

**HEALTH AND NUTRITION TRACKING SERVICE (HNTS)  
STEERING COMMITTEE (SC)**

**Main decisions endorsed by the HNTS SC and minutes of the meeting**

*14 January 2009, Geneva*  
Centre for Humanitarian Dialogue

**ATTENDANTS:**

*Chairs:*

Paul Spiegel,

Bruce Cogill (excused)

UNHCR

Global Nutrition Cluster

*Steering Committee Members:*

Walter Van Hattum,

François Landiech,

MD. Alessandro Colombo,

Niels Scott/Alexis Hoskins,

MD. Rebecca Grais,

Frances Mason,

Ludovic Bourbé,

MD. Robin Nandy,

MD. Francesco Branca (replacing Bruce Cogill),

MD. Eric Laroche,

MD. Dominique Legros (replacing Ties Boerma)

ECHO

SIDA

IRC

UNOCHA

Epicentre

Save the Children

Action contre la Faim

UNICEF

Global Nutrition Cluster

Global Health Cluster

WHO

*HNTS Technical Secretariat:*

Pierre Salignon, Interim Project Director

MD. Xavier de Radiguès, Health Epidemiologist

Claudine Prudhon, Nutrition Epidemiologist

Chiara Doninelli, Administrative Assistant

**REGRETS:**

Brian Thompson,

Martin Bloem.

FAO

WFP

**Attached documents**

HNTS objectives 2009 PowerPoint presentation, by Pierre Salignon

## **MAIN DECISIONS ENDORSED BY THE HNTS STEERING COMMITTEE (SC)**

*14<sup>th</sup> January 2009*

### **1. HNTS - MOVING FORWARD**

The HNTS SC recognized the work achieved by the HNTS Technical Secretariat in 2008 and especially since last October 2008 with the appointment of the interim project director and the completion of the HNTS team.

The HNTS SC supported the current efforts of the HNTS Technical Secretariat to move HNTS forward, even if priorities need to be established with regard to the current financial resources of HNTS.

### **2. GLOBAL AND COUNTRY APPROACHES**

The HNTS SC agreed that the HNTS shall have a strong normative and global function, with a strong emphasis on operations and tracking activities at country level.

### **3. MORTALITY AND NUTRITION INDICATORS**

The HNTS SC agreed on the need for a core minimum set of nutrition and mortality indicators with the flexibility for additional ones when needed.

The HNTS SC agreed that other indicators could be integrated according to context while keeping in mind the core set of indicators.

The next Expert Reference Group shall validate the list of main indicators to be tracked by HNTS.

### **4. FIELD ACTIVITIES**

#### **a) Tracking activities in Eastern Democratic Republic of Congo (DRC)**

The HNTS SC validated the Democratic Republic of Congo as a new target country for HNTS implementation.

This implies:

- Establish field presence in Kampala, Uganda in first quarter of 2009 to support tracking activities in DRC;
- Explore possibility to base a junior epidemiologist in Goma and a senior epidemiologist in Kampala;
- Explore possibility of integrating HNTS epidemiologists in NGOs or other agencies already based in Uganda and Goma through possible secondary contracts;
- Explore potential support HNTS could give to FAO/IPC in Uganda and DRC;
- Assess potential ad hoc HNTS support in Uganda;
- Develop tracking activities and methodological support in DRC through possible collaboration with IRC or Merlin.
- Use Epicentre review of data in 2007 – 2008, possible retrospective mortality survey in Uganda (DRC refugees), and other activities to be developed;
- Possibility of organizing specific session tracking activities in DRC during next ERG meeting;
- Organize field visit in the region at end of February (HNTS project director to set up team)

The HNTS SC recommended first consolidating HNTS developments in DRC while considering the opening of second HNTS field base in second half of 2009 or 2010.

This second field base could be set up in a region like Chad, Sudan or CAR or in another region out of Africa.

The HNTS Project Director will come back to the SC members around the summer to propose options: SC members are encouraged to feed the TS with their ideas and suggestions.

#### **b) Other proposed activities**

##### *i) Review of data about Darfur, Sudan*

The HNTS SC proposed that a consultancy be conducted to review nutrition and mortality data in Darfur (like in Eastern DRC). Terms of reference need to be developed by the HNTS TS in collaboration with the SC.

##### *ii) Nutrition*

The HNTS SC requested the Technical Secretariat to further elaborate and prioritize nutrition activities, and also to work on partnerships with nutrition organizations.

The HNTS SC decided to support ACF and SCF proposal on the food crisis under specific conditions. It needs to focus on country(s) facing humanitarian crisis with, if possible, extensive international food assistance (DRC possibly). The role of HNTS will be specified in a revised proposal by ACF and SCF. HNTS would not be able to financially support this initiative but ready to cooperate technically, especially in one of HNTS pilot countries.

##### *iii) Cooperation with other data collection initiatives*

The HNTS SC decided to support the development of collaboration with agencies such as CRED, CDC and Epicentre on data tracking and analysis, and requested HNTS to explore possible support to existing initiatives such as, IPC/FAO, SMART, SPHERE, GHC/GNC... etc. The HNTS SC recognized the need to define priorities.

### **5. HNTS GOVERNANCE AND FINANCES**

#### **a) Finalization of a 2009 work plan**

The HNTS SC emphasizes that an agreement on a series of prioritized actions in a limited timeframe is required (through a prioritized 2009 Work Plan), in order to reduce the broad range of activities proposed by the Technical Secretariat and setup key priorities.

#### **b) Finances**

The HNTS TS should review 2008 expenditures and finalize financial and narrative reports for 2008 by the end of February 2009, to be presented to SC.

The HNTS SC requested the HNTS technical Secretariat to finalize a work plan for 2009 and annual budget by end of February 2009.

The HNTS SC suggested organizing a meeting of donors by the end of March/early April to present achievements of HNTS and discuss future financial commitments.

The HNTS SC suggested the HNTS Technical Secretariat to send a financial proposal to attempt to access pooled funds in DRC at country level and try to receive additional financial supports for HNTS development.

### **c) HNTS Governance**

HNTS SC reconfirmed that HNTS is an independent interagency partnership, currently hosted by WHO/HAC. This could be reassessed in the future if constraints developed.

HNTS SC recognized the importance of WHO/HAC support to move HNTS forward.

HNTS SC asked to be informed by Project Director if any issues ( e.g. about releasing data or about independence of HNTS) should arise regarding the hosting arrangement.

HNTS SC suggested that transparent, open rules of engagement between HNTS and other field organizations should be defined to facilitate the development of constructive partnerships.

HNTS SC supported a pragmatic approach at field level with strong collaboration when possible with all relief organizations and national authorities including Humanitarian Coordinator.

HNTS SC requested HNTS Technical Secretariat and its Project Director to be proactive in ways to engage with SC members, and if needed, to consult on urgent matter with the 2 co-Chairs and the Representative of Health Cluster.

HNTS SC requested the HNTS Technical Secretariat to explore the possibility of rotation of the members of the SC.

### **d) Communication and dissemination**

HNTS SC agreed to increase HNTS visibility and supported propositions made by TS to develop clear and simple brochure about HNTS activities and principles of functioning, provide quarterly news bulletins, and develop a website. Logistics and practical aspects will be explored by the TS.

HNTS SC supported the possible organization of a public symposium to share field experience and normative achievements among NGOs and UN agencies by the end of 2009.

### **e) Staffing**

HNTS SC was pleased to meet with completed HNTS team.

Recruitment of the health epidemiologist's position was finalized at the end of January 2009.

Project Director's position was kept open till 13<sup>th</sup> January 2009. The HNTS SC requested that a selection committee be organized in coming weeks integrating if possible HNTS SC members (Chair and Representative of the Health Cluster), respecting WHO Human Resources rules for recruitment. The SC suggested that a short list of Director candidates could be shared with SC-members.

### **f) Next SC meeting**

A date will soon be proposed by the HNTS Technical Secretariat for **next** June 2009.

<b>MINUTES OF THE HNTS SC MEETING</b>
14 <sup>th</sup> January 2009, Geneva

### **INTRODUCTION:**

Pierre Salignon, HNTS Interim Project Director, gave a presentation of HNTS, including a reminder of the goals, purposes and principles of functioning, an update on current status and an introduction to the 2009 Work Plan (See. PowerPoint Presentation attached).

### **Strategic Issues:**

*Five main strategic areas were identified and discussed:*

- 1. Establishment of global and country level activities;*
- 2. Indicators to be tracked (mortality, nutrition and additional indicators);*
- 3. Selection of crises for HNTS implementation at field level;*
- 4. Setup of key priorities and other activities;*
- 5. Governance and budget.*

### **1. ESTABLISHMENT OF GLOBAL AND COUNTRY-LEVEL ACTIVITIES**

Both global and country-level activities need to be established.

Field driven operations should be on a long term basis (minimum 1 year), in order to facilitate good partnerships (proactive and reactive) among all actors (HNTS, Global Health and Nutrition Clusters, Humanitarian Coordinator, local authorities, NGOs, WHO and other UN agencies), mobilize local resources and use existing surveillance systems in place. Data tracking should last as long as the crisis situation exists.

Limitations regarding the use of data whatever their quality, such as political sensitivity, limited operational capacity and political will to respond to established needs were acknowledged. Advocacy is central in the dissemination and use of data.

### **2. MORTALITY AND NUTRITION INDICATORS**

A short HNTS history excursus was made by specifying that original indicators defined in 2005 only included acute malnutrition and mortality rate in line with SMART initiative, together with indicators of coverage of health and nutrition activities. However, it was recognized that additional information are useful to interpret those indicators. Selection of meaningful indicators will depend on the crisis, with for example micronutrients, mental health and sexual violence as key information in some crises. Using a wealth of information to report about a situation might be more powerful than a one-shot survey, which can be more easily attacked, as it was the case for retrospective mortality surveys conducted in Darfur (2004), Uganda (2005) or DRC (2006). Therefore as a conclusion it was agreed that the number of core indicators has to be limited but flexibility is needed to adapt to different field realities. The next Expert Reference Group to be held in Geneva in February will be the opportunity to confirm priority indicators in complex emergencies.

### **3. SELECTION OF CRISES**

**a) Democratic Republic of Congo (DRC):**

It was agreed to choose DRC, and especially North Kivu, as a target country experiencing a chronic crisis with recurrent acute emergencies. The November 2008 field visit was a good starting point to assess field needs and opportunities for HNTS implementation. In addition, a critical review of nutrition and mortality surveys conducted in North Kivu over 2007-2008 will be carried out by Epicentre to provide a retrospective portrait of the impact of violence, and evaluate the strength and weaknesses of the surveys. The realization by Epicentre of a retrospective mortality survey among refugees from DRC newly arrived in Uganda could further inform about the impact of the most recent crisis in North Kivu. DRC should also provide a very good opportunity to explore new ways for getting information. For instance, by setting up prospective mortality surveillance, we could get data directly from the community and not limit ourselves to health facilities.

Field presence will be established in Uganda for support to DRC and further investigation in the region if needed. It has been suggested to put a junior field presence in Goma and a senior one in Kampala as regional support.

Uganda could also be a second targeted country of intervention, especially within the frame work of the Integrated Phase Classification (IPC) project led by FAO, which expressed its willingness to collaborate with HNTS. The IPC is also implemented in DRC.

For different reasons, it was decided to first concentrate on DRC and to provide ad hoc support to Uganda if needed. The support to the IPC project was supported by the HNTS SC.

**b) Chad/CAR/Darfur crisis:**

This area was proposed as a possible new area of potential intervention of HNTS. Although this crisis is recognized to be one of the worst and likely to further deteriorate, it was suggested to select a second target country in another geographical area, to avoid focus only on Africa. The selection of a different type of crisis might also be helpful to build HNTS experience (the similarities between this crisis and DRC raised the question of the added value for HNTS). Another concern is the workload: HNTS should first focus and concentrate on Kivu with concrete results.

However a review of nutrition and mortality surveys conducted in Darfur would be interesting. Terms of reference will be finalized by the Technical Secretariat in February.

The choice of a second country of intervention will be further discussed in mid-2009.

**4. SET UP OF KEY PRIORITIES AND OTHER ACTIVITIES**

**a) HNTS and nutrition**

Claudine Prudhon gave a short presentation about HNTS potential activities in nutrition at global and country level. The Nutrition Cluster representative stressed that the nutrition component of the HNTS has to be strengthened, including representation at the ERG. Key activities in nutrition should be prioritized and related projects of the stakeholders involved in nutrition further investigated in order to avoid duplication and strengthen synergy. An important aspect to be also developed is information dissemination, avoiding overlapping and double gathering of data (for example with CRED). It was

reemphasized that nutrition data can be extremely sensitive, and that advocacy should be a strong component of the process of dissemination.

Frances Mason presented a joint Save the Children (SC) and Action contre la Faim (ACF) proposal for monitoring child nutrition within the context of the global crisis, which is one of the major crises of the moment. The aim of the project is to investigate the role of the global food crisis on trends in nutritional status and households' purchasing power. Save the Children and ACF are interested in having the support of the HNTS in terms of expertise, to add credibility to the project and achieve high impact of advocacy to top policy maker, and funding. This proposal has the support of David Nabarro, coordinator of the UN High Level Task Force on the Global Food Crisis, who also visited HNTS asking for assistance in documenting the nutrition aspect of the global food crisis. Martin Bloem from WFP also encourages further development of the proposal.

It was felt by some HNTS SC members that this proposal might be outside of the scope of HNTS. A compromise could be that HNTS is involved in the design and fine-tuning of the methodology through a first survey in a country of relevance to HNTS (as is DRC) but not in the scaling-up of the project in other countries. It might, however, be more difficult to ascertain the role of the global food crisis in a situation of humanitarian emergency. For several reasons, financial contribution of HNTS to the project can not be considered as HNTS is not a funding agency. However, technical and methodological support could be provided by the HNTS Technical Secretariat and ERG.

#### **b) Communication and dissemination**

Communication needs to be very open and transparent to prevent any misleading discussion and give feed-back about HNTS activities and technical discussions.

To increase HNTS visibility, several propositions were made such as a clear and simple brochure, quarterly news bulletins and development of a website (which will require regular updates). The need to develop simple explanation on the meaning of nutrition and mortality indicators to media and policy makers was also mentioned. Contacts with ReliefWeb and the IASC Website should be developed.

The HNTS SC also supported the possible organization of a public symposium to share field experience and normative achievements among NGOs and UN agencies by the end of 2009.

#### **c) Building partnerships**

Possible collaboration with agencies such as CRED, CDC and Epicentre, and data collection initiatives - partnerships such as SMART, Sphere Project, the IPC must be further investigated in the coming months.

Regarding Sphere, the Health Cluster has a working group on health indicators for the on-going revision of the Sphere Handbook. A member of the HNTS could join the group.

The revision of the nutrition chapter of the hand book is led by Save the Children who will keep the HNTS in the loop.

Collaboration with SMART will be further explored with the collaboration of the Nutrition Cluster coordinator and the support of ACF.

Contacts will be also developed with the Red Cross Movement.

#### **d) Expert Reference Group (ERG)**

The first ERG meeting will be held in Geneva on the 17<sup>th</sup> and 18<sup>th</sup> of February 2009.

The ERG is made of experts in distinct areas i.e. health/mortality, nutrition, humanitarian emergency/epidemiology, demographers to cover main expertise required in dealing with surveys/surveillance/monitoring. ERG was felt to be too much Western oriented, although attempts were made to have a more world wide representation. Efforts in this sense should be pursued.

The proposed agenda of the forthcoming ERG meeting was briefly discussed and will be circulated to ERG and Steering Committee members for comments and suggestions.

It is planned that technical as well as organizational aspects, especially regarding the availability of members to support HNTS activities such as peer review function, roster and help desk, will be discussed. A specific session will focus on tracking activities in DRC.

## **5. GOVERNANCE AND BUDGET**

### **a) Finalizing the 2009 work plan**

The HNTS SC emphasizes that an agreement on a series of prioritized actions in a limited timeframe is required (through a prioritized 2009 Work Plan), in order to reduce the broad range of activities proposed by the Technical Secretariat and setup key priorities.

Main HNTS objectives within the next months should primarily be tracking and validating data in DRC and seeking additional funding.

### **b) Independence of HNTS**

WHO is pleased to host HNTS as an evidence-based project. HNTS, as an inter-agency group, is independent from WHO - only hosting the project - in order to grant impartial collection and release of data. No interference has been experienced so far and WHO has been providing strong support to HNTS lately. For further insured independence, it was suggested that HNTS guiding principles should be stated in writing.

Concerns about independence could also arise at country level. To setup the easiest relationship with local actors, presence could be established through a variety of actors such as WHO, OCHA, IPC and NGOs, depending on the context.

A field visit has to be carried out to meet different local entities and get a better assessment.

### **c) HNTS Governance**

There was a suggestion by the Interim Project Director to explore the possibility of establishing an Executive Committee, which would oversee the implementation of activities and support the Technical Secretariat. After discussion, no need for such a Committee was identified. It was suggested HNTS co-chairs (including representative of the Nutrition Cluster) and representative of the Health Cluster should be the day-to-day interlocutors of the project director, especially if important decisions need to be taken between SC meetings. A rotation of Steering Committee members was also suggested.

There was a strong commitment to organize 2 SC and 2 ERG meetings per year.

Next SC meeting could take place in June.

### **d) Staffing**

The HNTS team is currently completed with a (interim) Project Director, a Health epidemiologist, a Nutrition epidemiologist and an administrative assistant.

Recruitment of the Health Epidemiologist for one year period starting end of January 2009 was recently finalized.

The Project Director position has been advertised but the recruitment process might be long. In the meantime, there is a need to avoid a gap in the position. The contract of the interim Project Director will end the 30<sup>th</sup> of March 2009. The selection process should respect WHO rules for recruitment and integrate HNTS Steering Committee members.

#### **e) Finances**

Current funding is insufficient to support proposed activities towards the end of 2009 as it will only cover staff costs for about 1 year. It was noted that staff cost to support field operations represented the major part of the budget in 2008.

Additional funding is *urgently* needed and will actively be sought after finalization of the 2009 budget and work plan.

A proposal to organize a donors' fundraising meeting by the end of March/beginning of April was made, where HNTS would present achievements so far and vision at the horizon of 2010-11.

SIDA and ECHO will look for funds to support HNTS project, in particular field activities. Funding from the pooled fund in DRC could also be explored.

HNTS - Steering Committee, 14 January 2009 Meeting minutes and decisions