**By Isabelle Modigell and Tanya Khara**

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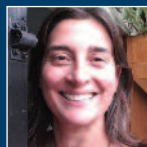
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*This article shares the findings of several studies and reports (referenced herein) and is framed around interviews conducted by ENN to capture learning to date on the process of developing the GTAM. The views expressed here are those of the authors themselves and do not necessarily represent the views of UNICEF or other organisations.*

# Global Technical Assistance Mechanism for Nutrition (GTAM): The story so far

**Location:** *Global*

**What we know:** There is a longstanding demand for predictable, accessible technical assistance on nutrition in emergencies (NiE) for country practitioners.

**What this article adds:** The Global Technical Assistance Mechanism for Nutrition (GTAM) is a global mechanism endorsed by over 40 Global Nutrition Cluster (GNC) partners which is being built to facilitate provision of timely, predictable NiE technical assistance at country level. The GTAM core team (GTAM-CT) comprises UNICEF (lead), World Vision International (co-lead), the Technical Rapid Response Team (Tech RRT), the GNC Coordination Team, GNC Technical Helpdesk and ENN (knowledge management). Leveraging what already exists wherever possible, efforts centre around three 'pillars' to fill identified gaps: (1) provision of technical advice to support implementation of normative guidance (in collaboration with ENN's online platform en-net); (2) development of consensus-driven interim guidance where there is none (through existing or new Global Thematic Working Groups (GTWGs) and the World Health Organization); (3) provision of specialised technical expertise to countries (in collaboration with the existing Tech RRT). Numerous processes and discussions have influenced the conceptualisation and setting up of the mechanism over several years, enabling broad participation and ownership by the GNC collective. Current priorities are finalising practical details for implementation phase, developing a strategy to sustain the initiative, and formalising links and ways of working with existing bodies.

The Global Technical Assistance Mechanism for Nutrition (GTAM) is a common global mechanism endorsed by over 40 Global Nutrition Cluster (GNC)[1] partners to provide systematic, predictable, timely and coordinated nutrition technical assistance in order to meet the nutrition rights and needs of people affected by emergencies. As the GTAM's build launched this year, we take a look in this article at how and why it came to be, with the help of some of the people who have been involved in the journey so far.

## Origins of the GTAM

The conception of the GTAM can be pinpointed to the GNC annual meeting in 2015. Discussions at this meeting highlighted issues around operational 'grey zones' (technical areas of nutrition in emergencies (NiE) for which there is no normative guidance) and limitations in technical operational capacity, which at the time arose in emergencies in the Philippines, Ukraine and Syria. Consequently, a decision was taken to reassess and more clearly define the GNC's technical role. Space previously existed at the global level to identify and grapple with technical issues in the form of the NiE working group of the United Nations Standing Committee on Nutrition

(UNSCN). However, this group ceased in 2008 and, although the GNC became operational around the same time, there was a lack of clarity on the GNC's technical role compared to its clear mandate with respect to coordination and information management. In its early years, the GNC provided some technical support, in particular through technically-oriented working groups, and actively advocated for the re-establishment of a technical space, although unsuccessfully. However, a governance review in 2013 recommended that the GNC turn its focus firmly towards its core functions of coordination and information management (Gostelow, 2013). Josephine Ippe, former GNC Coordinator, stated in interview,

*"I knew even then that when the governance review talked about the GNC, it was referring to the Coordination Team (GNC-CT), not the collective. You can't talk about the collective not having a technical role; it's impossible when what you are implementing is technical."*

Unsurprisingly therefore, just two years later, it was widely agreed that, while the provision of technical support was outside the scope and capacity of the GNC-CT, the GNC as a community

does have a role in the provision of technical support, and that a collective agreement was needed on exactly what that role should be. Two papers (Le Cuziat and Frize, 2015; Richardson and Ververs, 2015) were subsequently commissioned by the GNC-CT to evaluate the support provided by the GNC to national coordination platforms, the GNC's collective role in providing technical support and how best this role could be supported. Specific gap were highlighted by both papers; one of which concluded that:

*"The NiE sector is missing an overarching technical platform which can provide strategic direction on how to prioritise and address technical capacity gaps at country level."* (Le Cuziat and Frize, 2015).

Specific gaps identified by the papers and subsequent discussions with GNC partners related to insufficient on-the-ground expertise to translate existing guidance into practice; a lack of predictable processes to address technical areas where no normative guidance exists; and an absence of leadership and coordination for the provision of NiE technical expertise to countries.

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[1] The Global Nutrition Cluster (GNC) is a partnership of international non-governmental organisations (NGOs), the Red Cross and Red Crescent Movement, United Nations (UN) organisations, and donors and individuals

GNC members recognised that, in today's rapidly changing humanitarian environment, responders are increasingly facing emerging issues for which there is no normative guidance, or for which existing guidance must be adapted to a new context. The growing complexity of emergencies means that clarity and coherence is essential. Britta Schumacher, World Food Programme (WFP) and former Task Force member, stated:

*"It's the exceptional circumstances that generate lots of questions; they are the instances where practitioners get stuck, when there is no evidence or experience available, and guidance is needed."*

The frustrations felt by practitioners on the ground who "needed guidance yesterday" had often been shared in GNC meetings and calls. For example, the 2014 Ebola virus disease (EVD) outbreak required clarity on the nutritional care of EVD-infected patients[2] and on breastfeeding in the context of EVD,[3] highlighted on Emergency Nutrition Network (ENN)'s en-net forum. Although, in this high-profile instance, willing partners (World Health Organization (WHO), ENN, UNICEF and others) quickly came together to produce rapid interim (and subsequent WHO normative) guidance, a systematic mechanism was lacking that could track and tackle emerging and unresolved technical issues. GNC partners felt that an overarching mechanism could remove the need for the (often slow) process of forming new structures to tackle each emerging challenge and increase confidence in outputs developed through a clear, transparent and predictable process.

Partners also recognised the existence of longstanding, unresolved issues discussed by the international community for many years (the weight-for-height versus mid-upper arm circumference (MUAC) debate is an oft-quoted example). It was felt that a global mechanism could bring together practitioners, donors, academics and other key stakeholders to arrive at consensus-driven conclusions on such issues with an accepted level of legitimacy. Stakeholders also noted the need for support in the dissemination and communication of new guidance. Britta Schumacher shared her previous experience of developing guidance on community-based management of acute malnutrition (CMAM) programming in exceptional circumstances:

*"We were a bit uncertain as to how we would disseminate it, who would accept it, how to communicate it and how to have it validated. The GTAM could have developed and communicated such interim guidance and led the dialogue on how to go about it."*

Another issue identified was that guidance documents and technical materials are currently scattered across various partners, without easy common access. This has resulted in duplication of guidance, inefficiencies (time and resources), limited reach, a lack of technical coherence and, ultimately, impact. A former Task Force member explained, "We have all lost so much time looking for the right tool or rewriting things." A common and accessible repository for guidance and technical material with a knowledge-management mechanism to highlight inconsistencies and sign-post people to the different resources available was another gap identified that it was felt an overarching platform could address.

By 2015, the ad hoc nature of initiatives providing technical support resulted in disconnected resources, unclear processes, duplications of effort, over-reliance on personal networks (rather than having access to the expert best suited to the job at hand) and (the bottom line) an inadequate response to country needs. "There were several initiatives doing really good work, but we knew that if there was something to bring them together, we could be more effective," said Colleen Emary.[4]

In response to the need for technical expertise, the Technical Rapid Response Team (Tech RRT) was established by a consortium of GNC partners in 2015. This aimed to improve the overall availability of NiE specialists during large-scale emergencies by deploying centrally recruited, skilled technical advisers in response to country-level requests. By June 2019, the Tech RRT had provided technical surge capacity through 50 deployments in response to 61 requests.[5] The uptake of the Tech RRT highlights the demand for specialist technical expertise at field level. The actual need is likely under-represented in these figures, given the limited awareness of the service by actors on the ground, its focus on a small number of technical areas, and the limited capacity of the small, busy Tech RRT team.

## Development of the GTAM

The recommendations made by the 2015 papers fuelled the GNC NiE Technical Task Force,[6] chaired by the UNICEF and the Centers for Disease Con-

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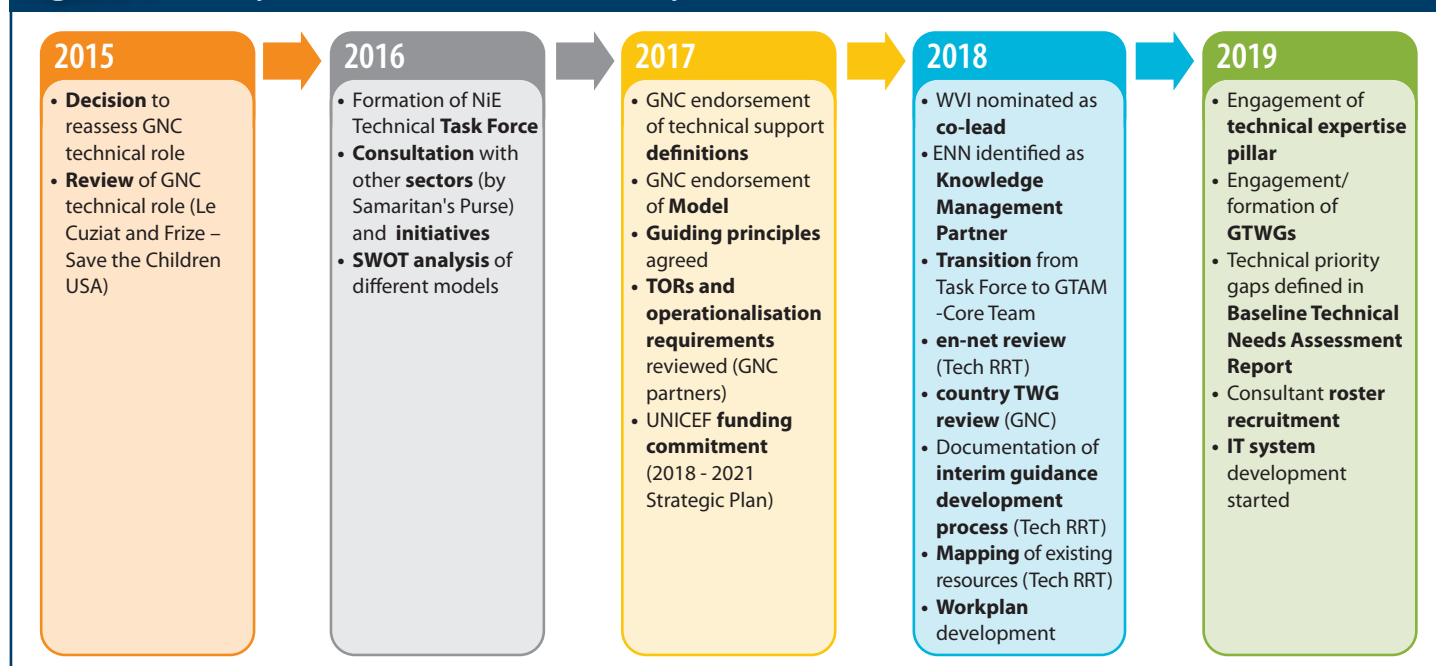2  www.en-net.org/question/1460.aspx
3  www.en-net.org/question/1445.aspx
4  Former Task Force Member and current GTAM-CT Member, World Vision International.
5  Read a collection of field articles on the experiences of the Tech-RRT in *Field Exchange* 56 special issue on Global Nutrition Cluster coordination. Download from: www.ennonline.net/fex/56/en
6  The Task Force was co-chaired by UNICEF (Diane Holland and subsequently Ruth Situma) and the CDC (Leisel Talley.) Members included the GNC (Josephine Ippe), World Vision (Colleen Emary), ACF (Jose Luis Alvarez, Anne Dominique Israel and Danka Pantchova), Tech RRT / IMC (Geraldine Le Cuziat), UNHCR (Caroline Wilkinson), Save the Children (Nicki Connell and Megan Gayford), HelpAge (Juma Khudonazarov), Samaritans Purse (Julie Tanaka) and OFDA (Erin Boyd).
7  2019 Needs Assessment Report: www.ennonline.net/resource/baselinetechnicalneeds2019



## Figure 1 — Critical processes and milestones in the development of the GTAM[7]

**2015**
- **Decision** to reassess GNC technical role
- **Review** of GNC technical role (Le Cuziat and Frize – Save the Children USA)

**2016**
- Formation of NiE Technical **Task Force**
- **Consultation** with other **sectors** (by Samaritan's Purse) and **initiatives**
- **SWOT analysis** of different models

**2017**
- GNC endorsement of technical support **definitions**
- GNC endorsement of **Model**
- **Guiding principles** agreed
- **TORs and operationalisation requirements** reviewed (GNC partners)
- UNICEF **funding commitment** (2018 - 2021 Strategic Plan)

**2018**
- WVI nominated as **co-lead**
- ENN identified as **Knowledge Management Partner**
- **Transition** from Task Force to GTAM -Core Team
- **en-net review** (Tech RRT)
- **country TWG review** (GNC)
- Documentation of **interim guidance development process** (Tech RRT)
- **Mapping** of existing resources (Tech RRT)
- **Workplan** development

**2019**
- Engagement of **technical expertise pillar**
- Engagement/ formation of **GTWGs**
- Technical priority gaps defined in **Baseline Technical Needs Assessment Report**
- Consultant **roster recruitment**
- **IT system** development started

trol and Prevention (CDC), tasked with identifying ways that GNC partners could organise themselves to address technical operational gaps. From 2015 to 2018, the Task Force led on a series of processes that culminated in the birth of the GTAM (Figure 1).

A fundamental first step for the Task Force was to outline the problem it had been created to address. Definitions of technical roles were consequently outlined and endorsed by partners in 2017. An analysis of models (based on a review of other clusters' experiences) was undertaken and one subsequently endorsed by the GNC. It was eventually agreed that the scope of work for the technical mechanism would be to provide technical advice, consensus-driven guidance and specialised technical expertise, now referred to as the "three pillars of the GTAM" (Figure 2). This informed the subsequent operationalisation of the mechanism, including decisions about who should be involved.

Several critical conversations influenced the conceptualisation of the GTAM. Discussions took place on governance and leadership of the mechanism, particularly around the need to strike the right balance between providing leadership and maintaining a collaborative spirit to capitalise on the GNC's collective and widespread expertise. In 2018, responsibility for further developing the mechanism transitioned to a wider GTAM Core Team (GTAM-CT).[8] In response to partners' concerns that the process felt too 'United Nations (UN)-centric' at times and based on past positive experiences of shared leadership models, the decision was made for a nominated non-governmental organisation (NGO) to co-lead the GTAM alongside the nominated UN agency. Following a review of nominations against set criteria by the

GNC Strategic Advisory Group (SAG), World Vision International (WVI) was selected as the NGO co-lead for a two-year term. UNICEF was nominated to continue as the UN co-lead in line with its accountabilities as Cluster Lead Agency.[9] In response to a call from partners to engage existing service providers, ENN was brought into the GTAM-CT to oversee knowledge management and monitoring of the mechanism. The Tech-RRT, as an existing provider of technical expertise and en-net, ENN's online platform for technical support (www.en-net.org), were embedded within the GTAM. Given the demonstrated achievements of the Tech RRT,[10] a desire existed to build on its experience of supplying technical expertise, whilst overcoming some of its previous capacity limitations. By uniting many more GNC partners under a common approach, it is anticipated that country needs will be matched with available capacity more effectively. Zita Weise-Prinzo, WHO and former Task Force member stated:

*"The important thing was to involve existing initiatives from the beginning and see how their added value could be pulled into this work. I think that was done in a good way."*

Global Thematic Working Groups (GTWGs) were (or are in the process of being) established, using existing multi-agency groups where possible (such as the Infant Feeding in Emergencies (IFE) Core Group[11]), to bring together expert stakeholders in specific areas to answer technical questions and provide consensus-driven responses where guidance is insufficient or unclear (interim guidance). It is anticipated that this approach will enable a transparent and consultative process, resulting in high-quality and unbiased technical support that carries sufficient weight and is responsive to the needs of the
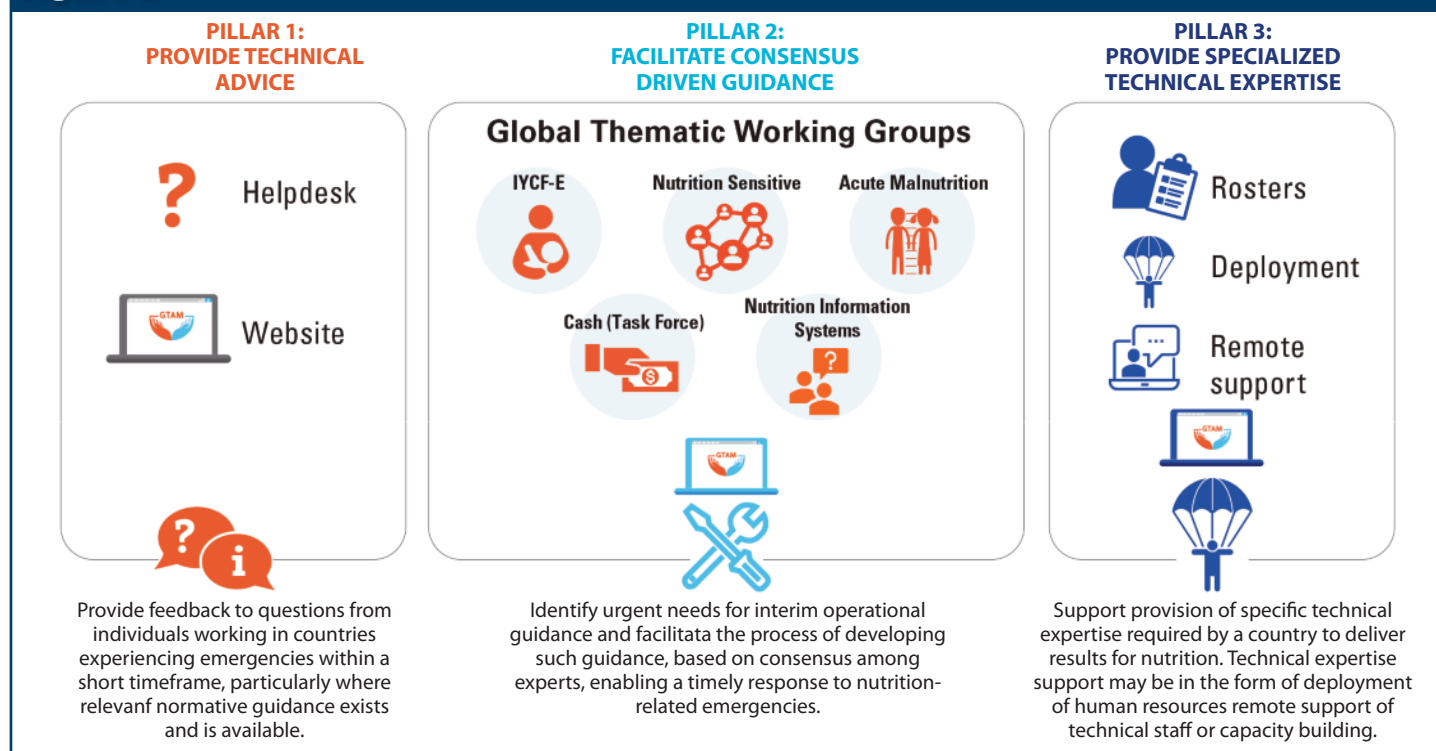
sector as a whole, rather than individual agency priorities. As the GTAM is not, however, a normative agency, it was recognised that, where new recommendations are required (rather than guidance on implementation or adaptation), a more formal WHO interim or comprehensive guidance process may be needed. A 'triage protocol' was therefore developed to help decide where gap issues are best addressed (GTAM or WHO), for trial on a case-by-case basis. Zita Wise-Prinzo from WHO stated:

*"Although questions remain, it is more important to get this process going and learn by doing to improve the mechanism."*

Care has been taken to ensure that the GTAM and GTWGs do not duplicate existing global-level structures and that GTAM activity does not undermine or encroach on country and regional-level capacities and responsibilities. This has been achieved through engagement with existing expert groups, the development of a clear terms of reference (TOR) for the GTAM and its GTWGs, and identification of appropriate contact points for GTAM users (en-net, UNICEF HQ, the GNC technical helpdesk, Tech-RRT and WVI) to enable a good flow of information and avoid gatekeeping. Zita Wise Prinzo stated:

8   The GTAM Core Team is co-led by UNICEF (Ruth Situma) and World Vision (Juliane Gross and Colleen Emary). Members include the GNC Coordination Team (Josephine Ippe and Anna Ziolkovska), the GNC Technical Helpdesk (Yara Sfeir), the Tech RRT (Andi Kendle) and ENN (Tanya Khara and Isabelle Modigell).

9   UNICEF (2014) Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action (CLARE).

10  Allen, B. (2018) External Evaluation of the Technical Rapid Response Team. Tech RRT and USAID and *Field Exchange* issue 56 on Nutrition Cluster Coordination pages 62-75.

11  Infant Feeding in Emergencies (IFE) Core Group www.ennonline.net/ifecoregroup

## Figure 2 The three pillars of the GTAM



**PILLAR 1: PROVIDE TECHNICAL ADVICE**

Helpdesk

Website

Provide feedback to questions from individuals working in countries experiencing emergencies within a short timeframe, particularly where relevanf normative guidance exists and is available.

**PILLAR 2: FACILITATE CONSENSUS DRIVEN GUIDANCE**

**Global Thematic Working Groups**

IYCF-E    Nutrition Sensitive    Acute Malnutrition

Cash (Task Force)    Nutrition Information Systems

Identify urgent needs for interim operational guidance and facilitata the process of developing such guidance, based on consensus among experts, enabling a timely response to nutrition-related emergencies.

**PILLAR 3: PROVIDE SPECIALIZED TECHNICAL EXPERTISE**

Rosters

Deployment

Remote support

Support provision of specific technical expertise required by a country to deliver results for nutrition. Technical expertise support may be in the form of deployment of human resources remote support of technical staff or capacity building.

## Box 1 GTAM guiding principles

- Maximising existing technical resources at country, regional and global level and avoid duplication of efforts.
- Serving both the nutrition sector as a whole as well as individual agencies, with the best interest of the affected population at the heart of work, regardless of agency motivations.
- Tackling technical issues in a timely, coordinated and collaborative way to enable quality and effective nutrition response in humanitarian crisis.
- Facilitating consensus on Nutrition in Emergencies (NiE) related guidance/best practices and enable global networks supporting countries to speak with 'one voice' to avoid confusion of practitioners.
- Addressing nutrition technical gaps that are most important and most feasible for the GTAM to impact.
- Acting to facilitate, coordinate and catalyse filling of technical guidance gaps, but not to execute the development of guidance itself.
- Ensuring official guidance is evidence-based, and all other guidance (e.g. interim) may be based on best practice and experience.

*"I think this is the first time that there is an attempt to formalise the process and look at it in a more holistic way; not only technical gaps, but also how to give technical assistance. It's more practical, more strategic and more systematic."*

### Strengths and challenges of the process

Work has also gone on behind the scenes to generate buy-in among GNC partners and beyond. Interviewees identified UNICEF's tangible demonstration of its commitment through dedicated both staff time and funding as well as the participative and inclusive process as key enabling factors for buy-in; cluster partners have been included in discussions at every stage and concerns, needs and feedback have been actively sought and listened to. Other feedback, however, suggests that stakeholder mapping was a missed step in the process, which limited the composition of the Task Force to individuals who attended the 2015 GNC meeting. Due to its voluntary nature, it was also felt that the Task Force was biased towards those who had sufficient role flexibility and interest. Megan Gayford, Save the Children and former Task Force member, stated:

*"If the process had optimal resourcing from the outset, a cost-recovery basis for task force members' time – where their organisations required this – may have facilitated a more holistic and diverse representation."*

An initial lack of clarity on the scope of the end product and the large amount of preparatory work required prior to the mechanism's launch also made it difficult to manage expectations and maintain confidence in what often appeared to be a slow process. Ruth Situma, former Task Force member and GTAM co-lead until 2019, said:

"Because you're building as you go, there is uncertainty. How will it work? How will it affect me, my institution, my donors, our operations? Some want certainty before buying in."

Understanding needs and concerns, obtaining inputs from those working in emergencies, building trust and buy-in and the collective conceptualisation of an entity of this magnitude all require time. Nevertheless, the process may well have been slowed down by a lack of dedicated resources for several years. The allocation of funding (which resulted from the inclusion of

GTAM in UNICEF's 2018-2021 Strategic Plan) and UNICEF staff time to lead the GTAM's development were identified in interviews as critical accelerators to the GTAM's progress from 2018 onwards. However, others interviewed regarded the long period of time taken for the commitment of this funding as a constraint that further slowed the process and questioned the value of attempting to move forward before base resources were secured – resources that could have included staff time from a broader range of agencies. An over-reliance on infrequent GNC meetings to advance discussions and build consensus was identified as another barrier, with the changing composition of participants over the years requiring previous decisions and discussions to be revisited.

Despite these challenges, presentations at the 2019 GNC Annual Meeting revealed the significant progress that has been made. Although many identify Ruth Situma as the driving force behind this progress, she acknowledges that much of where the GTAM is today is thanks to inputs by country coordination teams and technical partners over the course of six GNC meetings. As she stated;

*"We have come this far because of the support of different stakeholders at country, regional and global levels."*

### Current priorities

The GTAM now finds itself in the critical phase of working out the practical details of the mechanism and moving into the phase of implementation, getting it fully up and running in line with GTAM guiding principles, as collectively conceptualised and endorsed by the GNC Collective (See Box 1). A strategy to ensure the GTAM's sustainability, both in terms of agency commitments and financial resources, is being defined. This includes the development of a common resource mobilisation strategy to secure core funding for multiple agencies and allow cost recovery for others, based on the learning of the past years. Efforts continue to strengthen connections with existing GTWGs outside the GTAM and formal linkages with key UN agencies. Nicolas Joannic of WFP stated in interview;

*"I see that WFP would have a great role to play in the GTWGs on CMAM, IFE, assessments and nutrition-sensitive programming."*

### Looking forward

We asked interviewees what the big picture is that is being worked towards. Erin Boyd, United States Office for Disaster Assistance (OFDA) and former Task Force member, explained:

*"The GTAM is a platform through which people can access different types of technical capacity, whether it's guidelines, policies, under- standing recent evidence, or actual hands-on support that's needed."*

Leisel Talley of CDC and a former Task Force member added:

*"It's a consortium of partners that can provide various forms of assistance to other partners or entities, a consolidated place to request assistance and address broader technical issues."*

Ruth Situma described the GTAM as:

*"A public good that is available to respond to the needs of countries."*

The GTAM's visionaries are also keen to emphasise that the GTAM aims to serve. Megan Gayford stated:

*"It's a global service mechanism. We have a clear problem in the complexity of the system in which we work, so the GTAM should be looking to solve that problem by making what's needed accessible and that process efficient."*

Colleen Emary added:

*"It's a mechanism that is going to be responsive to the user…we are working under the ethos that we are service providers and those requesting services are clients."*

And the bottom line? Erin Boyd said:

*"I see it very much as a platform that will have an actionable role in helping agencies to better programme NiE. Just as it has become easier for Nutrition Cluster Coordinators to contact the GNC Helpdesk and figure out what they're able to do, I hope it will become easier for practitioners too."*

Colleen Emary concluded that the GTAM *"has the potential to bring together the emergency-response community and improve the way we're working."*

For more information, contact: Diane Holland at dholland@unicef.org or Juliane Gross at **juliane.gross@wveu.org**

Read a one-page brief on GTAM at **https://www.ennonline.net/resource/gtamfor-nutrition**

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