



## Dear readers

Since its inception over ten years ago, the Global Nutrition Cluster (GNC) has progressed from its early focus on the development of technical tools and materials and filling research gaps to a much greater emphasis on strengthening country coordination and providing surge support to secure appropriate and high-quality nutrition programming in emergency contexts.

As well as the changes evident at country level, the GNC has very strong strategic partnerships with its members. Referred to as the GNC Collective, members are guided by the GNC Standard Operating Procedures and a small elected group serve as representatives on the GNC Strategic Advisory Group (SAG), which helps guide priorities and positioning of the GNC within the wider architecture. Today the GNC has 44 partners (including ten observers) contributing their time and efforts, often freely. Without them, the Cluster would not be able to achieve the progress evident today.

The ambitious GNC Strategy (2016-2020), summarised in this issue of *Field Exchange*, and the related work plan guide the work of the Collective. Indeed, a review of the previous GNC strategy concluded that strong partnership was most evident where partners led aspects of the work plan in line with their respective strengths and skillsets. Maintaining and growing this commitment is always a challenge, however, as much of the work of the Collective relies on the continued goodwill of the individuals representing their agencies and organisations – with an uneven distribution of the workload that is perhaps inevitable.

When an emergency is declared, several immediate steps are taken by the GNC. First, there is the deployment of the stand-by surge capacity, either for coordination or for technical support or both, depending on context. Two valuable rapid response mechanisms have been developed to meet need: Rapid Response Teams (RRTs) that provide coordination and information management 'surge' support and an inter-agency Nutrition Technical Rapid Response Team (Tech RRT), funded by the Office of US Foreign Disaster Assistance (OFDA) (see article by Andi Kendle in this issue), that provides



Child being weighed in an outpatient therapeutic feeding programme in Dalxiiska IDP settlement, Kismayo, Lower Juba, Southern Somalia, 2017

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rapid, flexible, nutrition technical expertise. Both are vital cogs in the Nutrition Cluster wheel as they provide immediate support for national coordination and the design of technical programmes and they help strengthen national capacities. Surge is a support, not a substitute, for longer-term Nutrition Cluster Coordinators (NCCs) and Information Management Officers (IMOs) – a vital partnership in coordinating the 4Ws (Who, What, When, Where) – and an incredible resource at the heart of the Nutrition Cluster. In addition to these key on-the-ground personnel, the GNC manages and staffs a 24-hour helpdesk, which provides country teams with immediate support; be it in soft skills (coordination, advocacy, etc) or in technical resources (survey design, access to global or normative guidance, etc).

The GNC also has key overarching documents which guide its focus and work. These include an Advocacy Framework and tool kit, a Framework for Accountability to Affected Populations (AAP), a Framework for fostering linkages with the Scaling Up Nutrition (SUN) Movement in fragile and conflict-affected states (FCAS) and an emerging inter-cluster collaboration with the Food Security Cluster (see news item in this issue of *Field Exchange*). Together, these are all steps in the right direction in terms of better linkages with global initiatives and other clusters.

The AAP has built on and more formally recognised the work done over the past ten years, which is to ensure that affected populations are consulted and that they participate throughout the response, so they are not passive recipients of aid but active stakeholders in the

shape and design of programmes. We see AAP in action in Somalia, where the Nutrition Cluster has led development and adoption of an AAP Framework and where pooled funding is now contingent on minimum AAP implementation, and in South Sudan, where partnership and accountability cut across all cluster activities and are crucial to programme quality.

GNC work is enabled by constant developments in information management, which has involved toolkits to help standardise the use of information across the Nutrition Cluster – although how information is managed between clusters is an ongoing challenge. Knowledge Management (KM) is another cross-cutting activity and crucial to the GNC in order to capture what is working well and identify where change is needed. The body of work reflected in this issue has involved considerable support by ENN to help NCCs unpack, dig into and document their wealth of insights and experience through 2016 and 2017. The engagement of NCCs in this process in the face of huge operational demands, and the quality and number of articles in this special issue of *Field Exchange*, are testament to the desire by NCCs, IMOs and RRTs to share their learning.

Despite all these achievements, the GNC faces a number of challenges and opportunities as it looks towards the next decade of emergency coordination and response in a rapidly changing global architecture.

It is apparent that there is a limited understanding among donors and other actors of the impact the Cluster is having, as evidenced by the gradual decline we are seeing in the

financing of the GNC work plan (see below). There is now an urgent need to better showcase the vital work going on in countries, particularly as we are facing an unprecedented number of emergencies that are often chronic in nature and span years. We share experiences from Somalia, South Sudan, Ethiopia and Syria in this issue; all have featured in our pages many times before.

Added to this, we are witnessing a profound deterioration in the nutrition status of populations in FCAS contexts which, if left unchecked, will prevent the realisation of important global targets for reductions in malnutrition. The application of cluster coordination performance monitoring (CCPM), rolled out in several countries, captures some of the impact story but this, too, needs to be better documented and more widely shared. There is also a need to develop and ensure more robust monitoring and evaluation.

While the GNC has an ambitious strategy, to realise it we need to ramp up strategic-level engagement with the other clusters (Water, sanitation and hygiene (WASH), Health, Food Security/Cash, etc), development actors, UNICEF as Cluster Lead Agency (CLA) and donors, as well as with local actors and governments. Central to this is a need to focus on preparedness, contingency planning, the humanitarian-development nexus and support for workable models of coordination, with greater support for strategic decision making in 'forgotten' and complex crises.

Many of these elements are touched on in the articles in this issue. In Ethiopia and Nigeria, NCCs describe alignment with and capacitating existing government sector coordination mechanisms; preparedness, contingency planning and longer-term 'development' goals are a pri-

ority in the Turkey cluster-led, cross-border response in Syria; while strategic planning has been taken to a whole new level through the Whole of Syria (WoS) coordination mechanism established in Jordan that constitutes one comprehensive framework, a common response plan and a supporting coordination structure across three operational hubs (Turkey, Syria and Jordan).

We also need the CLA to take a greater leadership role in technical support for the Nutrition Cluster and implementation of the structures for technical leadership, with broad-based engagement from GNC partners. By doing so, it will enable the GNC to focus on the wider strategic engagement needed to deliver on the recent global pledges and targets as set out in the Grand Bargain, the New Ways of Working, the Sustainable Development Goals, World Health Assembly targets and other initiatives which call for much greater linking of humanitarian and development efforts and for greater localisation.

In this special issue of *Field Exchange*, the 18 articles by NCCs, IMO and RRT staff aim to share the work of the Nutrition Cluster across widely varying and challenging contexts. These articles provide frank, open and honest accounts of their achievements as well as the critical barriers that need to be addressed and overcome through actions taken by the GNC, the CLA and all those concerned with protecting the nutrition status of populations living in emergency contexts. This is KM in action: it delves deep into country experiences, it examines context-specific experiences and it helps the GNC to see what we are doing well, what we need to do better and what we need to do differently. The following highlights some of the common themes from these articles.

*Firstly, are we focused on the right nutrition problems?* Looking at the history of the GNC, the default nutrition problem we have focused on is the treatment of acute malnutrition. This is highly appropriate in contexts where prevalence of global acute malnutrition (GAM) has increased or is in danger of increasing, such as in the famine-risk countries of Somalia, Yemen, South Sudan and Nigeria highlighted in this issue, but what about other high-impact interventions, and what do we do when faced with populations with low levels of acute malnutrition but high levels of anaemia, stunting, non-communicable disease, low prevalence of breastfeeding and sub-optimal infant and young child feeding (IYCF) practices in general? Over the many decades of emergency response, our default has been to treat acute malnutrition (we call this "the GAM ghetto"). The narrative hasn't changed, yet the contexts in which emergencies are taking place has and the nutrition problems that populations present with are as diverse as the contexts they live in. We have been unwittingly shooting ourselves in the foot by not having changed the narrative to ensure the coordination and delivery of a package of high-impact, nutrition-specific interventions.

The experiences shared in this issue show some progress. For example, stunting and IYCF feature strongly in the three-year strategy of the Turkey Nutrition Cluster, but what are considered 'life-saving' interventions dominate. In order to effect change in our story, we need different partnerships at global and local levels to have the capacity to deliver and, in turn, a reorientation of staff at various levels. Changing the narrative is one step, but how we advocate to donors to fund more comprehensive packages of nutrition interventions while ensuring the partner skillset needed to scale up these interventions is a work in progress.

A recent look at 20 humanitarian response plans over a two-year period showed that, in all contexts, treatment of acute malnutrition is systematically included – unlike the rest of the high-impact nutrition interventions. NCCs describe significant barriers with donors and with government, such as in Turkey and Syria, to accommodating a more holistic approach to nutrition in emergencies (NiE), with any progress eventually achieved being through determined cluster advocacy. Getting ourselves out of the GAM ghetto is going to be a significant challenge.

Next in line with treatment of acute malnutrition is the focus on infant and young child feeding in emergencies (IYCF-E). In many countries, our response is typically to issue a joint statement on IYCF-E, but we struggle to implement the full range of IYCF-E activities;



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i.e. from promotion, protection and support of recommended feeding practices to supporting the policy environment, including Code violations, and supporting mothers who do not breastfeed. Even in countries where one would expect a strong IYCF programme to be in place before a crisis hits, it has been necessary to deploy a Tech-RRT to produce a strategy and develop plans for a comprehensive IYCF package. In fact, across the range of experiences shared by the Tech-RRT advisors in this issue across many different contexts, IYCF was the dominant technical support 'ask' from the Collective. This raises questions about leadership and accountability to ensure a comprehensive IYCF-E response that should be grounded in preparedness planning; arguably, the only difference between IYCF-E and IYCF is the context. Several partners have developed tools and have been building capacity on IYCF-E, but there is still limited capacity among implementing partners and NCCs for the effective integration of IYCF-E programmes. Part of the problem may be poor appetite to invest in IYCF programmes in emergencies because they are viewed as preventative and not urgent, an issue raised in experiences in Iraq and Syria. This raises a further issue: without programmatic capacity to scale up (and down), cluster coordination loses its meaning. How can we be predictable in all technical areas and use the specific capacity of global partners effectively and strategically to strengthen capacity at country level in order to deliver a package of interventions at scale? How can we ensure that, when short-term technical surge is necessarily deployed to support the Collective, there is continuity with what has gone on before and follow-through on what happens afterwards, and what is the CLA responsibility in this regard?

*Secondly, how do we enable multi-sector activities?* In recent years, there has been much global and country-level emphasis on multi-sector approaches to prevent stunting and micronutrient malnutrition, and more recently attention has also been shifting to the double burden of undernutrition co-existing with overweight and obesity. Facilitating stronger linkages with other sectors is a challenge in stable contexts, so it is not surprising that the humanitarian community is also struggling with this way of working.

The four famine-risk countries are trying to do this (see experiences from South Sudan, Yemen, North-eastern Nigeria and Somalia in this issue, sharing their responses to the mid-2017 Rome Call for Action to prevent famine through inter-sector action), but the country-level efforts need agency-wide commitments and global-level direction and support to make

it a reality. Many agencies house the relevant sectors, such as Food Security, WASH and Health, and it is here where the discussion on integration is needed which is slowly happening. For example, an article by WHO describes internal reform around nutrition and health in emergencies within the agency and this sets the policy framework for a more operational approach, with nutrition integrated into health goals; we look forward to seeing how this unfolds in programming. The questions are, can it progress faster, who leads this vision and how can government and operational partners be brought on board to apply the approach quickly?

*Thirdly, coordination needs a strong sector to embed emergency preparedness, response and transition.* Over the past ten years, particularly across protracted emergencies, coordination, whether in countries with an activated cluster or in sector-led settings, the cluster has been filling a critical gap. This is because, with few exceptions, there are no strong sector coordination mechanisms that embed the coordination of NiE and support the coordination and scale-up of response to emergencies when needed, then scale down the response when the situation improves. This is reflected in the findings of a review commissioned by UNICEF in 2016 to examine what is needed to operationalise transition of cluster coordination structures into national coordination platforms – less than one third of clusters had transitioned to deactivation, despite guidance on how to transition out of cluster-led coordination. We see prime examples from South Sudan and Yemen in this issue, where cluster coordination is central to the coordination of response and with no prospects of deactivation or transition. The authors of the review propose working principles to link emergency and development coordination, based on government leadership and support, a systems approach and capacity-gaps analysis, whereby emergency coordination is embedded within sector nutrition coordination and phasing out of support is determined by changing context and competencies.

The challenge is to operationalise such thinking and there are promising working examples to draw on. In the absence of an existing sector coordination mechanism, the GNC often works in countries to build longer-lasting coordination capacity, as well as the mechanisms needed for emergency response. Kenya, Ethiopia and North-eastern Nigeria are three countries where emergency coordination is embedded in government and investment is made by both government and the CLA to maintain this capacity. Ensuring this happens across a much larger number of countries is a key focus. Indeed, in SUN Movement countries which may have multi-stakeholder platforms and plans, embedding

nutrition preparedness needs to be a key activity, particularly in FCAS and countries prone to large-scale natural disasters.

The article from North-eastern Nigeria is an example of a government decision to avoid the formal activation of the cluster mechanism (as it was seen as a sign of government failure) and instead adopt a sector coordination mechanism, with stronger government leadership with support from the CLA. If this is a growing trend, we need to better document these developments and influence the Inter-Agency Standing Committee discussion on how we classify the various contexts that are emerging and how the Nutrition Cluster can support and engage with them.

*Fourthly, localising nutrition response and delivery: The new paradigm.* The commitment to promote responses that are both "as local as possible" and "as international as necessary" underpins one of the new targets set out in the Grand Bargain. Localisation is the process by which the humanitarian response is reconfigured to meet this collective commitment. There are times when local actors may be overwhelmed by the scale or complexity of the humanitarian crisis and/or may be confronted with technical and/or institutional capacity, access or resource constraints. There may also be other reasons why local actors are unable or unwilling to adhere to humanitarian principles (particularly if they are party to a conflict, are perpetrating human rights violations or are compromised by their actual or perceived political or other affiliations). In these cases, the international community would respond – as much as necessary. However, at all times, local and international actors are expected to continuously review their involvement and contributions and ensure that they remain in line with the principle – as local as possible, as international as necessary.

One of the core cluster coordination functions is to strengthen local capacities to better prepare and respond to the humanitarian needs, while the cluster partners and the CLA, as well as the operational partners, have a role in ensuring technical capacity before, during and after an emergency. Although the GNC does not have a formal position on localisation, there are actions that we collectively need to take, while we also have examples that can support our actions.

In Ethiopia, for example, most nutrition interventions are delivered through government structures; therefore a different role is required to the one used in the past. On the other hand, in South Sudan there is weak government and minimal or no existing structure. Ideas about what is needed to scale up response in these

contexts and the countries that fall between the two extremes are evolving, as responses will differ according to each context. There is therefore a need to reorganise our support to local actors in a way that is well researched and planned. In South Sudan and Somalia, consolidated humanitarian funds (pooled funds) are being used to support/fund local non-governmental organisation (NGO) delivery services, although this is a funding arrangement and not systems building. We need a system that capacitates local NGOs to actually write proposals and implement quality programmes based on strong systems of financial and project management. We also need to explore systems of peer support (e.g. pairing of local NGOs with international NGOs) and to identify what is needed to develop capacity and build programme quality. Capacity development works both ways: local agencies are a rich resource of local knowledge and have good access to affected populations. They have been the cornerstone of humanitarian response in contexts like Somalia and Syria. The Nutrition Cluster may need to champion local agency participation in response as sometimes local partners are given less credence by government than international partners. Local NGO roles should not be limited to programme implementation – if organised in such a way, they could be capacitated and empowered to ensure they lead the response coordination, not just the grass-roots service delivery. A good example comes from Turkey, where 30 out of 36 cluster members are local agencies and a Syrian national NGO is cluster co-lead. At global level, we need to support countries to do the following: 1) Map existing coordination mechanisms and avoid creating parallel mechanisms; 2) Understand local

response capacities and gaps and continuously assess what is possible and what is necessary; 3) Model and broker an appropriate balance in local and government leadership and decision-making structures within the cluster setting at country level; 4) Identify capacity needs and document and share learning and initiatives that take the capacity needs of local actors into consideration.

*Fifth and finally, after ten years of adding value, the GNC faces unparalleled resource constraints.* The funding situation of the Nutrition Cluster has undergone gradual decline from 2010 onwards, with eight regular donors between 2006 and 2009 to a current three donors per year since (including the CLA). This drop in funding is due partially to the policy of a number of donors, who have asked the CLA to mainstream cluster positions (which has been done) so it is not all bad news. Indeed, out of the 21 countries supported by the GNC, about 18 positions have dedicated cluster coordinators, many of whom are on fixed-term contracts thanks to advocacy and the response of UNICEF in those countries. However, there is no funding to recruit for the other RRT/Tech-RRT positions, the helpdesk – or, indeed, to make real progress on the GNC work plan activities. The GNC is now facing its biggest funding shortfall since its establishment, threatening the very solid ground on which it stands – at a time when we have more emergencies and more complex contexts, and greater ambitions to link humanitarian and development systems, foster multi-sector actions for greater integration, and grow in-country capacities for localisation. Sometimes you only appreciate what you have when it is missing. Compromised information management, duplicated effort,

service gaps and lack of attention to nutrition are just some of the problems that characterised the cross-line, cross-border operations in Syria before the Nutrition Cluster was eventually activated there and in surrounding countries. These problems were captured in a special edition of *Field Exchange* in 2016<sup>1</sup>; in this special issue of *Field Exchange*, we feature material that shows the added value of nutrition cluster coordination in these very same countries.

A key challenge for the CLA is how it can help articulate the funding deficit and advocate for it to be filled to protect these gains and help ensure a cluster fit for purpose in the changing global landscape. An ENN blog<sup>2</sup> following the GNC 2017 Annual Meeting stated: “We refer you to the 1996 Great Lakes Evaluation if you need reminding of how bad it was pre-humanitarian reform. We therefore have a very simple message ‘SAVE OUR NUTRITION CLUSTER.’

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*The findings, interpretations and conclusions in this editorial are those of the authors. They do not necessarily represent the views of UNICEF, its executive directors, or the countries that they represent and should not be attributed to them.*

<sup>1</sup> [www.ennonline.net/fex/48/perspective](http://www.ennonline.net/fex/48/perspective)

<sup>2</sup> [www.ennonline.net/mediahub/gncannualmeeting](http://www.ennonline.net/mediahub/gncannualmeeting)



### Dedication to Leo Matunga, 31.01.1977 - 21.05.2017

In recognition of the dedication of Leo Matunga, Nutrition Cluster Coordinator, who died in May 2017, we dedicate this special edition of *Field Exchange* to his memory. His huge loss, personally and professionally, are reflected in the words expressed by Josephine Ippe, in a condolence book compiled for his family and shared here.

*My Dear Brother Leo,  
I saw the potential in you back in 2005 when we recruited you in UNICEF as part of my Nutrition Team based in El Fasher, in Darfur, Sudan. You have since then been more than a colleague to me. We have shared and celebrated each other's technical achievements and talked about our personal challenges over the years. I have been involved in your move from Sudan to Pakistan, Somalia and Afghanistan and I have seen you grow professionally and personally in all aspects of life. Your dedication, hard work and professionalism brought you this far. You were and you will continue to be the best humanitarian worker we have had. Since the day of your passing, the outpour of condolences received from the Global Nutrition Cluster partners, UNICEF staff and others, including donors all over the world, is a demonstration of your good work. I will personally ensure that your good name and work lives on. Goodbye my baby brother, until we meet again, when my own time comes.*

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