensure engagement of the global cluster. A survey will be conducted by the global cluster on members needs and this will help shape the future role.

C: The Cluster Focal Points in UNICEF Kenya appreciated the guidelines and sharing of technical information and tools provided by the global cluster and also appreciated that the Global Nutrition Cluster did not put additional demands upon their time or reporting during the time of the recent election-related crisis.

C: Support depends on the country and the strength of the Cluster Lead within the country. The advantage of proximity for technical support at regional level, (e.g. such as Nairobi) can be augmented by an independent review at the global level. Objectively looking at the situation from the outside will enable new and fresh ideas and so the Global Cluster may be in a position to facilitate as well as support a country.

Q: UNICEF Somalia. Need to harmonise the strategy on issues such as supply preparedness. New products coming onto the market all the time and assistance is needed to make sense of these offers.

A: Supply preparedness is an active area. Narrowing the area of demand for and supply of RUTF for example. Bottlenecks do exist and need to be explored and ways in which to free up the flow of the products found. Also for LNS (lipid nutrient supplement). Flora mentioned the agreement with MSF France and with the approved suppliers should ensure coordination of supply. Also working with all countries (particularly in relation to the crisis in Ethiopia), by providing clear guidelines for calculation of country needs. Steve Jarret (UNICEF New York) has been looking at supplies and this is being reviewed. RUTF supplies for therapeutic feeding, UNICEF / MSF / Clinton Foundation are the three big buyers and so appropriate coordination to ensure flow of supplies. The Nutrition Cluster is working with UNICEF Copenhagen on supply issues around RUTF and the focus will be on the Horn region.

Q: ECHO is concerned about the increasing number of resource applications over the past three months requesting Plumpynut and other nutrition supplies. Aside from Plumpynut, there is an absence of supportive documentation approving the use of supplies for therapeutic and supplementary feeding programmes. Donors feel awkward for requesting this documentation, but it is necessary to make sense of the applications. Clarification would be appreciated from the technical/operational community.

Q: UNICEF Kenya commented on the huge differences between countries and their needs. Sharing of information on templates for emergency situations (e.g. cooking of supplementary foods) and the need to develop 'ready to go' fact sheets in an emergency. The third issue is the assistance with reporting expectations in an emergency, when one should be out coordinating activities rather than writing endless reports.

C: UNHCR appreciated the advantage of a clear Cluster Lead in Somalia – a consistent clearing house approach. Had the Cluster mechanism not been present, there would have been more confusion, as there were so many emails being sent giving conflicting advice on products to be used.

2. The Harmonised Training Package - Anne Walsh (Valid International)

a) Presentation: Piloting the Harmonised Training Package (Sri Lanka, Uganda, Somalia) - Anne Walsh (Valid International)[4]

The 21 module complete training package, commissioned by the Cluster and prepared by Nutrition Works, is intended to be a stand alone or be used as a comprehensive nutrition in emergencies package

The structure has four parts:

1. Part 1: Fact sheet – providing an overview.
2. Part 2: Technical notes - for the trainer, provide guidance on current practice.
3. Part 3: Trainers guide - to help trainer develop the course
4. Part 4: Resources - lists relevant available resources
5. Pilot testing was undertaken in 4 countries, ie.. Sri Lanka (June 08) Somalia (August 08), Uganda (September 08) and the Philippines (October 08). 17 out of 21 modules have been tested and evaluation of each module has been completed by participants and trainers. Participants are from diverse backgrounds and trainers are from local UN staff.

b) Questions & Comments on HTP

Q: Is there any intention to follow up trainees and undertake an evaluation to determine knowledge retention, particularly in relation to post-training experience?

A: This is important and needs to be incorporated into the 2009 Workplan for the CD Working Group.

Q: Modules are very comprehensive and the trainings were of a different length in Sri Lanka and Uganda. What would be the optimum length of time required for each module?

A: Depends on the trainees. It is recommended that one allocates half a day for each module. The trainees in Sri Lanka were well qualified and so they understood the materials quite quickly.

[4] Please see presentation 'Harmonised Training Package' on the Global Nutrition website

Q: If one is to teach 11 modules in 5 days, that only allows 1.5 hours per module. This raises the question of whether HTP is a short course – or, as it has been suggested, almost an MSc?

A: Each module should be approximately 4 hours in length. There are modules of different lengths, the longest being the module on Supplementary Feeding. Agrees that the short course is not long enough and there are still some modules that require pilot testing. More training has been planned.

Q: What were the backgrounds of the trainees so far?

A: Trainees were mainly frontline workers. There was a mix from qualified graduate nutritionists (only one group), NGO workers and Ministry of Health workers.

C: Bruce commented that the Global Cluster will continue to support the maintenance and adaptation of the modules for use by the countries. Those who have contributed to the HTP and field tested the modules should be applauded for their efforts.

Q: One thing being discussed in the CDWG is the need to incorporate updating of the materials as presently there is no mechanism in place to allow for this.

A: The HTP is a living document and worthwhile maintaining. The Global Nutrition Cluster will need to find a way to finance this project. Priority for fund raising and UNICEF and Nutrition Clusters at Country level will need to make a compelling case for this. There has been an excellent start.

3. Capacity Development (CD) Strategy for Nutrition in Emergencies - Hanife Kurt (Consultant)

a) Presentation: Capacity Development Strategy for Nutrition in Emergencies - Hanife Kurt (Consultant)

The question of why a CD strategy was necessary for NiE was explored by the presenter. There is a lack of an overall and harmonised framework for institutional capacity development measures within NiE and this is a major cause for lack of capacities within the NiE sector per se[5].

Rome Workshop in September 2007

CD Strategy, an overall framework underpinning the work of the IASC Global Nutrition Cluster with regard to capacity building and development was initiated at the meeting of the Working Group in Rome. There needs to be a submission of specific aspects of the CD Strategy to donors for funding.

The consultant presented a proposed approach. The goal is to improve the predictability, timeliness and effectiveness of comprehensive nutrition response to humanitarian crises (cluster approach). Capacity building gaps for NiE are due to inadequate resident capacity - competent nutritionists at national level that can be redeployed/employed in emergency; lack of competent nutritionist able to handle the specific demands of an emergency; lack of resources to address the skills and knowledge gaps of nutritionists in advance of a crisis and insufficient mechanisms to

[5] Please see Cluster Stakeholder Report

maintain those skills and knowledge outside emergency contexts. Also a lack of mechanism for incorporating capacity development efforts in the national development process; initiatives were often driven by outside forces and heavily dependent on external resources with minimal government commitment; frequently fragmented and short term initiatives; lack of meaningful commitment from governments to build, develop and sustain their nutrition capacities either due to lack of awareness on the role of nutrition and/ or limitation of financial resources.

Three pillars were identified for the Draft Plan of Action for the CD Strategy. The three pillars are as follows:

1. **Emergency preparedness**
2. **Strengthening the foundation of nutrition**
3. **Real-time learning**

These pillars of CD Strategy are closely related to the work of IASC Global Nutrition Cluster to date:-

- Emergency preparedness

Nutrition in Emergencies Toolkit, SMART 2

- Strengthening the foundation of nutrition

Infant Feeding in Emergencies Training; Nutrition Cluster Coordination Training; HTP and the Southern and Northern Universities Network.

- Real-time learning

Operational Guideline for Infant Feeding in Emergencies; Infant Feeding in Emergencies Training, Nutrition Cluster; Coordination Training, HTP and the Southern and Northern
Universities Network; Operational Guideline for Infant Feeding in Emergencies

Suggested implementation plan within the pillars are as follows: -

a) Emergency Preparedness
The project name could be "*Institutional Capacity Development of the Ministry of Disaster Reduction/Humanitarian Affairs*". The project aim is to upgrade capacities within the ministry in a sustainable way, so as to enable them to invest in emergency preparedness through fundraising and through developing expertise in managing (complex) emergencies in nutrition. This can be done by outsourcing the project to a consulting firm, settled within the ministry and delivering the outputs under the overall management of the ministry. The consulting firm will be expected to support HR/Training/Learning Department in how to upgrade capacities of the ministry in a sustainable manner with the support of the Program Directorate on Emergency Preparedness. The role of the Nutrition Cluster is technical guidance on NiE and support the government in harmonisation of national policy on NiE.

Training Course Content: NiE, Emergency preparedness (including application of toolkits), PCM, M&E, Advocacy, cluster approach, ToT.

Outputs will be 50 people are trained and able to respond to emergencies, in addition are able to formulate project proposals for emergency preparedness and countries are able to manage emergency preparedness for nutrition.

Timeframe: 1.5 - 2 years

b) Strengthening the Foundation for Nutrition
Southern and Northern University network and integration of HTP into university curriculum (incentives: accreditation, internship, scholarships and study trips and to study also other courses such as public health, nursing, food security and management in order to increase career chances). Specifically, university network should offer governmental and ministry staff members courses on strategic planning, policy advice and mainstreaming NiE into their annual and preparedness planning and PCM, M&E etc.

Timeframe: 1 year

c) Real Time Learning
Universities could take the lead in enabling agencies to set standards for policies on real time learning. The university is a forum where agencies can discuss and exchange information on NiE (guidelines, operational manuals for emergency preparedness, cluster approach training) as well as assisting with development of a learning plan within the agency, assessment of knowledge, training, coaching, mentoring, training impact assessment, performance assessment of staff members etc.), establishing cross border exchange of real time learning within 2-3 countries. The upcoming Nutrition Cluster supported Universities meeting in Kenya (6-7 November) will be an opportunity to explore this issue.

Time frame: 2-3 years

In conclusion the presenter asked the cluster meeting participants the following question: Are the outlines of the three implementation plans worth developing further into project proposals for submission to donors?

b) Questions & Comments on CD Strategy

Q: Is the $1.8 million US for each country or all the countries? Are the Consultants to be hired for training the Ministry in each country (in emergency preparedness) or for the whole project?

A: The role of the Cluster and the needs of the country will dictate the amount of money required. However, the amount is for each country and Consultants for each country.

C: Training should take into account the large number of nurses who are involved in 'hands on' provision of care and these categories of staff must be included in the project, rather than concentrating on academics. Emphasis should be placed on frontline workers, those in nursing schools, public health schools, medical schools and the role of NGOs, mid-level managers in human resource development.

Q (ECHO): Concern about the difficulty in using government and university institutions in countries like Somalia, Ethiopia and Sudan. There is a danger of information passing from academic institution to academic institution and not reaching the people who need it most.

A: Understand the concern. The November workshop will aim at developing MoU's with operating agencies, learning through their experience on the ground and field practice and looking at them in the light of the theoretical aspects of nutrition in emergencies at the academic institution level.

Q: Suggestion that pillar 3 could be incorporated with pillar 1 and 2. The training strategy should include local NGOs, community-based organisations and not just government institutions. Each country should start with capacity mapping analysis prior to training.

A: There is a danger that if more actors are involved, then there will be no serious emphasis on CD strategy, as it requires full-time activity and involvement and should be given to an organisation or to hire a consultant who can dedicate themselves fully to the task.

C: We need to move forward with the CD Strategy and do a gap analysis at country level. We need to look at audits and shortfalls, what is needed and what is missing and take this to the government. It is an advocacy issue on the delivery of an effective emergency response in support of capacity development in that country.

3. Tri-Cluster Coordination Training Leah Richardson (Nutrition Cluster New York)

a) Presentation- Tri-Cluster Coordination Training - Leah Richardson (Nutrition Cluster)

Background

The training was organised by the Cluster Lead Agencies for Nutrition, WASH and Health Clusters (UNICEF & WHO) and managed by RedR. It was designed and facilitated by Channel Research. There were 29 participants - 9 were Health, 9 were Nutrition and 11 were WASH.

The Global Objective

"Capacity of the Nutrition Cluster is to prepare and respond and is supported at Global and National level" Global Cluster AWP 08

Two Training Objectives

1. To provide participants with an opportunity to prepare for cluster coordination and linkages with other clusters.
2. To facilitate interaction between Cluster Lead Agencies, existing and potential Cluster Coordinators.

- Learning objectives were to familiarise trainees with:
    - Humanitarian Reform and Cluster Approach.

- Roles, responsibilities and accountabilities both Cluster Lead Agencies and Cluster Coordinators.
- Management processes for effective Cluster performance.
- Cluster specific tools, processes, sources of information.
- Explore inter-cluster linkages.

- Learning Outcomes
  - Trainees recognise key attitudes and are able to demonstrate behaviours for effective coordination, team-building, situational leadership and strengthening of partnerships.
  - Trainees are able to apply management skills for more effective cluster performance.
- Training Approach
  - A mix of training methods was used, based on adult learning principles.
  - Formal presentations were brief and a variety of presenters was used
  - A simulation exercise gave opportunity to practise key skills/approaches and created a real-time learning environment.

Main Achievements

- Overall a successful workshop.
- Participant selection: 27/29
- Participant learning: self-assessed increase in competence against the main objectives
- Training approach: Inter-cluster approach and the interactive, participatory training approach appreciated.

Output

- Nine trained potential Tri-Cluster Coordinators.
- Training package developed, implemented and revised for future trainings.
- Benefits of inter-cluster linkages formalised.

Next Steps

- Regional Tri-Cluster Coordinator Training in November 20'08 (Middle East & North Africa)
- More emphasis on planning, information management and resource mobilization
- Single Cluster Nutrition Coordinators Training planned for Q1 2009
- Same model used and adapted

b) Questions & Comments on the Tri-Cluster Coordinator Training

C: Dolores Rio (UNICEF Kenya) participated in the Tri-Cluster Coordinator Training and found it to be a good training course. It was only one week in length and needed to be longer, as it was quite intense. Mesfin Teklu (WVI Africa) also participated in the Tri-Cluster Coordinator Training.

Q: What were some of the challenges that came up with the participants of the training?

A: The lack of human and financial resources during the implementation of the cluster approach and how to manage expectations.

Session 2
Chair Hedwig Deconinck (FANTA)
Session Objective: "Putting it in context"– Application of the Cluster Approach

1. **National Nutrition Cluster Lessons Learned and Constraints: Presentations and Panel Discussion from Kenya, Liberia, Ethiopia and WCARO**

   Country presentations can be found on the Global Nutrition Cluster website www.humanitarianreform.org under the Nutrition tab.

2. **Panel Discussion around presentations and Common Themes in Nutrition Cluster Coordination**

Q: Question to Kenya after the post-election emergency, is there time limit set for the duration of the Cluster or will it evolve like Liberia?

A: There are discussions to continue the coordination, but it will no longer be called the Cluster.

Q: Question to whole panel. The presentations demonstrate that in each of these examples there were already existing coordination systems, so what has the Cluster approach brought to the table – what is the added value?

A: Good coordination between all partners. Coordination existed in Liberia before, but groups were following their own protocols, but the Cluster has brought a unifying of these approaches. It also cut down on overlap and encouraged sharing of resources. In Kenya, the overwhelming theme was one of a Cluster spirit which brought people together building on existing structures.

C: In Ethiopia the added value of the Cluster approach was the issue of the "*provider of the last resort*", which was not there at the start as there were constraining factors. The Inter-Cluster relationship was not there initially and UN OCHA has been pushing very hard to plan across the different Clusters and has strengthened the partnership. The Cluster approach has brought a commonality between the different sectors. Ethiopia has also seen better service delivery and coverage due to improved mapping as a result of the Cluster Approach.

C: The Cluster approach has sharpened our focus. There is concern that partners were being suffocated by proposal and report writing during emergencies with different unit costs and standards, but now there is more support and harmonisation through the Cluster approach.

Q: Is there evidence that there is a lot more funding channelled to nutrition for emergencies.

A: Quantitative documentation not available as of now, however, Tufts University has been funded by the Cluster to engage in a Critique of recent CAPS (Consolidated Appeals Process) to see if there has been any increase in the amount of funding that is allocated to nutrition in emergencies. There is also anecdotal evidence such as from

Pakistan suggests that there was more funding available for emergency nutrition especially after project funding was withdrawn. The nutrition cluster at the global level was able to ensure funding for Cluster partners especially the NGOs whose projects were initially withdrawn.

Q: Has there been an improvement in treatment outcomes and service delivery as a result of the Cluster approach?

A: Improved outcomes to beneficiaries, as well as teamwork, planning, harmonised tools. Increase in capacity and improvement in the quality of service since 2003. However, some governments are sensitive about the Cluster being regarded as the 'provider of last resort' and view themselves as these providers. However, agencies have struggled with the imposition of import taxes on commodities, such as RUTF and ingredients such as milk powder (35% import tax in Ethiopia) during the crisis and UNICEF as the Cluster Lead was able to resolve this issue as a negotiator. Somalia also gave an example of advocacy as a role for the Clusters.

C: In Myanmar during Cyclone Nargis, mobilisation of resources by the Cluster (which came into being during the emergency) was limited to cyclone areas. ACF were working in the north as well as the cyclone areas, where there are a large number of malnourished children. Donors and the government restricted resource mobilisation to cyclone areas even though the needs in other regions were even greater.

C: The Capacity Development WG has been exploring the issue of what do the Country Clusters need from the Global Clusters. It was suggested that the Global Cluster should support Regional Offices, as Country Cluster will be looking towards the Regional Office for support. Technical support is of importance at country level. UNICEF only has nutritionists in two of its regional offices (West Africa and East/Southern Africa). A large number of countries in Asia, Latin America, Middle East and Central Asia are not served by regional nutrition officers.

C: Kenya is just about to undertake an evaluation of the support that NGOs received during the recent emergency, which will be a useful tool. Save the Children's report of the Cluster Approach in Ethiopia and surmised that Nutrition Cluster was the best performing Cluster group. UN OCHA is presently working on the ToRs for an evaluation of all Clusters due in 2009.

C: Zimbabwe Cluster not well embraced at all, as it was felt to be forced upon them by OCHA. Many different technical groups existed and there was little or no coordination. Zimbabwe has a protracted emergency and workshops were held to raise awareness of the Cluster Approach, but it was still 'grey'. Greater transparency and clear ToRs were requested as well as requesting NGOs be co-leaders. NGOs felt marginalised in the whole process. WASH and Nutrition are the official Clusters in Zimbabwe. In Somalia it is very effective (noting that MSF continue to work outside the Cluster but follows it closely).

C: Another comment was that the Clusters were not clear in objectives in Kenya but this has improved. Lack of communication between Kenya MoH and Cluster Leads, with NGOs being given conflicting advice by the two groups and OCHA, left them feeling stuck in the middle.

3. Interagency Coordination in Nairobi – Laurent Dufour (OCHA Regional Office for Central & East Africa)

a) Presentation – Regional Partnership Team (RHPT) in Nairobi (See full presentation on website)

Started in 2007 and members include CARE, CRS, FAO, Handicap International, ICRC (observer), IFRC, IAWG, OCHA, Trocaire, UNFPA, UNHCR, UNICEF, WFP, WHO, WVI. Nairobi is a regional hub and much of the IAWG key working groups rely heavily on the goodwill of the participants. This particular region is host to a number of major humanitarian emergencies.

Secretariat: IAWG (started Nairobi in 2002), OCHA, UNHCR, UNICEF meets twice monthly.

Chair: OCHA.

RHPT Priorities

- Humanitarian Reform
- Assessment and analysis tools
- Advocacy
- Resource mobilization
- Contingency planning
- Inter-working group coordination

Humanitarian Reform - Global

- Global Humanitarian Platform 2nd meeting held in July 2008 in Geneva.
- Strengthening partnership to improve quality of response.
- Focus on supporting coordination on the ground and more inclusive of humanitarian partners.
- Developing partnerships before crisis
- 15 of 25 countries with Humanitarian Coordinators have adopted Cluster Approach.
- 2nd phase of Cluster evaluation started, including all aspects of humanitarian reform.

Humanitarian Reform - Regional

- Sudan - UNHCR to be Lead Agency for protection in North and South Darfur in addition to West Darfur.
- Burundi - Cluster roll-out planned in September (HR and Cluster Workshop on 25/09).
- Eritrea - Cluster roll out pending.
- Regional Workshop "The Cluster Approach: how did you make it work?" was held in Nairobi in June 2008 (70 participants from 10 countries).

Advocacy & Resource Mobilisation.

- Provide a forum for planning and decision making for inter-agency resource mobilisation strategies including regional consolidated appeal.
- Advocacy for Somalia and Horn of Africa (RHPT & donors meeting, press conference in July, preparation of high level RDT-RHPT HoA meeting).

- Support to new appeals (Ethiopia, Djibouti).

Contingency Planning

- Support to multi-country contingency.
- Planning and scenario building.
- Ethiopia / Eritrea / Djibouti.
- Somalia +3 (Djibouti, Ethiopia and Kenya) and wider region;
- Regional impact of Kenya post election crisis
- Darfur plus 3C's (Chad, CAR and Cameroon - consultancy ongoing in 3 countries)

Support to Interagency Working Groups (IAWG)

- Priorities 2008.
- Strengthen existing activities.
- Increase joint support activities for country teams (including assessments).
- Greater engagement with regional and global processes.
- Improve linkages between groups and with the RHPT.
- Better data preparedness and exchange.

b) Questions & Comments on Interagency Coordination in Nairobi

Q: OCHA involved in information and knowledge management. What is happening in the region in relation to this?

A: Traditional products and tools for the whole humanitarian community, e.g. maps, compact kits. Now more specific projects going on, such as the Humanitarian Classification System – former IPC specialist is working on this. There is also another tool for humanitarian access for humanitarian response. Also provision of training.

C: Within Food Security & Nutrition Working Group chaired by FAO is an information sharing forum, but also Task Forces or Sub-Working Groups (e.g. IPC – next week there is a training for IPC and there will be 12- 14 countries represented).

C: Planning at regional level and response only at country level. Also cross-border issues (such as cattle rustling) which have an impact on the community.

C: There have been a number of comments relating to the continuation of the Cluster. The Humanitarian Reform will continue. How do we coordinate resource mobilisation in the way we organise around emergency preparedness and response? Partnerships (private sectors and government) will be part and parcel of the way we move forward in the future.

Global Nutrition Cluster Meeting (Plenary)

Day TWO – Thursday September 18th 2008

Session 3
Chair: KD Ladd (IMC)
Session Objective: To appraise the Global Nutrition Cluster efforts to improve Technical Guidance and Best Practices in Emergency Preparedness, Assessment, Monitoring and Surveillance of nutrition in emergencies by reviewing ongoing cluster activities.

1. Report from Assessment Working Group Meeting on 16 September 2008 – Allison Oman (UNHCR)

a) Presentation - Assessment Working Group[6]

The whole day meeting of the AWG yesterday was very productive.

1. Update of IRA Tool

- Background to the tool, its purpose and use.
- Tri-Cluster discussions.
- Field feedback.
- Prioritisation of questions by AWG – rough draft now and reduced to 7 questions with cooking fuel as a core question on non-food items. Questions are to be circulated (Oleg Bilukh CDC will type out the new version).
- Current status and work still to be done - dialogue with other clusters; clumping by informant type; dissemination; positive propaganda.

2. Comprehensive Tool

- Background on Comprehensive Tool.
- Current vision for CT - clearinghouse; tool descriptions; caveat on FSA/HFS.
- Next steps - 2 month consultancy; input from AWG members.

3. SMART

- Santiago Alba (ACF-Canada) will provide an update on the tool and the next steps in his presentation.
- Consolidation of SMART training
- Website Development

4. WHO Growth Standards[7]

- Grainne Moloney (FAO/FSAU) will provide information on this in a presentation on the recent meeting, conclusions drawn, endorsements and the roll-out.

5. Linking Food Security and Nutrition Data: Why, How and When

[6] See AWG presentation on the Global Nutrition Cluster website.

[7] See WHO Report - Transitioning to the WHO Growth Standards: Implications for Emergency Nutrition Programmes, IASC Nutrition Cluster Informal Consultation, Geneva, 25-27 June 2008

- WFP has been working on this issue by examining assessment tools that study one or both of these areas – Agnes Dhur or Kate Ogden (WFP - HQ) to give details on recent study.
- Question of whether there is a link or correlation and how to potentially measure this.
- Underlying issue of the multi-causal analysis of malnutrition and proper response framework.
- AWG had many questions and reservations and will look for the report to be issued to examine it for further details and its use for future assessments.

6. Priorities

- Highlighted 9 areas the AWG will work on and seek funding.
- Flagged two areas that needed broader attention than AWG internal support including:
  1. Discharge Criteria for MAM and SAM when admitted through MUAC
  2. Conversion Factors for prevalence estimation moving from NCHS references to the new WHO Child Growth Standards

7. Priorities: for activities up to the US $200,000 available to AWG

- Comprehensive Tool – US $30,000 for 2 months funding of consultant + AWG provides support in administration, logistics and input.
- Consolidation of SMART training materials - existing funding and ACF ongoing work.
- SMART Website Development - existing funding and ACF ongoing work.
- Review of Plausibility Checks - Mike Golden statistical tests, peer review, endorsement, US $10,000.
- IRA Finalisation Process - internal AWG effort, therefore no cost implications.
- Benchmarking - Reopen discussion with Tufts University (rather than another consultant) and technical discussion with stakeholders, review, US $60,000.
- MUAC Cut-Offs for SAM - secondary data analysis, primary data collection, consultant, US $20,000.
- Fact Sheet/Road Map for WHO Growth Standards - AWG input on checklist and links with WHO non-emergency plan and so no cost implications. WHO are working with FAO on the new fact sheets.
- Incidence estimation for caseload versus prevalence - need more thought and guidance on how to approach this and resource implications.

8. Modalities

- Presently have three Co-chairs, but one has resigned.
- Would like volunteers as alternates.
- TORs could be interesting as there is plenty of work to be done.

b) Questions & Comments on AWG Feedback

Q: Is it possible to combine the IRA with the Comprehensive Tool? There are so many toolkits, etc and this can be confusing to a Cluster member, although they are hugely useful, there is a need to explain all these products and place them in context.

2. Operationalising SMART: Meetings and Activities Update - Santiago Alba (ACF-Canada)

a) Presentation – SMART – Tools for Survey[8]

What is Standardised Monitoring and Assessment of Relief and Transition (SMART) used for?

1. Simplify as far as possible the collection of technically sound anthropometric and mortality data in emergencies
2. Allow non-epidemiologists to conduct surveys that are timely and reliable.
3. Standardise survey methodology (including design choices, training, data analysis and reporting).
4. Develop procedures that promote confidence in data among policy makers and other stakeholders

Since the nutrition cluster AWG meeting on SMART in Rome April 2008, ACF has a steering group, Technical Advisory Group (TAG), and Cluster funding. Te development of version 2 (Beta) has begun. Version 2 includes newly revised Emergency Nutrition Assessment Software (ENA) and new webtools.

Present activities include more training and surveys and more countries and agencies are showing an interest. Calendar events planned for SMART over the next four months is for a meeting of the Rome Group & TAG and moving forward SMART version 2. TAG will plan the use of the funding, identify priority activities, identify and collaborate with stakeholders and look for a possible long term solution in order to find an institutional home for SMART.

Planning Screen

Automatic calculation of sample size in HH units and can take into account non-response.

- Up to 1000 geographic areas (instead of 500 previously) for the selection of clusters.
- Plausibility report is improved, with more quality checks:
- Overall score for survey given
- New statistical tests incorporated (age and sex ratios; normal distribution of data)
- Digit preference score given
- Analysis by team more complete
- The automated report is more complete:
- Results for stunting and underweight included
- Summary table of missing data, observed design effect, mean z-score, z-scores out-of-range included
- Results according to WHO Standards included in the Appendix among other useful information.
- The mortality results screen is improved.

[8] Complete SMART presentation can be found on the Global Nutrition Cluster website.

- The French version is updated with the automated report now in French (there is a new option in Extra to change the language of the software).

Trainings and Surveys

- Training was undertaken by ACF-Canada and held between September 2007 - September 2008. National and Regional Trainings took place in Uganda, Niger, Burundi, Guinea and Mali. 200 participants.
- Surveys - 4 surveys were undertaken as part of Capacity Building
- Workshops
- **Mali** - National Protocol surveys in Mali.
- **Guinea** - ACF-Spain ACF-Canada Surveys and Impact Evaluation October – November 2008.
- **Kenya** - ACF-US and ACF-Canada regional training and supervision of 3 surveys with UNICEF September - October 2008.
- **Haiti** - Training and surveys ACF-France, ACF Canada.
- **Burkina-** Regional Training ACF-IN.
- **Myanmar**, SMART surveys and training.
- **South Asia** Regional Workshop (Bangladesh, Nepal, Lao) in 2008
- **Central America**: Unavailability of resources from ACF-Canada

b) Questions & Comments on SMART

Q: Where is the institutional home for SMART?

A: The original home was Tulane University but currently it is not being housed by any one agency. The work of SMART for the Cluster is being done by ACF—Canada. Possibility of making SMART a new entity, perhaps modelled after Sphere. This is an issue that will need to be addressed in the future.

3. Management of Acute Malnutrition in Infants (MAMI) Under Six Months (Andrew Seal ICH – UCL)

a) Presentation - Management of Acute Malnutrition in Infants (MAMI) Under Six Months[9]

The project is conducted by the Emergency Nutrition Network (ENN), funded by IASC Nutrition Cluster and subcontracted the ICH. The project began in February 2008 and the MAMI website is http://www.ucl.ac.uk/cihd/research/nutrition/mami

Progress to date:

1. MAMI Website(s) & "Invite to Collaborate"
2. Online letter to Lancet (High risk signs in sick infants <2months age)
3. SCN Meeting, Vietnam, March 2008
4. IFE Meeting, Bali, March 2008
5. Steering group meeting, May 2008 (23 attendees UN, INGOs, researchers)
6. Collated and cleaned TFP databases contributed by MSF, initiated cleaning and analysis, literature review, drafted report outline and established a Research Advisory Group (RAG)[10]

[9] MAMI presentation in Annexe of the Report.

Research Question and Why it is Important

Problem definition

- What is the scale of the problem of 0 - 5.9 month malnutrition?
- 'Paradigm shift' that malnutrition is a problem in this age group?
- Where should the main efforts be focused - Public health vs individual & therapeutic vs preventative?

Current Protocols

- What do current management protocols recommend for 0 - 5.9 month malnutrition?
- To understand the range and variety of current practices so as to be able to compare and contrast different approaches better understand 'baselines' before recommending future work/research.
- What are constraints of current protocols?

Admission Criteria

- Need optimal sensitivity & specificity against programme aims, also need to consider resource constraints.
- How best way to identify cases?
- How can LBW & acute malnutrition be differentiated?
- What % of cases of malnutrition are 0 - 5.9 month versus 6 - 59.9 month
- What are the 'best' admission criteria and which indicators to use - e.g. anthropometric, clinical status, feeding adequacy?
- Which anthropometric system - i.e. which growth norm, which threshold, which statistic?
- Do the criteria reflect risk of mortality - i.e. ideally preventable mortality versus just mortality alone?
- Technical and practical limitations of different admission criteria - e.g. age assessment; weight assessment if scales only weigh to nearest 100g.

Management Protocols

- What are outcomes using current protocols - absolute i.e. cure; death or relative to 6 - 59.9 SAM?
- What nutritional treatments are currently recommended or used e.g. breastfeeding support/ re-lactation/ breast-milk substitutes, how effective are they and what evidence underlies their use?
- What medical treatments are currently recommended or used, how effective are they and what evidence underlies their use?
- Should and do regimes differ for LBW/ prematurity/ acute malnutrition?
- What is the role of psychosocial support, how effective are they and what evidence underlies their use?

Discharge Criteria

- Need optimal sensitivity & specificity against programme aims, also need to consider resource constraints.

[10] RAG under the leadership Professor Jackson, Southampton University, UK

- What are the 'best' discharge criteria and which indicators - e.g. anthropometric, clinical, feeding adequacy, % weight gain?
- Do the criteria reflect risk of preventable mortality?
- What length of follow-up is ideal versus what is done in practice?
- What are long term outcomes after an episode of malnutrition?
- What are current default rates?

Resource & Staff Issues or Requirements

- What staff skills or training are needed, especially for breastfeeding related interventions?
- What is minimal or optimal staff : patient ratio?

a) Project Technical Report - A Review of Current Policy, Practice, Field Experiences & Analysis of Secondary Datasets
   i) Overview of what is currently recommended
   ii) Literature review of existing evidence underlying current recommendations
   iii) "Field data" review – quantitative & qualitative evidence describing challenges of and outcomes from current practice

b) Questions & Comments on MAMI Under Six Months

Q: Example from Swaziland, which has one of the highest HIV positive rates in the world. There are an increasing number of infants under 6 months of age of HIV mothers who are malnourished and their mortality rates are the highest of this age group. They are either mixed fed or fully artificially fed. Unsure of how to manage these cases, no mechanisms in place and presently the treatment for these infants is to use cotrimoxazole. There is concern that current UNICEF infant feeding guidelines focus too much on breast feeding and little or no guidance on the use of breast milk substitutes (BMS) especially in cases where mothers are HIV infected. Country offices need more explicit guidance on infant feeding with BMS.

C: The question rose as to why the Nutrition Cluster are not involved in this aspect of nutrition. The Nutrition Cluster is involved at many levels from UN agencies to operational levels with examples from recent emergencies in Georgia, Myanmar, and China. WHO may take time to develop these protocols. ENN and the Nutrition Cluster are to be applauded for initiating this project and involving other agencies and institutions as this will accelerate the production of guidelines on use of BMS and move these agendas forward.

4. Transitioning to WHO Growth Standards: Implications for Emergency Nutrition Programmes - Grainne Moloney (FAO/FSAU)

a) Presentation – WHO GS Meeting

Overview: WHO Multi-country (Brazil, Ghana, India, Norway, Oman & USA) growth standards introduced globally in April 2006, based on a carefully conducted study monitored the growth of children under conditions of optimal nutrition & health. However there are important differences in the diagnosis of malnutrition when the standards are compared to the existing NCHS references.

2 published papers comparing both sets show an increase in SAM of 1.5-2.5 and 0.5-2.7%, indicating significant programmatic and resource implications. Therefore the need for consultation given that all recommendations indicated that the WHO standards were more appropriate and should be adapted.

Objectives:

- To examine the consequences of the use of the WHO growth standards on the outcomes of malnourished children;
- To provide an estimation of the changes in the assessment of the nutrition situation and in the number of malnourished children potentially admitted to feeding centres, with the introduction of the WHO growth standards;
- To formulate recommendations for the use of WHO growth standards in emergencies and identify knowledge gaps that should be addressed by research

Conclusions:

- The relevance of using the new WHO growth standards in emergency programmes was agreed upon
- The new standards would identify children at higher children at higher risk from dying from SAM at an earlier stage making them easier to treat at a lower cost.
- Major public health impact by lowering Dx burden and DALYS
- The added cost however is significant
- However several outstanding issues need more research

C: Separate sex growth charts are recommended for admission and discharge criteria into selective feeding centres and this is based upon research by MSF in Niger. However, concerns were raised as to the impracticalities. WHO Fact Sheets on the new growth standards should be available within the coming weeks to clarify the choice between sexes combined versus separate charts for boys and girls. Programmatically it varies – agencies are using both. Also the MUAC issue of the cut-off for SAM of 110 versus 115mm needs to be addressed with further evidence based research. WHO together with UNICEF and the Nutrition Cluster are working on this issue and are preparing a joint statement on the endorsement of the WHO growth standards to be used in emergencies

C: The new WHO Standards identify malnourished children earlier when compared with NCHS charts, however, there is some confusion in the meeting report on the wording for those who were at greater risk of dying and conclusions need to be **amended.** Bruce will contact SCN and submit to WHO.

Session 4
Chair: Mesfin Teklu (WVI)
Session Objective: To engage in interagency dialogue around the Continuity of the Cluster Approach with Strategic Planning for Global Cluster 2008-9.

1. Options for the Way Forward - Bruce Cogill (Global Nutrition Cluster)

a) Presentation - Options for the Way Forward

The Global Cluster was funded by OCHA Consolidated Appeal for Cluster Approach for the first two years and this funding will end on 31 December 2008. When the current funding is finished, the Cluster will still continue and mainstreamed as UNICEF is committed to the Cluster Approach.

The 4 Pillars of Reform
- Humanitarian Financing that was adequate, timely and flexible financing
- Humanitarian Coordinators with effective leadership and coordination
- Partnership with strong partnerships between UN and non-UN actors; and the
- Cluster Approach with adequate capacity and predictable leadership

Cluster Approach: Aim
Strengthen the effectiveness and predictability of humanitarian response by clarifying the roles and responsibilities of various humanitarian actors, designating an accountable cluster lead agency, and strengthening collaborative action so that the international humanitarian community can better support and complement the humanitarian work of host governments, authorities and civil society while building on and developing national capacities.

Where we are now?
- 11 Clusters
- Country roll out with 16 out of 26 countries implemented
- Commitment to continue (IASC principles)
- Funding current round ends December 2008
- Lead agencies to mainstream in 2009
- Justification – rollout continues, materials, tools, capacities, etc. still being adapted
- UNICEF fully supports principles and continuation

Mainstreaming: What does this mean?
- Depends on Agency
- Options are many
- For UNICEF – Coordinator position maintained and one advisor position
- Technical inputs and management of cluster coordination and workplan implementation part of regular programming
- Admin support continues as well as Operational support areas (HR etc.)

Focus areas for Cluster

- Coordination and networking
- Capacity Building
- Resource mobilization including Supply
- Stewardship with Technical Guidance and Best Practices in Emergency Preparedness, Assessment, Monitoring and Surveillance

Challenges

- Commitment from Senior Management
- Support from donors
- Agency fatigue
- Formal workplan and activity inclusion into operations of support agencies

Some Questions[11]

1. How can the Nutrition Cluster prioritise resources (people, money, time) to fill a 'strategic role' focusing on the priorities originally identified for the cluster approach.

2. How to ensure a phased incremental shift of emphasis from global capacity to regional and country level capacity building.

3. How to ensure that actions to mainstream the cluster approach support/build on efforts to integrate preparedness and response activities into ongoing Country Programmes.

4. What are the critical elements of a successful cluster network (i.e.: annual meeting, website, e-updates, newsletters, workshops, etc).

Fund Raising

- We need to focus on fundraising for the Sector.
- Question – Do we do this as nutrition or in combination with other sectors/clusters? (Implications for Cluster leads)

Next Steps

- Cluster Members: Seek your input
- Develop medium to long-term vision and objectives;
- Then within that, the functions that UNICEF will need to be able to provide to support the Global Cluster in achieving those objectives.
- Within UNICEF identify the functional support that UNICEF will need to provide to the cluster at HQ, RO and Country levels in order to meet the cluster objectives.

What would the Vision Look Like?

- Focus area based with component parts
- Big agenda items as a basis for funding

[11] One of these questions was assigned to each of four working groups in the session following for in-depth discussion and feedback to the plenary

- Strategic partnerships like Sphere SCN REACH and others
- Other?

b) Questions & Comments on the Way Forward

Q: Does the Cluster continue after the emergency or does it take on another name?

A: Focus will continue on preparedness after the emergency, but not really much work is done on this. In Liberia, the Cluster transitioned to the post-emergency phase and had some links with UNDP. It is important to link emergency with non-emergency.

C: Regional level Clusters could not be included in the workplan, as someone has suggested, as donors are unable to fund the Clusters at this level. Need to work through regional nutrition offices and focus on country cluster operations.

Q: Comment on the third question on mainstreaming. It will be good to know how the Cluster is going to be placed into the country programmes.

Q: There is increasing pressure from donors to have more of a country focus, as it is presently inadequate. Global Cluster members should receive a questionnaire on the tools developed and what should be done to support the country Clusters during an emergency on a day to day basis. This will help gather a wide range of opinions from Global Nutrition Cluster partners about what should be improved and what changed in order to support the field?

A: Once the Global Cluster becomes mainstreamed, then there is a danger it will become lost in the lead agency and this is to be avoided as the independence of the Cluster is valued.

2. Priority Activities for 2008-9 - Small Working Groups of Plenary Participants (Questions provided in presentation above)

Meeting participants were broken up into four groups with equal representation of UN, NGO, National Government, Donors, etc. in order to obtain a cross-representation of perspectives in discussion of questions posed.

3. Feedback from the Four Working Groups

Question 1 –Agnes Dhur – WFP HQ – Rapporteur for Group 1

1. How can the Nutrition Cluster prioritise resources (people, money, time) to fill a 'strategic role' focusing on the priorities originally identified for the cluster approach?

Priorities should shift towards the country level. Discuss what the issues are, problems and needs are and arrange a meeting of a number of countries (i.e. five countries) and try to identify their needs collectively and pull them together. Concrete issues and concrete answers. Practical and quick deliverables. Continue global cluster activities (i.e. tool development, standards) but through the country cluster lens. Engage in more country cluster visits.

Question 2 –Erin McCloskey - Concern- Somalia – Rapporteur for Group 2

2. How to ensure a phased incremental shift of emphasis from global capacity to regional and country level capacity building?

Wording was altered, as the group felt that it should be capacity 'development' (CD) and not 'building', and the divided the responses between global, regional and country.

- Global Level - coherent marketing strategy, dissemination strategy for products, institutionalising products and tools. Building human resources and funding as well as highlighting what resources are available and who they are for. Money built into the country level for roll-out of cluster tools
- Regional Level – Need to formalise Cluster Coordination systems for facilitating and advocacy for capacity development and the roll out of the cluster approach.

Country Level – More inclusion of government and less on the UN. Resources required are money, people and help in rolling out the Cluster approach at country level – as these are the existing gaps. Global Cluster should work more on assistance for coordination rather than building more tools. Tools development are not helpful if funding is limited and they are often **imposed** on NGOs. Involve the Cluster community in adaption and adoption of CD and need to embed CD in existing structures. Audit capacity at country level.

Question 3 –Tanya Khara UNICEF HQ & James King'ori – UNICEF Somalia – Rapporteurs for Group 3

3. How to ensure that actions to mainstream the cluster approach support/build on efforts to integrate preparedness and response activities into ongoing Country Programmes?

Two main points were made in the group:

- Strengthen Emergency Response - At a country level, there is a need to strengthen the emergency response, rather than catapulting in assistance during an emergency. Need to look at national strategies, including emergency preparedness and planning strategies – not just nutrition but across all Sectors and all Clusters. Look at national nutrition strategies, as they may already contain a component of emergency preparedness. Countries are at different levels in their abilities to respond.
- Prioritise activities - On mainstreaming the Cluster approach, it was felt that the existing two groups (AWG and CDWG) have complementary activities and their workplans are in support of mainstreaming activities that would lead to improved emergency preparedness. However, the groups need to prioritise their activities. Mapping tools should also be added to the CDWG.

Question 4 –Faraja Chiwile UNICEF DILI– Rapporteur for Group 4

4. What are the critical elements of a successful Cluster network (i.e. annual meeting, website, e-updates, newsletters, workshops, etc.)?

Critical Elements

1. Leadership:
   Credibility, accountability, transparency and vision
   Means to achieve this: ToRs and better selection procedure.

2. Coordination:

Team building, resource allocation, prioritisation, mobilisation and linkages (inter and intra Cluster).

Means to achieve this: Workshops & Meetings:

- One Global Meeting at the regional level per year (1.5 days for the Working Groups, 0.5 for reporting back of WG's and 1 day for the Plenary).
- WG conference calls and interactive website

3. Information Management:

Weekly highlights (email) with relevant materials and perhaps self-selecting options. Interactive website.

4. Team Work:

Critical element is to work towards a common goal. This should be participatory, there should be ownership and quality (respect and expertise). The means should be a strategic vision, which will help provide a guide for the Workplans and also CD strategy.

Questions & Comments on the Group Work

C: Important to integrate nutrition into emergency preparedness at government level.

C: Better collaboration between the two Working Groups. Also, it would be good to have a working group on supplies.

Q: Is there any added value in having Tri-Cluster meetings?

A: Lessons can be learned from other Clusters, but it requires specific ToRs and must be strategic. Multiple cluster meetings would be useful if there was a particular topic to gather around.

C: Global Nutrition Cluster often meets with UN OCHA rather than the other Clusters. Tri-Cluster meetings are difficult to arrange. It was suggested that all the 11 Clusters get together at least once per year, but this can be a challenge. The aim is to look at the other Cluster workplan and the idea of strengthening what we are doing by working together.

C: In Somalia, inter-Cluster meetings (9 Clusters) are held once monthly. Discussion has been around on Minimum Integrated Service Packages.

Session 5
Chair Allison Oman (UNHCR)
Session Objective: Highlight Regional Concerns and Initiatives in Nutrition in Emergencies

1. **Revitalising Nutrition Information Systems in the Horn of Africa - Peter Hailey (UNICEF ESARO)**
   a) Presentation: Revitalising Nutrition Information Systems in the Horn of Africa[12]

[12] Presentation containing full data and Graphs and Tables can be found in the Global Nutrition Cluster website.

Why Try to Revitalize NIS? Second or third cycle of investment in National Nutrition Information Systems in 30 years. Poor sustainability.

- Lack of sustained investment – donors, governments, UN and NGO's (4 pillars).
- Relative weaknesses of Nutrition Information Units in MoH or MoA or EW/Disaster committees or councils.
- Lack of conceptual clarity (amongst 4 pillars) on how nutrition fits into various objectives of information systems.

Objectives and sources of nutrition data?
Three broad objectives of NIS:

- Long term planning
- Programme monitoring and evaluation
- Early Warning

Data sources:

- Repeated national surveys – DHS, MICS, NNS, Household surveys etc.,
- Area level surveys – nutrition surveys, FS surveys
- Reporting systems – HMIS, CHANIS, IDSR
- Sentinel sites

What data do we have in the Horn of Africa?
National Surveys
Reporting Systems

- Nutrition in HMIS very weak in all countries, based on growth monitoring and Vitamin A.
- IDSR nutrition very weak, based on growth monitoring.
- Selective Feeding centre data, very poor reporting, coverage and lack of standardisation

Area level nutrition surveys

- Emergency and early warning orientated, limited coverage.
- Increased availability of FS orientated nutrition info. DD, MF.

Sentinel Systems

- Kenya ASAL MUAC system, Ethiopia SCF(UK) discontinued after 10 years lack of funding, Somalia discontinued temp., Eritrea setting up system.
- Lack of understanding, credibility and guidance.

Very similar in Southern Africa,

- Less area based surveys,
- Sentinel site surveillance systems in Zimbabwe, Malawi and HMIS based SSS in Zambia, Namibia, Botswana, Swaziland, Lesotho, Madagascar.

<u>NIPHORN</u>
UNICEF and Tulane University reviewed existing information, highlighted trends and technical issues for improving systems especially for Sentinel Site Surveillance (SSS) and nutrition surveys.

<u>NIPHORN I</u>

- OFDA, ECHO, DFID funded for one year. 5 countries in HOA and RO. Linked to development of IPC, CRED, HNTS, SENAC.
- Starting with issues for Nutrition Surveys - over 1,000 nutrition surveys in HoA in 8 years = $10 to $20 million US.
- Standard methodologies for sampling, training and data collection and analysis.
- Standardisation of basic indicators.
- Standard quality control methodologies, reporting standards, agreement on justification and timing of surveys.

Agreement on these issues will only have an impact if Government, UN and NGO staff are part of the process and well trained in the implementation of the agreed standards. There is a common central system of compilation, verification, and quality clearance of survey reports. This system should also jointly analyse survey reports and produce periodic reports on findings and implications of the findings as is done in Ethiopia, Somalia and Darfur amongst others.

<u>The four expected outputs are:</u>

1. Five countries (Eritrea, Ethiopia, Uganda, Kenya and Somalia) have updated Nutrition Survey Guidelines.
2. 90% of nutrition surveys conducted in five countries, each year, use the methods and indicators described in National Nutrition Survey Guidelines.
3. 90% of nutrition surveys conducted in five countries, each year, report data quality checks as described in the National Survey Guidelines and are validated by a central committee at national level.
4. Nutrition surveys and other nutrition information are collated, validated, analysed and reported on a quarterly basis in each country and at regional level.

<u>Some Issues:</u>

- Standard reporting formats e.g. reporting of cleaning of flags very erratic, age groups, MUAC, stunting, UW reporting etc., mortality reporting very variable.
- Lack of clarity on training and reporting of training.
- Causal Information: Very variable methods, reporting and recommendations, recommendations using causal data often more reflect specialty or interest of NGO than response to data findings.
- Seasonality: Lack of agreement on "malnutrition" seasonality and lack of agreement on nutrition survey calendar yearly or over years.
- Coverage: Livelihood zone or administrative
- Benchmarking: 5, 10, 15, 25, 30 % or IPC type coding.

<u>Sentinel Site Surveillance for M+E and EW:</u>

- Nutrition Surveys: Poor coverage, process data limited, limited number of times in the year.
- HMIS type systems: Too difficult to manage logistics of system, possibly use selected HMIS sites for SSS.

<u>Selective Feeding Centre Data:</u>

- o Huge increase in coverage of programme.
- o Costs 6 month programme in Ethiopia at least $60 million US, Somalia at least $50 million US.
- o Data very important for M+E and planning but to some extent also for EW and evolution of situation.
- o BUT reporting is very, very poor.
- o Joint forecasting country and global level absent and requires SFC data.

Next Steps

- o Planning started
- o Countries have invested in strengthening government NIS capacity usually supporting HR TA in ministries and developing systems etc. – requires longer investment and to address sustainability.
- o Complete work on surveys and selective feeding centres reporting: Training, survey and Selective Feeding Centre reports, Survey calendars.
- o New methods – LQAS, segmentation, coverage surveys, Sentinel site surveillance.
- o SAM and RUTF forecasting country and global level.
- o Build consensus and understanding of the needs to have strong sustainable nutrition information systems to complement FS and Health.

b) Questions & Comments on the Revitalising Nutrition Information Systems in the Horn of Africa

Q: How many staff were required to obtain such excellent data analysis? Is anthropometric data an early indicator or a late indicator?

A: The data is collected by a lot of people who have to walk around with rifles [due to the insecure regions they travel in]. 20 FAO/FSAU in Somalia / 3 people in Ethiopia / 1 in UNICEF and 2 in MoH in Kenya. Important to invest in human resources. Sentinel site surveillance or some way of measuring change – an unusual trend will demonstrate whether one needs to react. Triangulation is possible, so early or late not important.

C: Hot spots tends to be those [local administrators] 'who shout loudest'.

2. Integrated Phase Classification - Grainne Moloney (FAO/FSAU)

a) Presentation - Integrated Phase Classification[13]

IPC Global Partners are CARE International, FAO, FEWS NET, JRC, Oxfam GB, Save the Children UK, Save the Children US, and WFP.

The IPC is a framework and meta-analysis tool for classifying the severity of food insecurity. A separate robust data collection and analysis system is required to use with the IPC as it is not a method for collection of analysis of raw data rather a meta analysis tool.

[13] IPC Presentation available on the Global Nutrition Cluster website

Problem Statement

- Decision-makers are often provided with conflicting analyses and recommendations.
- Lack of a common framework for analysing the severity of food insecurity.
- Lack of institutional processes to ensure that agencies collate their analyses and reach consensus on the situation.

What is the IPC

- An effort towards a common approach to food security analysis and response.
- A framework to organise existing information on food security.
- A clear picture of the nature and severity of food security situations (map).
- A transparent analysis that is available in the public domain.
- An analysis that is comparable within countries, across countries and across time (standardised scale, comparable indicators).
- A common language, building consensus among stakeholders.
- A tool for planning and allocating resources according to the severity of food security situations.

Overview of activities

- Partnership with 8 agencies and INGOs.
  a. Donor platform and links w/ related initiatives to be strengthened
  b. Principles of collaboration
  c. Partnership and consensus
  d. Learning by doing
  e. Country/Region ownership
  f. Technical soundness but flexibility
- 2 years Technical Development
- 2 years Field Application outside Somalia context

Partnerships and Coordination Mechanisms

- Global level: IPC Steering Committee
- Regional level: FSNWG, CILSS, SADC
- National level: multi-agency technical working groups

National Level

- Implementation, country-level: 17 countries
- Operational maps (6 countries)
- Technical Training (4 countries)
- Awareness-raising (7 countries)
- Awareness-raising, regional level: 13 countries

IPC Technical Manual

Version 1.1 (August 2008); Version 2 (July 2009)

Training & Learning Materials

User-guide (September 2008); Distance Learning (November 2008)

Communications
IPC website www.ipcinfo.org

IPC Workstation
Peer-to-peer data sharing; Online IPC templates

Lessons Learnt
Global IPC

- Global coordination is needed to ensure technical consistency and consistency across countries.
- Extra work is needed to sensitise management level and to mainstream the IPC within the organisations.
- Global funding is needed to support the multi-agency approach at global and at field level.
- Beyond funding, IPC development and mainstreaming requires donor support for advocacy with governments, RECs, at the international level.

Institutional issues

- Ownership (South Sudan, Kenya, Nepal)
  a. Ensure national ownership.
  b. Find an institutional home.
  c. Ensure stakeholders' buy-in (multi-sectoral approach; build consensus).

- Complementarity (Kenya, Sahel)
  a. IPC may induce resistance; be seen as competitive.
  b. Build complementarities with existing data collection/food security systems.
  c. Introduce the IPC as an add-on.

- Capacity-building elements (Cote d'Ivoire, Kenya)
  a. Need for national focal point/technical.
  b. Technical training and advanced preparation work.
  c. Communication.
  d. Routine evaluation for streamlining into national structures.

- Sustainability aspects (Kenya, Burundi, DRC)
  a. Developing technical expertise takes time (2 or 3 cycles needed).
  b. Decentralisation may be cost effective over time – but requires investment, capacity-building, safeguards for quality control.
  c. Initial financial and technical support needed for some time.

Main Technical Issues

- Main Technical Changes (Technical Manual Version 1)
  a. Focus on food security rather than broadening up to humanitarian issues (for the time being).
  b. Severity and time factors (chronic versus transitory) should not be mixed in the scale.

c. Phase 1 and 2 have been broken down into 3 phases to allow for more sensitivity at the lower end of scale (Burundi, Cambodia, Cote d'Ivoire, Indonesia, Kenya, Tajikistan).

- Areas Requiring Further Attention (Technical Manual Version 2)
  a. Review current indicators and thresholds (Cambodia, Iraq, Kenya).
  b. Identify new indicators (ex. MDG indicators) and process/indirect indicators (Indonesia, Sahel, Kenya)
  c. Guidance on how to account for pockets of food insecurity (Somalia)
  d. Guidance on how to account for humanitarian assistance (Somalia, Kenya)
  e. Clarification of the early warning component; (Kenya)
  f. Guidance on the links with response analysis (Kenya)

<u>Use and usefulness of IPC</u>

- Improvement of Food Security systems (Kenya)
  a. Better quality/availability of information over time.
  b. Streamlined existing information into a coherent Situation Analysis.

- Consensus–building (S. Sudan)
  a. Achieved ownership of analytical process by government.
  b. Acted as catalyst for stakeholders' coordination.
  c. Makes it easier to reach technical consensus (multi-agency).

- Transparency (Kenya)
  a. More credible situation and response analysis (evidence).
- Decision-making and resource allocation
  a. Assisted with formulation of appropriate / strategic / non-prescriptive responses (Kenya).
  b. Response analysis should not be mixed with response planning.
  c. Enabled shift of focus in response planning from "Food Aid" to "Food Security" and to long term non-food interventions (Kenya).
  d. Basis for planning and resource allocation (DRC).
  e. Can be used for monitoring purposes but IPC indicators need to be adapted (Tajikistan, Nepal).

b) <u>Questions & Comments on IPC</u>

Q: Are we just providing a situation analysis with this tool? There is a challenge of linking the analysis to response.

C: Agencies have taken the lead and are sharing the information. Governments and donors are seeing this as information that can be used.

3. <u>ARTiculation Project Update - Nutrition Supply Chain Mapping Project by UNICEF & Duke University - Jurgen Hulst (UNICEF Supply Division)</u>

a) Presentation - Nutrition Supply Chain Articulation Project[14]

Background

- Nutrition Cluster Strategy: "to ensure that relevant supplies are readily available during the immediate onset of emergencies".
- Changing demand and supply for RUTF.
- Challenging context for transport & storage in emergencies and wastage due to damaged product or expiry.

Context

What is the 'NutArt' project?

- A project to analyse the complete supply chain of RUTF Plumpy'Nut.
- Focused on optimising the whole chain, not activities of individual organisations.
- Eliminating non-value adding activities.

Objective

- To analyse and recommend improvements to the supply chain of Plumpy'Nut from manufacturer to end-user.
- To develop a methodology and tools which can be used to establish improvements of other nutrition supply chains, of other organisations.

Key issues

- Map the whole supply chain
- Demand analysis
- Product wastage
- Cost analysis
- Whole supply chain KPI's

Expected output

- Improvement plan
- Supply chain KPI's
- Improved demand forecasting
- 'NutArt' guideline and tools
  - o 'How to' guide: concept, techniques;
  - o Practical Tools: spreadsheets, KPI's, training.
- Publish findings, facilitate discussion
- Way forward

b) Questions & Comments on ARTiculation

C: Movement of food varies from pharmaceuticals. Plan to aspire towards an EPI-type supply chain. Nutritionists are notoriously poor at planning ahead. There is a need

[14] Presentation – Title 'Nutrition Supply Chain Articulation Project' can be found on the Global Nutrition Cluster website www.humanitarianreform.org

for narrowing the gap between the logisticians and nutritionists. Not only supply, but storage of supplies.

ANNEX I

Meeting of the Assessment Working Group (AWG) DAY ZERO 16th September 2008

Co-Chairs Oleg Bilukha (CDC) and Zita Weise Prinzo (WHO)

1. **Opening and Introductions: Review of Agenda, Selection of Chairs for Sessions** Meeting opened 0920hrs with participant introductions.

2. **Update on Initial Rapid Assessment (IRA) Tool (Multi Sectoral Tool) - Oleg Bilukha (CDC)**

Oleg introduced the topic by briefly reporting on the historical background to the development of the tool since 2006. IRA is a Tricluster tool (created jointly with WASH and Health Sectors). The tool was tested in emergencies in Kenya and Myanmar. Some serious problems were identified as the tool was perceived to be too long by many of those who used it during the testing and so it was rejected outright. There was also the problem of the intersectoral nature of the needs being assessed. The HNTS Manager (Richard Garfield, WHO) attempted to revise the tool in an effort to shorten it. Each cluster was asked to shorten their part of the tool by early summer of 2008 and that this may lead to the possibility of two tools. WASH and Health managed to pare their questions down to approximately 20 - 30% of their original number. Nutrition retained 70 - 80%. WASH felt that they could not spend any more time on it and preferred to spend time on the Comprehensive Tool and, as a result, have not participated lately. Richard Garfield has now left WHO as well as Johnny Polonsky and so the process in now in limbo.

Discussions in June 2008 with the Health Cluster have resulted in a return to further exploration of the purposes of the tool and an acceptance that even though emergencies vary, the range of interventions are limited (surveillance, food aid, IYCN, MN, etc.) so there is a need to examine which questions are relevant to these particular interventions. However, there has been little progress since from the Health Cluster (although this may be due to vacation), although this will likely be discussed at the health cluster meeting in November. Another question raised by end-users was their perception of the suboptimal format of the tool in its current form. The suggestion was to group questions according to information sources (key informant types) rather than by sector.

a) Questions & Comments on the IRA Tool[15]

C: A simpler, more empirical tool should be developed, rather than a more complicated tool that will not be used and will waste resources. IRA should either be stripped down to its barest, or possibly separated from the other two clusters. A response from the field will be necessary.

C: Participants felt that it was important to make the tool valid.

Q: What actually are the core questions required for a rapid assessment and the criteria for inclusion? Consensus across organisations was difficult achieve.

[15] Q = Question; A = Answer; C = Comment

Q: WFP were concerned that it was not practical to continually revise a tool and they suggest that it be kept in its present form and to provide an explanation of its use to the user.

C: An example of Pakistan's assessment tool which was developed by multiple agencies was shared. It was suggested that all countries should have them the freedom to choose whether to use the tool.

C: Participants were not convinced that we should spend more time in reviewing the tool further.

C: Sudden onset emergencies require rapid assessment using core questions, whether or not it has statistical validity, in order that the tool can be used by anyone within the first 24 hours of the onset of an emergency. In the Kenya crisis of early 2008, there were 300 IDP camps requiring rapid assessment but insufficient skilled staff to analyse complicated data for planning the interventions required. Reviews can be demanding but if sample core questions are circulated, prioritising the top three or four questions may be possible. In the emergency in Myanmar, in a multi-sectoral context, four or five questions were used; however, it was difficult to pick out a few questions.

Action Point: AWG have agreed aim to identify key questions that will capture the information required to implement the initial interventions required in an emergency.

1030hrs - Chair Allison Oman (UNHCR)

3. Comprehensive Tool: Current Status and Way Forward - Oleg Bilukha (CDC)

The Comprehensive Tool is a qualitative tool and not a survey. The Consultant, Ellen Mathys, spent less time than planned on this tool due to the time required for the development of the IRA Tool. Ms Mathys agreed that she would finalise some notes on the Comprehensive Tool.

a) Questions & Comments on the Comprehensive Tool

Q: Is there a plan for the Comprehensive Tool to eventually be placed on the Nutrition Cluster website in order that it will be accessible to people in the field?

Q: Would it be worthwhile for the AWG to continue to develop the tool?

A: It was felt that there was no need at this stage to recruit a consultant to develop a separate Comprehensive Tool. There is a need to compile progress on the development of the tool to date in order to make a decision on the way forward.

Q: Is the role of the Nutrition Cluster changing from the basic level of a clearing house to something more supportive? Recommendations were made to look at examples from the Early Recovery Cluster with a list of tools in a tabular format as a way forward to developing the tool. Early Recovery Guidance and 'Clearing House Plus' to be explored.

C: It was decided that there would be follow up on the following:

Action Points

1. Examine Early Recovery Modules and relevant modules in the Harmonized Training Package
2. Obtain final report on the Comprehensive Tool
3. Consultant to review and make available existing tools (budget for this to be included in the workplan of AWG (with LOE)
4. Available tools can be referenced or made available from the cluster website, along with succinct descriptions of several key characteristics of each tool (e.g., time to administer, types of outputs, training requirements, situations in which tool is applicable, etc.), which should be instrumental to end-users in their decision process on which tool to use.

4. Tools for Surveys: SMART[16]: Current Status and Way Forward - Santiago Alba (ACF-Canada)[17]

a) Presentation – SMART – Tools for Surveys

Santiago provided a presentation on the updated SMART Version 2 (Beta). Training received by mainly ACF staff, but some Ministry of Health staff. There is a lack of institutional framework and so the Rome Steering Group and Technical Advisory Group (TAG) have been involved. Consultants have been used to improve different parts of the model and the manual is presently available in different languages. The Beta Version will be ready for circulation by December 2008. ACF-Canada are presently developing the website using more up to date information and making it more participatory.

The new version has the following, Mike Golden on anthropometric measurements; Robinson on mortality statistics Seaman on food security and ACF will focus on the training package. The software was developed with Erhardt. A new version of ENA Version B has been available since late August 2008 and has been translated into French and Spanish. The new version includes a food security component and the website will be ready in late November 2008. Manuals Software Forums and Events are linked to the Google Calendar and allow for different level of users.

Trainings have taken place in Uganda, Niger, Burundi, Guinea and Mali with 200 participants. The training in Mali used national surveys protocol. Other agencies are using SMART in countries such as Madagascar and Ethiopia and more countries are interested in receiving the training. Training evaluation by ACF is still to be done and regional training in Burkina Faso and Myanmar is presently being explored. ACF-Ca is funded by the Nutrition Cluster and DFID.

Niger was shared as an example in which the quality of the data collection was explored by comparing village data and baseline measurements. The use of PDA or small laptop computers were also being considered compared with using paper records. The next step for SMART is to finish beta version; standardise the training and website finalisation. Six months have been allowed for the remaining work to be completed on SMART (agreed with UNICEF).

b) Questions & Comments on SMART

The use of SMART in Ethiopia was discussed and it was found to be complicated by the software dependency on the Gregorian calendar. The dates have to be changed

[16] SMART = Standardized Monitoring and Assessment of Relief and Transition

[17] SMART Presentation in Annexe – Title 'SMART, tool for surveys: Current status and way forward'

or converted to Gregorian calendar, because Ethiopia uses the Julian calendar. The results had to be revised in order to incorporate the Ethiopian Calendar. It was explained that new version already includes these variation. SMART as a tool will be used to improve quality of data entry, but there was concern as to who will monitor it given its present growth and the end of ACF-Canada's task of developing the software.

There was some concern about over branding SMART. SMART is a tool that already exists and is used to improve national guidelines, but needs to be field friendly. What is needed is some description of what has changed from one version to the next.

The ENA software is used for sample size and analysis with plausibility / data quality check with the latter is the most important thing. SMART's new qualities include the convenience of data analysis and the plausibility check to improve data quality and ACF are now considering the inclusion of the plausibility check in the standardised reporting and this was accepted as good progress. Mike Golden is working on some additional checks to score the quality of the survey. Regional UNICEF ESARO requested the plausibility check be published in every report and bulletin. SMART is designed for a specific use or can be part of a tool box, however, if a survey is made SMART-compliant the workload increases on the use of the tool for government and the partners. More discussions were requested on how surveys are used and how they can be sustainable.

ACF has undertaken numerous training courses in SMART, however Mike Golden has been doing his own training using his own slides and CDC their own with Epi-info. Collaboration is needed between CDC, Mike and ACF and this can be in a modular format (consisting of theory, tools etc.).

Juergen is presently working on the new version of SMART software with a release planned for the end of 2008 or spring 2009 with a scoring of the plausibility check . In parallel with improving the freestanding ENA software, CDC and Dr Ehradt have also developed the **EpiInfo/ENA software**, where ENA can run from under EpiInfo interface to perform all of its automatic analysis. This hybrid software will significantly augment the convenience and quality of entering, managing, generating anthropometry indicators, conducting initial automated analyses and plausibility checks through ENA, and more sophisticated bi- an multivariable analyses using advance analyses functions of EpiInfo. The software is in working state, and will be available shortly for free download from the website of International Emergency and Refugee Health Branch of CDC.

Concern was expressed about sustainability, continuity in the management of the website and website help-desk maintenance. UNICEF New York agreed that the Nutrition Cluster will continue providing support for these materials just as it does to the case of ENN, Nutrition Works and SCN.

Clarification is still required on Module 3. The development of the context module was that further development of the HEA tool will take place with John Seaman in order to build in flexibility on the use of Module 3 (approximately 30 days are required for John on this section and there is a meeting planned – possibly with Donors - however ACF are waiting for the Consultant to provide more information).

Action Points
5. Consolidation of training materials on SMART.

6. Feedback and endorsement of the tool.
7. Long term future of the tool.

5. Transitioning of WHO Growth Standards: joint statement and implications at field level - Zita Weise Prinzo (WHO))

The report of the meeting was finalised and circulated last week. Focus on a recap of the meeting and next steps in which there was a presentation of five WHO papers and lively discussion from the group with brainstorming on several issues. In summary, the relevance and importance of using the new WHO Child Growth Standards in emergency nutrition programmes was agreed upon . There was some discussion on the phasing in and changing to the WHO standards and a request to WHO and partners to develop a fact sheet on the endorsement of the new standards in emergency programmes.

a) Questions & Comments on the WHO Growth Standards

Only a few NGOs use the new standards and there are research gaps for evidence. Require a joint statement, technical fact sheets, operational road map with bullet points as to what needs to happen. WHO is working on joint statement on admission and discharge for treatment of SAM (at this stage, only a draft exists in WHO). These need to be more explicit for surveys. It was felt that there was a lack of clarity, particularly for therapeutic feeding and no consensus on sex specific curves (i.e. girls need to deteriorate more before admission).

Ethiopia is considering delaying the introduction of the new standards for 4 – 6 months due to the shortage of RUTF. ACF Somalia has seen more than a doubling of their admissions as a result of using the WHO Standards. In addition, there were discussions on the need to move forward as a Cluster on the issue of benchmarking.

6. Improving Information for Rapid Response: Issues related to Integrated Phase Classification (IPC) – Grainne Moloney (FAO/FSAU) & Agnes Dhur (WFP)

a) Presentation - Integrated Food Security Phase Classification, Sept 2008 – Grainne Moloney[18]

IPC was developed in 2003 as a tool for classification of severity of food insecurity by the Food Security Analysis Unit/ FAO Somalia. The development of such a tool aims to promote food security and humanitarian interventions to be more needs based, strategic and timely. The original reference tables were compiled by FSAU/FAO. Each phase of classification is identified by a series of reference outcome indicators relation to nutrition, health, food security and civil insecurity, although an area does not have to have all the indicators in that phase to be classified as such. In addition all the population does not need to be in a phase for it to be classified. Using the references outcomes to produce cartographic protocols the key areas of vulnerability can be clearly highlighted. The Global IPC Steering Committee is a larger forum and is as a result of the roll out of the IPC beyond FSAU FAO and Somalia. This provides an opportunity to revise the tool for use in other contexts with input for many more agencies. The Global Technical Working Group is a smaller group of FAO, WFP and FEWSNET ,which is focusing on specific refinements to the current reference outcomes and manual.. Information and publications are available for downloading from the website (www.ipc.org). As a

[18] IPC Presentation can be found in the Annexe of the Report – Title 'Integrated Food Security Phase Classification, Sept 2008.

component of the global roll out, a review of the nutrition and mortality indicators has been commissioned, under the leadership of the SCN – Task Force of Assessment Monitoring and Evaluation which has received funding from the AWG nutrition Cluster. Proposals are currently under review and the study should commence before the end of 2008.

b) Presentation - Integrated Food Security Phase Classification – Agnes Dhur[19]

The IPC is a multi-agency effort. Exploration of the problem statement:
'Decision-makers are often provided with conflicting analyses and recommendations'.
Due to a lack of a common framework for analysing the severity of food insecurity and a lack of institutional processes to ensure that agencies collate their analyses and reach consensus on the situation20.

c) Questions & Comments on IPC

Q: Role of OCHA in roll out of IPC.

C: There is a request for names for consultancy by 19 Sept.

C: Some discussions are being held with HNTS. The cost for an IPC in a country, where IPC has never taken place, is approximately $200,000 US. (Note: UNICEF Kenya undertake a twice yearly food security assessment).

7. Linking Food Security to Nutrition in Emergency Assessment - Kathryn Ogden (WFP)[21]

a) Presentation - Linking Food Security and Nutrition in Emergency Assessments

The project explored linkages between nutrition and food security with other factors (e.g. care practices) with a focus on Tajikistan. Survey data was reviewed from surveys of both food security and nutrition data. Only eight surveys were available and data quality was poor. The outcomes demonstrated that quality of collecting nutrition data can be improved; reporting improvements could be made, and training on standardisation was necessary.

b) Questions & Comments on Linking Food Security to Nutrition in Emergency Assessment

C: Motivation is to convince colleagues that food insecurity is more than just supplementary feeding. The purpose is to collect information on the situation and to make the link between food insecurity and malnutrition. The important issue is to link the information needed with the response.

8. SCN and HNTS

[19] Integrated Food Security Phase Classification, IPC: Activities & Lessons Learnt.
The IPC Global Partners, CARE International, FAO, FEWS NET, JRC, Oxfam GB, Save the Children UK, Save the Children US, and WFP.
[20] Detailed synopsis of this presentation can be found in the notes on Day 2 of the Plenary.
[21] Food Security Presentation can be found in the Annexe of the Report – Title 'Linking Food Security and Nutrition in Emergency Assessments'.

Update by Bruce Cogill to cover the next steps for the HNTS with a new Interim Manager for HNTS – Dr. Pierre Saligon (who joined this week). SCN Task Force is not an operational group but service oriented. It could respond to requests from this group.

Draft workplan recommended by the AWG for the Nutrition Cluster 2008 (Q4) and 2009

	Level of Effort	Resources	Priority
1	Comprehensive Tool • Consultant 2 months / Intern • Input from AWG Members. • Supervision needed. • Administration and logistical support.	Consultant / Intern 2 months funding $30,000 (US) Administration and logistical support and input from AWG Members	
2	Consolidation of SMART training materials. ACF ongoing.	Existing funding.	Ongoing
3	SMART website development. ACF ongoing[22]	Existing funding.	Ongoing
4	Review of plausibility checks. • Endorsement. • Require statistical tests by Mike Golden (after finalisation of his tool). • Peer review of the evidence by convening a panel experts.	$10,000 (US) May require additional funding for report. Larger interagency endorsement meeting.	
5	IRA next steps. • Derive minimum subset of core questions from nutrition. • Dialogue with other clusters (Health / WASH) to discuss whether this is a multi-sectoral tool or not. • Need analysis template for intersectoral IRA – important for prioritisation. • Field implementation and advocacy on its use. • Restructuring of question format for ease of use. • Lessons learnt (including preparedness planning)/adaptations.	No consultant. Can be done internally. Try and complete during this workshop.	Volunteers for process:- Kate, Santiago, Carrie, Bruce, Oleg, Alison, Henrietta, Tanya, Jita, Agnes, Robert, Grainne. Schedule meeting for Wednesday early evening.
6	Benchmarking • Reopen the discussion with Tufts University. • Technical consultation with experts and stakeholders as first phase. • Clearly specify outline / objective of review and needs for this type of review. • Review existing proposals.	ToRs $50 - 60,000 (US)	
7	MUAC Cut-offs for SAM (115mm) • 2˚ data analysis. • 1˚ data collection	$20,000 (US)	

[22] ACF will circulate an email on this for input from Cluster Members.

8	Fact sheets and Road Map for WHO Standards as a checklist for transition countries. • Input by AWG to develop checklist for WHO Standards compliance. • Link with existing WHO plan.	No funding	
9	Conversion factors from NCHS to WHO • Formula only for GAM, needs to include SAM. SCN to review. • Needs to include oedema. • M. Myatt could reanalyse existing data for both GAM and SAM	TBC	
10	Discuss criteria on MAM and SAM if admitted on MUAC • ?% weight gain • Take to a larger group		
11	Incidence estimation for caseload .v. prevalence. • Review research need and funding as necessary		

ANNEX II

Meeting of the Capacity Development Working Group (CDWG) DAY ZERO
16th September 2008

Co-Chairs Flora Sibanda-Mulder (UNICEF) and Carmel Dolan (NW)

Meeting opened 0920hrs with participant introductions. Notes by Nicky Dent and Anne Walsh.

1. Finalise Meeting Programme & Objectives

Review and discuss draft Capacity Development Strategy proposal and obtain feedback on piloting and evaluation of Harmonised Training Package (HTP) for Nutrition in Emergencies. Agree on way forward for finalisation and roll out of HTP and provide a briefing on preparations for the university meeting planned in November 2008. Finally, develop a workplan for 2009 and identify structural roles for chair/co-chair.

2. Review of Action Points from the Washington DC Meeting in May 2008

a) Presentation - Summary of Action Points[23] (Flora Sibanda-Mulder)

i. Harmonised Training Package

Handover of HTP by NW on June 1st 2008 and posted on Cluster Website. No logo has been developed for HTP as yet. The complete training package was commissioned by the Nutrition Cluster, developed by Nutrition Works and written by 20 consultants. Each module was reviewed by 2 specialists. There are 21 modules, divided into 4 sections. The breakdown of modules is as follows: -

- Introduction and concepts (5 modules)
- Nutrition needs assessment and analysis (5 modules)
- Interventions to prevent and treat malnutrition (9 modules)
- Humanitarian principles, monitoring and evaluation (2 modules)

All modules are intended to be stand alone or be used as a comprehensive nutrition in emergencies package. All 21 modules are completed and have been on the website since June. At CDWG meeting in May, a proposal was submitted for pilot testing of the HTP. Valid undertook the pilot testing in 4 countries and 17 out of 21 modules have been tested.

- Sri Lanka (June 2008) - 11 modules over 3 days
- Somalia (August 2008) - 8 modules over 4 days
- Uganda (September) - 8 modules over 5 days
- Pilot testing is planned for the Philippines in October

Evaluation of each module has been completed by participants (many from diverse backgrounds)[24] and trainers[25]. Findings were generally positive[26] and a 5 member

[23] Please refer to previous CDWG minutes from Washington DC meeting, May 2008.
[24] Health and nutrition technicians, project managers and nutrition students.
[25] Trainers from local UN staff (UNICEF, WFP, NGO's, MoH, and consultants.

technical group will do final the review of the comments and feedback in early October and will develop an orientation guide. The Concept Note for editing and printing is ready and the aim is to present this to the University Network meeting in November. Dissemination is planned in the form of a Flyer to reach wide audience, CD ROM and downloadable version from Cluster website. The question of long-term 'housing' the materials has also to be addressed.

ii. CD Specialist

Recruitment of CD Specialist for a period of six month consultancy has taken place and a briefing took place at UNICEF HQ in New York. During the briefing week, the CD Specialist participated in a CDWG teleconference.

iii. University Network Meeting November 2008

The meeting will take place in order to identify opportunities for establishing sustainable Nutrition in Emergencies (NiE) training programmes in southern and northern based universities that function in conjunction with operational humanitarian agencies and utilise the HTP. NW/CICHD proposal was approved by cluster in June and the venue for the meeting will be the Safari Park Hotel in Nairobi and the dates are November 6th – 7th 2008. A database of invitees has been developed and a background paper and 5 presentations from invitees are presently being processed.

iv. Press Ready Materials

The group explored the issue of how to make the HTP more presentable (not just in web format) and quotes have been obtained by NW/Food & Nutrition Technical Assistance (FANTA).

v. Beyond Piloting for HTP

Plans to modify and update version/date in the footer and title in the header not part 1, 2, 3 4 (e.g. for policy makers) and organise translation (with French language a priority) have not been actioned since the last CDWG meeting.

vi. Proposals

The original proposal by SCN for housing the HTP on the SCN website is in need of re-submission which has not been forthcoming, so this action point was not achieved.

vii. CDWG Vision

Development of E-learning tools to help users of the package has not been actioned yet. However, the HTP on Nutrition Cluster website is complete.

viii. Toolkit

The toolkit consists of 12 interventions on Nutrition in Emergencies. Each of the interventions is an essential aspect of population nutritional stability. Independently, the interventions address specific needs that could arise during an emergency; collectively, the interventions represent the work to be undertaken at the country level

[26] Comments are recorded in the HTP presentation found in the Annexe – Title 'Harmonised Training Package for Nutrition in Emergencies'

to ensure timely; predictable; and effective humanitarian response to nutritional needs during an emergency. The toolkit is intended as an easy-to-use field guide that outlines the key basic interventions for nutritional support to individuals and groups during an emergency situation. It provides the what, why, when, and how for different nutrition interventions, including basic monitoring benchmarks and expected standards. The toolkit offers guidance and support for nutritionists and humanitarian workers to ensure that basic guidelines are followed and the basic nutritional needs of populations in emergencies are met. It is not intended to be an exhaustive resource for each intervention presented, but rather an overview for interventions to be considered with references and links to more detailed technical guidance for each issue.

- The Toolkit is finalised
- Available on the Nutrition Cluster website
- Available on mini-CD and will be distributed at the Plenary (to help in emergencies; succinct 4 pages: key points and refs)

ix. Sustainability of Cluster Approach (to be discussed in plenary)

The Cluster approach is a network and can only be as strong as volunteer inputs. Mainstreaming cluster lead posts into UNICEF budgets. Two person support team exists in order to support field clusters, global cluster and resource mobilisation. Request to review rapid assessment tool for initial assessments, as they are too long.

4. Update on Budget for CD Activities

a) Discussion - Budgeting (Leah Richardson, Global Nutrition Cluster)

- US $200,000 budget available for the capacity development activities. Project agreements should be approved by the end of year but activities can run into 2009.
- Technical support but no budget from global to country cluster.
- Country level funding appeals needs to look at including activities for coordination as well in order to receive direct funding for the cluster approach.
- Low capacity to respond to nutrition by implementing partners; but difficult to get funding as this is seen as a development activity as opposed to an emergency response.
- Need advocacy at higher level for in-country capacity building as well as commodity provision (CERF funds are product orientated). Should not be just supply-driven, but an emphasis on qualified personnel as well.
- Part I of HTP more focussed to raise awareness including donors. The Fact Sheet is an advocacy tool and so a small print run would be useful for donors and governments.

5. Update on the Capacity Development Strategy / Plan of Action

a) Update on the Capacity Development Strategy / Plan of Action (Hanife Kurt, Consultant)[27]

The goal of the CD Strategy is to improve the predictability, timeliness and effectiveness of comprehensive nutrition response to humanitarian crises (cluster approach). Capacity building gaps for NiE are due to inadequate resident capacity - competent nutritionists at national level that can be redeployed/employed in emergency; lack of competent nutritionist able to handle the specific demands of an emergency; lack of resources to address the skills and knowledge gaps of nutritionists in advance of a crisis and insufficient mechanisms to maintain those skills and knowledge outside emergency contexts. Also a lack of mechanism for incorporating capacity development efforts in the national development process; initiatives were often driven by outside forces and heavily dependent on external resources with minimal government commitment; frequently fragmented and short term initiatives; lack of meaningful commitment from governments to build, develop and sustain their nutrition capacities either due to lack of awareness on the role of nutrition and/ or limitation of financial resources.

Three pillars were identified for the Draft Plan of Action for the CD Strategy. The three pillars are as follows: -

4. **Emergency preparedness**
5. **Strengthening the foundation of nutrition**
6. **Real-time learning**

The presenter asked the following question:-
Are the outlines of the three implementation plans worth developing further into project proposals for submission to donors?

b) Questions & Comments on CD Strategy

C: Pillar 3: could be more opportunistic and use stronger agencies on ground to cross fertilise les experienced, provide learning sites

Q: Confusion over origin/development of capacity building strategy from Rome meeting and current strategy presentation

Q: Confusion: are we aiming for an action orientated strategy with activities and budget or a workplan or a proposal for donors to move forward.

A: Feasibility of having a capacity building focal point per country

C: Need political commitment for HR issues and salaries

C: Need change from UN and implementing partners: many international nutritionists entering country short-term but few in-country at national government level as often employed by NGOs etc ?undermine government rather than capacity build

C: Need to prioritise activities depending on country and context e.g. could be preparedness or working with universities

[27] Please see complete CD Strategy presentation in Annexe – Title 'Update on the Capacity Development Strategy for Nutrition in Emergencies - Draft plan of Action, IASC Global Nutrition Cluster'.

Q: Is the aim global or blueprint that can be adapted per country.

A: Maybe global blueprint with regional adaptations to reflect differences and needs, e.g. Africa has emergencies, very close, people in-country with skills.

C: Two groups: those already working in nutrition and need refresher training, others new with little skills i.e. through institutions so need to link and mainstream more into country and regional institutions and curriculae

A: Possibly combine pillar 1 and 2 in terms of timing; university linkage already going on.

A: Wording and packaging may need more work for donors and group/governance:
- E.g. change wording from emergency preparedness to disaster risk reduction.
- Maybe have broader strategy and divide bits across different funders and maybe use private sector too.
- Some donor interest…..use funding fuelled by hunger/food price crisis

Q: Lack of guidance in training material or strategy: how to disaggregate package of activities in planning for rapid onset emergency vs slow onset….prioritisation (also applies to rapid assessment tool)

The Way Forward for CD Strategy

1. We now have a global strategy with 3 pillars, which was endorsed by group so we should move forward from strategy discussions and not revisit.
2. Need to develop an implementation plan to make some priorities from under pillars and timeframe; part of workplan.
3. Need specific proposals to capitalise on donor funding, with clear objectives, activities, budget, on how can measure impact (e.g. not just numbers trained but impact measurement).

6. Feedback on Piloting the Harmonised Training Modules

a) Presentation – Anne Walsh-Valid International Piloting the Harmonised Training Package (Sri Lanka, Uganda, Somalia)

b) Questions & Comments on HTP

Q: Could we broaden "visuals" and training methods i.e. not PowerPoint and handouts alone; context specific e.g. role play, working groups, etc.?

Q: Piloted modules - could we use presentations already developed and link on website?

Q: Does package need to be split between managers and practitioners? No this depends on trainer.

Q: Can we update before printing?

Q: Can we fill gaps e.g. managing 6 months; more SMART in assessment module.

Q: Can we have more presentation mainstreaming in terms of layout etc?

Q: Can we have technical review and look at linkage between e.g. more SMART?

The Way Forward for Finalisation and Dissemination
Deadline: November 6th - 7th 2008 - University meeting

I Finalisation of Modules:
Review Process
Changes and additional content to be submitted between now and November.
Step 1: All comments/technical feedback to Valid by 26th September (request at plenary too)
Step 2: Small technical group for 2 days, with Carmel Dolan, Anne Walsh, Leah Richardson and Andy Seal. Request participation from SCUK. Meeting to take place in the first week of October in London.

II Housing and Updating HTP:
Possible Future Locations
UNICEF, ENN, Nutrition Works, WHO, Universities, SCN (interim)
Present Location
Cluster website initially (although, it is not an interactive website) and then review where it should be housed.

7. **Dissemination of HTP Modules: Press ready / Printing / etc. Carmel Dolan (Nutrition Works)**
   a) Questions & Comments on Printing of HTP Modules

Q: The format of material could be more user friendly for less experienced trainers, should be electronically available, security setting – possibly use PDF to protect and possibly print hard copies?

Q: Training - who are the trainers and do we need TOTs at regional level, for example?

The Way Forward

1. Graphic and layout review, especially parts 2 and 3 (quotes): either in colour, B&W or both.
2. PDF 1, 2 (as technically reviewed) but trainers notes more accessible/less security.
3. Burn CD Rom with all of modules.
4. Disseminate CDROM and article in key journals.
5. Notify SCN and Field Exchange, nutrition journals; with 1 page glossy flier for advocacy including agency acknowledgments (endorsement are too long). Save US are to send 1 pager example.
6. 3 quotes: FANTA 2 quotes (Gratzier Graphics Ultra Design) and Nutrition Works 1 quote (Platform 1). FANTA and Nutrition Works to follow up on quotes for graphics.
7. Develop a Concept Note in order to apply for funding from Nutrition Cluster. This is to be done after revision of modules and draft outline for leaflet.

8. Small print run for Part 1 in pull out folder with CD ROM (at back) and Advocacy and Module 1 a bigger print run (for cost effectiveness) for the university meeting.

8. University Network Meeting

a) Presentation - Sustainable NiE Training Programmes in Southern and Northern Based Universities - Andy Seal (ICH UCL)

The overall aim is to bring together partners (is a network feasible?), provide options for disseminating HTP, identify opportunities for academic accreditation of NiE training courses, explore ways to integrate academic training courses with field and OJT and create awareness as well as sell the products.

Outputs would be practical steps for creation of MoU for network and roles and responsibilities and draft funding proposal.

Workshop is to be held on November 6th-7th 2008 in Nairobi. There are going to be up to 40 Invitees – 15 from southern universities, 17 from northern universities and 17 from operational agencies. The Cluster is funding 30.

Background Paper - Fiona Watson

- Problem statement
- Overview of training initiatives
- Lessons learnt from past and present initiatives
- Key issues to address

Other Presentations from invitees

- Southern and Northern universities AFHAD, Tufts
- Operational agency and universities HELP ICRC
- NiE Module added to course University of Nairobi
- One off courses run by operational agency (?WFP)
- Training agency (Asian Development Centre)

Possible Models for a network:

- Model 1: work with existing international and regional networks (e.g. HELP PHCE)
- Model 2: establish a new network of southern and northern universities
- Model 3: establish a dissemination "hub" for HTP

Models for Collaboration - Requirements:

- Adequate start up funds.
- Financially sustainable business model.
- Establish and maintain academic quality.
- Link with operational agencies and governments (meaningful practical experience).
- Responsive to changes in technical knowledge and student demand.

- Effective market courses and any associated network.

b) Questions & Comments on University Network Meeting

C: Ensure quality and appropriate students

C: Build link between practical and theoretical ? internships

Q: Ensure complete database.

The Way Forward for University Meetings

Request 10% increase of existing PCA for the Universities Meeting to accommodate printing of Part I of each module and Module 1 for the meeting . NW to prepare.

9. CDWG Support to Cluster Countries – Caroline Abla (OFDA)

Do we need a TOR? Health Cluster TOR was used as an example.

a) Questions & Comments on CDWG Support

C: We have come a long way, but more awareness is needed at country level in order to create awareness of what the Cluster is and what it can do. Making regional offices aware of what can be done through the Clusters is still an issue.

C: Main gap still exists in explaining coordination, information sharing and support. Still need TOR that can define what can be done by cluster at global level.

C: A UNICEF Cluster Coordinator Technician would have liked more assistance with the management/coordination side. Cluster Coordinator training was helpful but was still not very practical.

C: Need to create demand and need a better system to increase communication. If Cluster is not functioning well it is the responsibility of the Cluster lead, UNICEF, to take action. BUT cluster partners must speak up and say so – otherwise they won't know. The accountability lies with the lead but it is the responsibility of the member agencies to bring it to their attention.

Q: What does the field need?

A: Need an indicator of performance so see if they need help for example in Somalia all the different nutritional products are being introduced and so help is needed with solving this. There is a need to harmonise guidelines to manage it all.

Q: Operational issues related to available resources. Role in monitoring use of different commodities discussed. On the Cluster Workplan (will come be discussed at Plenary).

C: Coordination and accountability should be two-way, i.e. from members to UNICEF (Global Cluster) and UNICEF should be able to contact member agencies if they aren't performing. These should be addressed at the next Cluster Coordination Training.

C: Ethiopia is an example of how the Cluster concept is a new term but coordination existed before, i.e. ENCU (Emergency Nutrition Coordination Unit).

The Way Forward on CDWG Support to Cluster Countries

Caroline Abla (OFDA) and Mesfin Teklu (WVI) will draft a TOR and circulate and can be used at next Cluster Coordinator training.

10. Discussion on CDWG Structural Modalities (rotating chairmanship, meetings, etc.) Leah Richardson (UNICEF)

Need to prepare a TOR for working group chairs and then ask for nominees or volunteers. The Chairmanship should be on a one year rotation basis. The agreement was that the Global Cluster team draft the TOR, request input from the current chairs, and call for nominations. Both CDWG chairs were ready to rotate.

The Way Forward for CDWG Structural Modalities

Recommend these modalities at Plenary and ask about the period of rotation. Nominees or volunteers will be requested via email once ToRs are complete.

11. Priorities and Workplan recommendations from CDWG for 2008 -9

	Activity	*Who*	*Cost*	*Time*
1	**Cluster Coordinators** • Maintain aim of 30 deployable Nutrition Coordinators *(note focus on coordination)* • Review status of current roster • Fill gaps		Same budget $120,000	June/Sept 2009
2	**Agree Dissemination and Roll Out Plan for Training Materials:** • HTP • NiE Toolkit • CMAM Module • SMART 2?	University network Capacity Building Specialist Subgroup required	Budget to be set	March 2009
3	**Implementation Plan and Proposal(s) for Capacity Building Strategy Completed and endorsed by CDWG**	Capacity Building Specialist CDWG	Budget N/A	January 2009
4	**Secure Funding for Proposals** *(Note more than one proposal so varying timelines)*	CDWG	$25,000	March 2009
5	**Ongoing Review of Tools and Impact Assessment undertaken:** (e.g. HTP, NiE Toolkit, SMART 2 CCT) Evaluation of impact Update/revise technical content (Find “housing” and strategy for sustainable maintenance /	Nutrition Works / Valid	TBC	

	ownership			
6	**Plan and Roll out of Training / Resources:** • HTP • Assessments/SMART 2 • Infant Feeding in Emergencies	University network UNICEF ENN NGOs	TBC	
7	**Develop Interim Operational Guidance on Appropriate Programme Responses / Products / Micronutrients in Emergencies:** • Harmonisation of guidelines • Include micronutrients Develop linkage with HIV sector etc • Ongoing funding of ongoing studies	?Cluster Coordinators		ASAP
8	**Build national capacity (UNICEF + Government) for cluster coordination (built on tri-cluster training) in acute crisis events. Two potential mechanisms to achieve this:** • Multi-cluster training event in-country • Nutrition specific training event in country/regional			
9	**University work……**	TBC	TBC	TBC
10	**Translation of HTP**	UNICEF Regional offices/ CD specialist	TBC	February-April 2009
11	**??SPHERE**			

Usage of US $200,000 before end 2008

Finalisation of HTP: 2 day meeting	Early October 2008	US $10,000
HTP –brief proposal developed • Coordinating body/person • layout/formatting (priority part 1 and module 2) • flyer • printing 23 + 50 copies for university meeting in Nov *(10% re-allocation Nutrition Works)*	November 2008	US $175,000
Meeting of CDWG with CD Specialist to review CD plan/proposals and AWG representatives to finalise workplan for 2009	End Nov/early Dec	US $15,000
Translation of HTP	?Start 2008 carry on until 2009	remainder
TOTAL		US $200,000

ANNEXE III

Acronyms for the Global Nutrition Cluster Report

DPPA = Disaster Prevention & Preparedness Agency

ENA = Emergency Nutrition Assessment Software

ENCU = Emergency Nutrition Coordination Unit

ENN = Emergency Nutrition Network

EWRD = Early Warning & Response Unit

FANTA = Food & Nutrition Technical Assistance

KFSM / KFSSG = Kenya Food Security Working Groups

MANTF = Multi-agency Nutrition Task Force

MoARD = Ministry of Agriculture & Rural Development

RAG = Research Advisory Group

RENCU = Regional Emergency Nutrition Coordination Unit

RUTF = Ready to Use Therapeutic Food

SCN = Standing Committee on Nutrition

SSS = Sentinel Site Surveillance

TAG = Technical Advisory Group

ANNEX IV – Participant List

	NAME	ORGANIZATION	EMAIL
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ANNEXE V – Meeting Agenda

16-18 September Meeting Agenda

Safari Park Hotel

Nairobi, Kenya

Tel: +254 20 3633000, +254 20 8562222

Day ZERO: Tuesday, September 16: **Parallel Working Group Meetings – Capacity Development WG** **Room: Paradise**		
09:00-09:10	Welcome/introductions/apologies	
09:10 - 09:30	Finalise meeting programme and objectives	
09:30 – 10:00	Review of Action Points from the Washington, DC meeting held in May.	Flora Sibanda-Mulder
10:00 – 10:10	Update on budget for CD activities	Leah Richardson
10:10-10:30	*Coffee Break*	
10:30-11:00	Update on CD strategy/plan of action	Hanife Kurt
11:00 – 11:45	Discussion on CD strategy	All
11:45 – 12:15	Feedback on piloting of HTP modules	Ann Walsh
12:15 – 12:45	Dissemination of HTP modules: Press ready/Printing/etc.	Carmel Dolan Hedwig Deconcik
12:45-13:45	*Lunch*	
13:45 – 14:15	University Network Meeting	Carmel Dolan Andy Seal
14:15 – 14:45	CDWG support to Cluster Countries	Caroline Abla
14:45 – 15:30	Capacity Development in Nutrition in Emergencies Priorities for 2008-9	
15:30-16:00	*Coffee*	
16:00-16.30	Workplan for 2008-9	CDWG
16:30 –	Discussion on CDWG structural modalities	CDWG

16:45	(rotating chairmanship, meetings, etc)	
16.45-17.30	Agree main points for presentation to plenary and presenters	CDWG

DAY ONE: Wednesday, September 17: **Global Nutrition Cluster Meeting (Plenary)** Room: Kumbayah		
Opening Session *Objective: "Setting the scene" – Background on the Global Nutrition Cluster*		
09:00-9:15	Welcome, Introductions and Meeting Objectives	*Bruce Cogill*
09:15-10:00	Update on Nutrition Cluster activities, newly funded proposals, and remaining budget	*Bruce Cogill,* *Leah Richardson*
10:00-10:30	*Coffee Break*	
Session 1 **Chair: Andrew Seal** *Objective: To appraise the Global Nutrition Cluster efforts to improve capacity to address nutrition in emergencies by reviewing ongoing cluster activities in capacity development.*		
10:30 - 11:30	Reporting Back from Capacity Development Working Group & Discussion	*CDWG representative*
11:30 – 12:00	HTP	*Anne Walsh*
12:00 – 12:30	Capacity Development Strategy for Nutrition in Emergencies	*Hanife Kurt*
12:30 – 13:00	Cluster Coordinator Training	*Leah Richardson*
13:00 - 14:00	*Lunch*	
Session 2 **Chair: Hedwig Deconinck** *Objective: "Putting it in context" – Application of the Cluster Approach*		
14:00 – 15:00	National Nutrition Cluster Lessons Learned and Constraints: Presentations and Panel Discussion from Kenya, Liberia	*Dolores Rio – UNICEF Kenya* *Henrietta Howard – UNICEF Liberia*
15:00 – 16:00	Support to Nutrition Cluster Lessons Learned and Constraints: Presentations and Panel Discussion from WCARO, Myanmar	*Robert Johnson – UNICEF West Africa,* *Bruce Cogill – Global Nutrition Cluster*

16:00 – 16:15	*Coffee Break*	
16:15 – 17:00	Humanitarian Response and Coordination Issues for the Region	*Laurent Dufour – OCHA Regional Office*
17:00 – 17:15	Wrap up	

DAY TWO: Thursday, September 18: **Global Nutrition Cluster Meeting (Plenary)** Room: Kumbayah		
Session 3 **Chair: KD Ladd** *Objective: To appraise the Global Nutrition Cluster efforts to improve Technical Guidance and Best Practices in Emergency Preparedness, Assessment, Monitoring and Surveillance of nutrition in emergencies by reviewing ongoing cluster activities.*		
09:00 -09:15	Review Day One and Objectives for Day Two	
09:15- 10:15	Reporting Back from Assessment Working Group & Discussion	*AWG representative*
10:15 – 10:30	*Coffee Break*	
10:30-11:00	SMART Meeting and Activities Update	*Santiago Alba - ACF Canada*
11:00 – 11:30	Management of Malnutrition in Infants Under Six Months	*Andrew Seal – ICH-UCL*
Session 4 **Chair: Mesfin Teklu** *Objective: Strategic Planning for Global Nutrition Cluster 2008-9*		
11:30-13:00	Priority activities for 2008-9 (small working groups of plenary participants) *Output: Discussion and formulation of draft global workplan*	
13:00-14:00	*Lunch*	
Session 5 **Chair: Allison Oman** *Objective: Highlight regional concerns and initiatives in nutrition in emergencies*		
14:00-14:45	Revitalizing Nutrition Information Systems in the Horn of Africa	*Peter Hailey – UNICEF ESARO*
14:45 – 15:30	IPC	*Grainne Maloney – FSAU*
15:30 –	ARTiculation Project - Update	*Jurgen Hulst –*

16:00		*UNICEF Supply Division*
16:00 – 16:15	*Coffee Break*	
Session 6 *Objective: To engage in interagency dialogue around the Continuity of the Cluster Approach*		
16:15 – 16:45	Global Nutrition Cluster Options for the Way Forward – Presentations	*Bruce Cogill*
16:45 – 17:15	Discussion	
17:15 -17:30	Closing remarks	