

tionNutritionNutrition



# Technical Meeting on Nutrition

7-9th October, 2014  
Oxford, UK



## Acronyms

ACF	Action Contre Le Faim
CaLP	Cash Learning Project
CMAM	Community Management of Acute Malnutrition
CRF	Common Results Framework
CTP	Cash Transfer Programme
DfID	Department for International Development
ECHO	European Community Humanitarian Office
ENN	Emergency Nutrition Network
EVD	Ebola Virus Disease
IFPRI	International Food Policy Research Institute
IYCF	Infant and Young Child Feeding
GDP	Gross Domestic Product
GNC	Global Nutrition Cluster
LSHTM	London School of Hygiene and Tropical Medicine
MAM	Moderate Acute Malnutrition
MUAC	Mid Upper Arm Circumference
NCD	Non Communicable Disease
OFDA	Office of Foreign Disaster Assistance
SAM	Severe Acute Malnutrition
RCT	Randomised Controlled Trial
SMS	SUN Management Secretariat
SUN	Scaling Up Nutrition
TMN	Technical Meeting on Nutrition
UCL	University College London
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development
WASH	Water Sanitation and Hygiene
WHZ	Weight for Height Z-score

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Cover pic: UNICEF. Day 1 Presentation, Indonesia





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Abstracts and presentations are available at:  
<http://www.enonline.net/tmn2014hub>



Lawrence Haddad, IFPRI

# Introduction

The first Technical Meeting on Nutrition (TMN) was convened by the ENN in Oxford from October 7th to 9th 2014. Core funding for the TMN was generously provided by USAID/OFDA and Irish Aid, with UNHCR, ACF France, World Vision and Concern Worldwide also contributing. The meeting was attended by around 120 delegates comprising country representatives, United Nations (UN) agencies, non-governmental organisations (NGOs), donors, academics and independents largely from nutrition; but also some representatives from other sectors including water, sanitation and hygiene (WASH), health and social protection (see Annex 1 for full list of participants).

The TMN was convened on the request of numerous actors in the nutrition sector and aimed to provide a forum to address specific technical, programming and policy issues relevant to nutrition in emergencies and high burden contexts, to share and appraise key research and discuss ongoing policy and programme challenges, and to provide 'space' for informal technical exchange. To guide the process, an interagency steering group<sup>1</sup> was established who oversaw the agenda (see Annex 2), participant invites, and helped select the abstracts for presentation. An informal Advisory Group was also established to develop the nutrition sensitive and international architecture/governance elements of the meeting.

The TMN agenda was carefully constructed to ensure as much 'airtime' as possible for the various aspects of nutrition policy, research and programming highlighted in the submitted abstracts. A total of 41 presentations were given in various formats (plenary, market place and parallel sessions; see [www.ennonline.net/aboutTMN2014hub](http://www.ennonline.net/aboutTMN2014hub) for all abstracts and presentations). Time was also given for extensive question and answer sessions after each set of presentations.

The first morning provided a global overview of the current nutrition architecture, including the Scaling Up Nutrition (SUN) movement<sup>2</sup>. This was followed by a session on the links between WASH and nutrition. The second day started with discussions surrounding social

<sup>1</sup> The steering group comprised Concern Worldwide, ACF-F, UNICEF, UNHCR, GNC, OFDA, UCL, Canadian Foodgrains Bank, Sun Movement Secretariat (SMS)

<sup>2</sup> <http://scalingupnutrition.org/>

protection and nutrition, with a particular focus on cash transfers in emergency situations. This was followed by a presentation by the ENN on the nutrition sector response to the Syria region emergency. Following a lively market place session and a structured debate, presentations on the linkages between wasting and stunting were given. The third morning began with three presentations from country delegates, grounding us in the reality of policy and programming at national level. Three parallel sessions on Severe Acute Malnutrition (SAM) followed, allowing time for detailed examination and discussion of important technical issues. The last afternoon was used for group work on three different areas, which participants had identified as warranting more discussion. Participants completed an evaluation questionnaire with a summary of the results included in Annex 3. Further details on the three days are provided below.

## Context and Limitations of the Meeting

In order to make this type of meeting as replicable as possible, the ENN organised it on a minimal budget and we successfully stayed within this budget. However, the downside of running a 'Ryanair' version of a meeting is that there was very limited representation from national government staff. The ENN approached all agencies and participants on numerous occasions, requesting that they support one or two government participants from their working areas/countries to attend, but unfortunately the majority were unable to find the funding to make this happen. The meeting suffered from this lack of representation; as one participant put it "we need more presentations from countries like the one from Egypt to understand why things are or are not working."

Along with requests from various agencies and the steering committee, the ENN felt that it was an appropriate time to try and broaden our discussions from the 'usual' focus on acute malnutrition to issues surrounding multi-sectoral work in humanitarian and high burden contexts. The call for abstracts was therefore distributed across many sectors; as the majority of multi-sectoral abstracts were submitted for both WASH and nutrition and cash/social protection and nutrition, a session was devoted to each of these subjects. We also attempted to broaden the audience to include other sectors; while this was somewhat successful, the meeting was still largely populated with emergency nutrition personnel.

The Oxford Town Hall is a stunning venue, however the acoustics are more suited to 19th rather than 21st century discussions; as one participant put it "great looking venue, but not best for sound."





## International architecture, governance, the SUN Movement

Presentations by Lawrence Haddad (IFPRI), Patrizia Fracassi (SUN Movement Secretariat), Rob Hughes (DFID) and Jose Luis Alvarez (ACF-UK)

The discussion surrounding **nutrition architecture** was centred on the understanding that the nutrition landscape is changing. The majority of countries now face multiple burdens of nutrition, with combinations of wasting, stunting and overweight and obesity. The recently released Global Nutrition Report (2014)<sup>3</sup> has identified that we are currently off track for meeting four (of six) World Health Assembly (WHA) nutrition targets for which there are data available (wasting, anaemia, stunting and overweight). There is a lack of analysis of wasting data compared to stunting data and there is a lack of leadership to address wasting at the global level (unlike stunting, which has benefited from impressive leadership over the past few years). There is a dearth of coverage data for nutrition specific interventions which is vital to measure success and/or barriers to access when ‘scaling up’ interventions. In order to drive more rapid progress in meeting the WHA targets, the nutrition sector needs to overcome the divisions that separate actors working on humanitarian and development programmes, on undernutrition and overweight/obesity etc.). Furthermore, evidence on how to make nutrition sensitive programming more ‘effective’ is currently lacking while critically important resource tracking is problematic, as countries cannot track their financial commitments to nutrition. Discussion also revolved around the need to better understand the ‘how’ of programming – what does integration between sectors mean in practice? Are we clear on the difference between ‘integration’ and ‘co-location’ and which elements are required in which situations? Finally, we were reminded that *“low-income countries do not have a monopoly on malnutrition problems and high-income countries do not have a monopoly on malnutrition solutions”*.

**Multiple burdens are the ‘new normal’**

**“We must think inter-sectorally and work sectorally”**

The **SUN Movement** has harnessed global momentum in nutrition and created a space for multi-sectoral, multi-agency nutrition dialogue at national and global levels. The Common

<sup>3</sup> <http://globalnutritionreport.org/>

<sup>4</sup> <http://www.ids.ac.uk/publication/aid-for-nutrition-maximising-the-impact-of-nutrition-sensitive-interventions>

## 4

Results Framework (CRF) is a useful coordination tool for multi-stakeholder platforms that have been established at country level. An important theme emerging from discussion was the need, however, for more investment to strengthen national capacity and to continually build national ownership and leadership. This can be achieved by channelling more funding through national bodies, demonstrating the ‘cost’ of undernutrition in terms of gross domestic product (GDP), building the capacity of leaders at the national level and leveraging national nutritional ‘champions’. The lessons learned from *DFIDs* Maximising the Quality (MQ) of the SUN initiative underscores the importance of developing a common language that can be used across sectors and creating incentives for multi-sectoral coordination.

While the breadth of underlying determinants of malnutrition demand multi-sectoral solutions, it is clear that we still have a lot to learn in terms of ‘what works’ in nutrition-sensitive programming and developing the evidence-base for impact of nutrition-sensitive interventions must be a priority. In order to assist programme implementers with making decisions about what nutrition sensitive interventions should be prioritised, *ACF* presented a diagnostic framework<sup>4</sup> they have developed. Although this still requires testing, it is a starting point for ongoing research and experience sharing.



## Donor discussion

A common theme throughout the meeting was the important role that donors can play in enabling greater coordination at the global level and in supporting more integrated programming between UN agencies. Four donor representatives (DFID, Irish Aid, DG-ECHO, USAID/OFDA) were given the opportunity to respond to pre-prepared questions. These covered observed gaps in the current global nutrition system, critiques of the nutrition sector, programmatic integration and UN coordination, the influence of the SUN's Common Results Framework (CRF) on donor thinking, and nutrition spend allocation between agencies and between humanitarian versus development. It was suggested that **the next 12-month period for nutrition is critical** as the post-2015 framework is finalised and that donor and government accountability mechanisms need to be strengthened, whilst ensuring that the various indicators, frameworks and reporting mechanisms employed at national level can feed into a cohesive global picture. **We need to communicate more clearly and consistently beyond our sector.** In contrast to other sectors, many nutrition stakeholders are unsure about engagement with the private sector; we must overcome our distrust of the private sector and find spaces for collaboration to cross this impasse. **Realistic choices and compromises must be made**, especially where evidence is weak for multi-sectoral programming; this was illustrated by the remark that “the purism around evidence and research can be the enemy of the pragmatic”.

## Lunchtime session – What can agriculture do for nutrition and what can nutrition do for agriculture?

Many people, especially in the agriculture world, think that food security equals nutrition security. Nutrition-sensitive agriculture is therefore based around production where the process of more production will equal more availability, increased income and ultimately better consumption. However, malnutrition is about much more than food availability (as in the conceptual framework of malnutrition). There are some good examples of where agriculture has become more nutrition sensitive, but often causal analyses are weak and monitoring and evaluation frameworks are missing. A summary of key points and recommendations from this discussion are as follows;

- Need to base programmes on causal analysis
- Joint planning between relevant ministries and departments is a core condition for successful programming
- Need to change the mindset of some, particularly in the agriculture world, that malnutrition is not just about food availability or accessibility but health, caring practices, sanitation also contribute
- Need to improve systems to measure impact of nutrition sensitive agriculture programmes

### WASH and Nutrition

Presentations from Danielle Lantagne and Luke Ascolillo (Tufts University), Mr Hadiat (Indonesia National Development Planning Agency) and Harriet Torlesse (UNICEF)

If nutrition specific interventions were scaled up by 90%, stunting would be reduced by 20%; nutrition sensitive interventions are therefore urgently needed to close the remaining gap. The potential contribution of WASH was described, outlining the direct links between poor WASH and nutrition via nematode infection, environmental enteropathy and diarrhoea, along with indirect links, for example, through increased energy expenditure. The link between aflatoxin exposure, enteropathy/leaky intestine and chronic malnutrition was also described, with the suggestion made that WASH interventions can break these links.

It is well known that the most common pathogens associated with diarrhoea either cause or exacerbate undernutrition and increase the risk of child mortality. There is also evidence to suggest that areas with poor WASH infrastructure and practices overlap with high undernutrition prevalence areas, well illustrated by Indonesia's experience of secondary data mapping of provinces where **households that have access to improved sanitary facilities are more likely to have a lower prevalence of stunting**. Nonetheless, a recent Cochrane review of 12 Randomised Controlled Trials (RCTs) demonstrated that the evidence-base is thin for improved nutrition outcomes linked to WASH interventions. More recent studies have also shown only mixed results. We do have sufficient evidence to support implementing WASH, particularly in the first 1,000 days of life to reduce stunting and some evidence to support water treatment in acute malnutrition services. From a policy maker's perspective, it is very important to think about probability when certainty is lacking and there is a **real drive within the nutrition sector for integration between nutrition and WASH interventions**. It was broadly agreed that we must work with multiple sectors to break the numerous causal chains that are known to link to poor nutrition and that WASH provides an excellent starting point.

**“we need to do many things, and therefore we must have a multi-sectoral approach”**





Nadia  
Zuodar,  
CaLP

## Cash and Nutrition, the Syria Experience

Presentations from Nadia Zuodar (CaLP), Isabelle Pelly (SC-UK), Natalie Rae Aldern (WFP), Jeremy Shoham and Marie McGrath (ENN).

There has been a growing move towards Cash Transfer Programming (CTP) as a replacement of traditional emergency food aid in some areas (particularly the Syria humanitarian response). Implicit in such programmes is the objective to prevent nutrition deterioration of affected populations. We heard about some of the advantages of CTPs, such as providing greater dignity, choice, flexibility and cost effectiveness of programming. Key challenges can include the potential complexity of the conditionality of the transfer, the need for country level capacity for health and nutrition services, complex targeting (especially if trying to target an individual in a household), the need for improved coordination with other sectors (especially for budgeting) and complex monitoring and evaluation frameworks. Additionally, preconditions for CTPs to positively impact nutrition must include a functioning market, availability of and access to quality foods, capacity of health services and referral systems, knowledge and perceptions of beneficiaries and ensuring good government commitment and ‘buy-in’ from the outset.

CTPs are considered to have **great potential for protecting and improving nutrition outcomes and providing a bridge between the development and emergency sectors**. The nutrition community must engage in the planning and design of these programmes at global and national levels, with the need identified for stronger leadership and accountability to ensure that CTPs function as intended.

It has been widely recognized that the multi-sectoral and multi-stakeholder response to the Syria emergency averted a nutrition and health crisis. The ENN developed a special edition of its regular publication Field Exchange on the Syria response<sup>5</sup> to capture experiences and learning. More than fifty articles were written by a wide variety of agencies, from which an editorial viewpoint piece was developed. Along with many programme successes and innovation, some of the challenges identified include:

“CTP can be seen as a ‘multi-sectoral enabler’ – one transfer with several objectives.”

<sup>5</sup> Available at [www.ennonline.net/fex](http://www.ennonline.net/fex)

- An inappropriate emphasis on acute malnutrition when other forms of malnutrition, e.g. anaemia and severe stunting, were more prevalent.
- Flawed nutrition surveys that suggested the nutrition situation was worse than it was.
- An infant and young child feeding (IYCF) response dominated by breastfeeding support that did not take into account the prevalent feeding practices of the population; appropriate support for formula fed infants was lacking along with limited support for complementary food access.
- Inadequate attention to those with nutrition related non-communicable diseases (NCDs) such as high blood pressure and diabetes, despite the high prevalence of these conditions pre-crisis.
- Lack of nutrition sector input into planning for cash programming.
- Relegation of nutrition to sub-working groups of other sector coordination mechanisms (working groups) across the region.

Two critical questions were posed: firstly, how do we hold ourselves accountable to avoid such an uncritical and narrow focus in future emergency responses? Second, should there be more routine nutrition sector evaluations to look at the coherence of nutrition related programming across the multi-stakeholder nutrition programming response during emergencies? Both of these questions speak to the recurring theme of a need for more accountability. As a sector **we need to do more to hold ourselves to account** and to strive to **respond in a more context-specific way**.

**“We need better tools and to work in parallel tracks (alongside food provision where appropriate) to ensure that cash works for nutrition.”**

## Market Place

A lively market place session was held with presentations (in various formats) given at 12 ‘stalls’ on a variety of topics. Summaries of marketplace sessions are available at <http://www.enonline.net/tmn2014markeplacesessions>. For a full list of presenters and subjects, see Annex 4. In the post meeting evaluation forms, many attendees mentioned the market place as one of the highlights of the meeting, with comments such as “I enjoyed the marketplace - great way to get updated on a lot of different initiatives”.



Marie McGrath, ENN.

Marie McGrath, ENN

## Lunchtime session – Ebola and Nutrition

Initiated by Mija-Tesse Ververs (Ind) and Marie McGrath (ENN)

The objective of the session was to share information regarding two nutrition initiatives related to the Ebola Virus Disease (EVD) outbreak in West Africa. Guidance on nutrition support during Ebola treatment is being urgently developed, with input from practitioners on their experiences still required to strengthen this nascent guidance. Latest drafts and

discussion are available on **en-net** at <http://www.en-net.org/question/1460.aspx>. A 'working' guidance on infant feeding in the context of EVD has also been developed to respond to field questions; the latest draft and ongoing discussion is available on **en-net** at <http://www.en-net.org/question/1445.aspx>. Discussion in the session revolved around the incredibly challenging operational environment and limited staff capacity that constrains the level and type of nutritional support. The infant feeding guidance will be translated into French. The group endorsed continued use of **en-net** as the key 'go to' place for this crucial ongoing work.

## Debate

A round table 'debate' was held, where along with the chair, 10 participants discussed one overarching question, 'How does international governance affect nutrition related response?' All plenary participants were allowed to replace any of those seated if they had a point to make. While the question was not comprehensively answered, discussion centred around three broad themes:

1. *Barriers to working together* – some of the main issues identified included: the problems the nutrition 'sector' has in communicating what is needed for nutrition with other sectors; competition for funding amongst various stakeholders (with limited funding channelled directly through governments); the set up of parallel systems by international actors which often crowd government decision-making processes and stifle good understanding of roles and responsibilities; the lack of leadership in nutrition in non-emergency programming.
2. *Coordination and leadership for nutrition* – with clarification of the differing functions of the SUN and REACH<sup>6</sup> movements, the following needs were identified: need for an overarching government coordination structure for nutrition; better coordination between emergency and development starting from within each agency in order to bridge these divides; and the phase out of nutrition cluster responses as emergencies resolve, offering opportunities to build capacity and develop strong sectoral coordination.
3. *Accountability in the sector* – the issue of differing UN mandates for the prevention and treatment of acute malnutrition was discussed. Multiple agency programming (for the same disease) has led to a lack of coherent programming; high transaction costs and limited overall accountability for policy and programming. The Syria response was cited as another example of the nutrition sector failing to work collectively 'and see the whole picture', raising further questions about accountability in the nutrition sector.



Josephine Ippe, GNC Coordinator. Debate.

<sup>6</sup> <http://www.reachpartnership.org/>

## Linkages between wasting and stunting

Presentations given by Tanya Khara (ENN consultant) and Marko Kerac (LSHTM)



Domitille Kaufmann, FAO. Informal market place session.

Compelling evidence was presented on the physiological links between wasting and stunting. While wasting and stunting share many of the same causal pathways and are unquestionably linked, there is limited evidence to describe the relationship and associations between them. The ENN, with the support of an expert Technical Interest Group, conducted a narrative review of the evidence, to identify known links and to outline key policy and programme implications and research gaps<sup>7</sup>. The review highlighted the heightened mortality risk when wasting and stunting are experienced simultaneously, along with the heightened mortality risk associated with severe stunting. It is clear that wasting adversely affects linear growth although there is mixed evidence for improved linear growth after wasting treatment, some (mixed) evidence of seasonal food-based preventive programmes improving both wasting and stunting and some indication that low mid upper arm circumference (MUAC) may reflect both wasting and stunting. The findings of this review imply that **wasting treatment may be an important component of stunting prevention**. An important theme was the need to capitalise on these links in programming and policy, for example by reaching severely stunted children in emergency programming.

With the declines since 2000 in mortality from SAM in children under five years, a study looked at the long-term effects of acute malnutrition in survivors (7 years post recovery). The results of this study led the researchers to hypothesise that SAM disrupted the growth of these children during a key stage in development; limb growth was sacrificed and they therefore became stunted.

Although the present focus for stunting prevention is during the first 1000 days of life, as limb length is being compromised, this study suggests that **adolescence might offer an important potential window for catch up growth** (as growth plates have not yet solidified). It also questions whether we need to give more consideration to SAM related morbidity, along with mortality. Further analysis of the data is planned and future research opportunities have been outlined based on the findings so far.

<sup>7</sup> Khara, T., & Dolan, C. (2014). Technical Briefing Paper: Associations between Wasting and Stunting, policy, programming and research implications. ENN June 2014. Available at: <http://www.ennonline.net/waststuntreview2014>



## Country Experiences

Presentations were given by Government representatives from Ethiopia, Dr Ferew Lemma; Egypt, Dr Gihan Fouad; and Vietnam, Dr Phuong Huyng. A joint presentation was also given by Christiane Rudert (UNICEF Regional office, Bangkok) and Pan Thi Hong Linh (Alive and Thrive, Vietnam).

Three very different national contexts were presented outlining the breadth of successes and challenges over the recent years of nutrition scale-up.

*Ethiopia* has had stellar success in reducing both child mortality and prevalence of undernutrition (stunting has reduced by almost a third and wasting by a quarter since the year 2000), despite the fairly regular shocks (droughts and food crises) that have occurred during this time period. Key to Ethiopia's achievements has been the policy change to adopt a multi-sectoral and life-cycle approach, prevention, integration and ensuring sustainability and accountability across sectors. Considerable strengthening of the health system through the rolling out of a large cadre of community health workers has ensured a high level of household support and interaction for health and nutrition. Additionally, and of critical importance, **articulating the actual cost of undernutrition** in Ethiopia (a loss of 4.4 billion USD, 16% of GDP) has had a catalytic effect on mobilising development actors into taking nutrition seriously as an issue that spans many sectors. In order to build on existing achievements, Ethiopia needs more capacity strengthening of government counterparts, better mechanisms for community level multi-sectoral work, and cohesive indicators for accountability. Complementary donor support (as opposed to competing) would also help to accelerate the pace of progress.

*Egypt's* story has been less encouraging, with increases in wasting, stunting, underweight and overweight since 2005. Following the revolution in 2012, national GDP has decreased and food prices have doubled. However, Egypt has now prioritised nutrition and developed a food and nutrition strategy and policy, although there is as yet no time frame, defined responsibilities or allocated funding. Improved nutrition governance and capacity development are vital issues to address if Egypt is to reverse the trends of malnutrition – **global support and engagement in the SUN Movement are urgently needed**, to help national champions drive nutrition up the political agenda.

*Vietnam's* nutrition situation is improving in terms of national prevalence of stunting, wasting and underweight, but there remain large disparities throughout the country.

Vietnam has varied coverage of nutrition specific interventions and nutrition sensitive interventions are not currently well targeted, partly due to the fact that nutrition is subsumed under the umbrella of health. Encouragingly, policies have been established to support breastfeeding, including longer maternity leave. A key challenge for Vietnam is the limited resources committed to nutrition. While leadership for nutrition is strong, the shift to becoming a middle-income country has resulted in fewer resources available to tackle the double burden of malnutrition that the country is increasingly facing (donor support is often curtailed when a country reaches middle income status). The national nutrition programme will finish in 2015 so there is **need to identify stable, government financing mechanisms** to move forward. Additionally, while Vietnam recently joined the SUN Movement in 2014, more support is needed to enable “the sun to really start shining”.

UNICEF and Alive and Thrive described a model for policy change and a theory of change for enabling stronger IYCF policies that has been developed for the South East Asian region. Significant policy changes to the labour code regarding maternity leave and in advertisement law has occurred in a number of countries as a result. This experience has highlighted the importance of building consensus at all levels including ministry, partner organisations, regional and sub-regional levels. Barriers have been effectively addressed by using ‘champions’ to bring people around in a very deliberate process. Alive and Thrive is providing technical support to eight more countries in the region to further strengthen health systems and support IYCF policy change.

## Parallel Sessions

A total of 12 presentations were given in three parallel sessions on acute malnutrition. For a full list of presenters and subjects, see Annex 5. Abstracts and presentations are available at: <http://www.enonline.net/tmn2014hub>

**Session 1** looked at the operational issues of using MUAC or Weight for Height z-scores (WHZ) for admission to treatment programmes for acute malnutrition. Discussions included the appropriateness of MUAC use in infants aged 6-12 months, including the risks of possible over-treating. The continued segregation of SAM and MAM into distinct categories was also questioned, as it might be simpler and easier to treat all children with acute malnutrition equally (although there would be inevitable cost implications). Considerable research and investigation into MUAC use is ongoing, including assessing MUAC velocity in response to treatment, use of MUAC to monitor progress and determination of ideal admission and discharge criteria (and whether these need to be context specific). The priority research gaps identified included investigating antibiotic use in outpatient programmes and resolving the problem of exclusion of some children identified as malnourished when measured by WHZ, in situations where MUAC is the sole admission criterion to programmes. The latter has proved difficult to secure funding for and is hampered by the challenging operational contexts.

**Session 2** looked at community based management of acute malnutrition (CMAM) reporting, data management and evidence generation. Key discussion points identified that there is still much to learn about how to maximise the effectiveness of electronic reporting systems, although there is agreement on the added value of computerised reporting. Issues of coordination, ownership and the software/hardware interface need reviewing and there is an urgent need for better integration between the various reporting systems, especially the linking of nutrition information within health system reporting. We were reminded that CMAM takes many different forms, so contextual adaptation of reporting is often required. Evidence gaps were identified as the need to better understand what scale-up of the various reporting platforms might look like, and how to better relate organisation-specific reporting systems with routine national systems.

**Session 3** looked at integration of nutrition within other systems. Discussion revolved around the fact that integration means different things to different people. Furthermore, 'integration' of programmes can be complex and often requires new skills and engagement with a wider group of stakeholders. A resilience framework may be useful to provide a bridge between emergency and development programming and to foster integrated programmes. Measurement of the outcome of integrated programmes is lacking and more work is needed on what the appropriate indicators are for measuring these outcomes. In addition, we need to draw on experiences and learn from the private sector, in terms of improving messaging and for the delivery of supplies. More documentation is also required to record 'best-practice' processes and the evidence-base for integrated programming success.



Susan Fuller,  
SCUK.  
Parallel  
session 2.

## Lunchtime session – Partnering in Research

Initiated by Martha Mwangome, KEMRI/Wellcome Trust, Kenya

The good participation (particularly of scientists) in this side meeting indicated interest for partnering in research, although it was acknowledged that this is not a new discussion. The group recognised the lack of capacity for humanitarian and development partners to conduct research to inform interventions. Challenges in partnering were identified, including the few avenues available for researchers to interact with partners and vice versa, and differences in primary goals. There are opportunities for interaction; research co-ordinators could act as an initial point of contact to establish partnership between scientists and NGOs. Action points emerging included: revisiting an existing terms of reference for research partnership; establishing a discussion on en-net; and tapping into learning with relevant Ministries of Health, who have examples of success in partnering with scientists.

## Thematic discussions

### ***Group 1: Bridging the emergency/development divide: Global Nutrition Cluster (GNC) and the SUN Movement***

The GNC-CT Coordinator and the SUN Movement secretariat (SMS) representative met along with other delegates, to discuss how the two structures can better align their actions. This is particularly relevant at country level to support the transition from emergency cluster coordination to longer-term sectoral nutrition coordination. The need for greater global level interaction was also discussed, to share strategic areas of focus and to keep each other abreast of key developments, so that opportunities to work jointly can be explored and taken forward.

Action points included:

- SMS and GNC to share a list of country clusters/focal points
- Mapping of clusters to be regularly shared with the SMS
- Cluster Coordinators and SUN focal points within countries to meet regularly and actively participate in each other's fora and technical discussions
- Emergency preparedness to be discussed between SUN and GNC and, where possible, integrated in planning, system strengthening and advocacy and communications
- Make better use of opportunities for collaboration, including the SMS producing a paper on the linkages between SUN and emergency response (by end 2014) and the GNC their advocacy strategy (by mid 2015)

***Group 2: How can nutrition influence the design of cash programmes?***

There was recognition of the need for a working group to focus on cash programming and nutrition. While the scope of activities for such a working group would need to be further elaborated, it was envisaged that it would include: definition of terminology; collation and summarising of research and identification of key evidence gaps; collation and summarising of programming experiences and lesson learning; review, discussion, recommendations and advocacy on the effectiveness of institutional mechanisms to strengthen the inclusion of nutrition objectives within cash programming, as well as the development of indicators for measuring integration.

It was agreed that the Cash Learning Partnership (CaLP) platform<sup>8</sup> could provide an initial space for such a working group to operate, although funding will be needed to coordinate and manage the group, provide nutrition expertise, and roles and responsibilities of participants will need to be clearly articulated. CaLP and the ENN agreed to have follow-up discussions on how to establish this working group.

***Group 3: What does a multi-sectoral/integrated approach to nutrition look like?***

Discussion centred on the complexities of ensuring an integrated approach to nutrition. Integration is recognised as a process and it was suggested that caution should be used when trying to adopt an integrated approach to nutrition; it is better not to try and bring all sectors together at the outset, but rather agree priority sectors and work towards including more once lessons have been learned and can be applied to future programming. The burgeoning 'Communities of Practice' both within the SUN Movement and beyond, offer potential for experience sharing and documentation of 'best practices' for integrated initiatives. Priority evidence gaps include the development of appropriate indicators and defining what a multi-sector financing plan might look like.



Dr Gihan Fouad, Egypt. Debate.

<sup>8</sup> <http://www.cashlearning.org/>





Kate Sadler,  
EU-Nutrition  
Advisory  
Service

## Conclusion

The TMN facilitator highlighted the various themes and learning that emerged over the three days. Key amongst these were that:

- No country is free from malnutrition; all countries face burdens of under-nutrition or overweight and these often co-exist.
- Nutrition-sensitive spending has intensified, but needs to increase much more if we are to make effective inroads in achieving nutrition outcomes from multi-sectoral programming. Nutrition sensitive work also requires a more solid evidence-base (both for WASH and cash), as well as a greater understanding of the 'how' to implement programming to maximise effectiveness. In the meantime, we need to take something of 'a leap of faith' and use pragmatic judgement when cast iron evidence is unavailable, to ensure that the current momentum for nutrition is capitalised upon.
- Common messaging would considerably help in our discussions with other sectors.
- Nutrition specific work requires a more 'holistic' approach, with less 'siloing' in the areas of policy, programming and financing for the various forms of undernutrition (e.g. stunting and wasting).
- There is a potential new window of opportunity in adolescence for linear catch-up growth and more evidence gathering will be important to establish what, how and where efforts should best be targeted, to capitalise upon this opportunity.
- We need more constructive engagement with the private sector.

Three fundamental 'needs' to effect better nutrition outcomes were repeatedly raised during the meeting; strengthened **Leadership, Coordination and Accountability**.

The ENN hopes that this meeting proves to be the first step in establishing a regular forum where technical, research, programming and policy issues related to nutrition can be discussed in one forum. The evaluation forms filled in by delegates (see Annex 3) confirmed that this meeting successfully provided a space for networking (formal and informal) and conversations between a range of stakeholders. It is hoped that future meetings will build on the rich presentations and discussions from these three days of work.

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## Day 1

Time	Subject	Name of presenter	Chair
9.00–9.15	Welcome	Lola Gostelow	
9.15–9.30	Setting the scene/context/costs	Jeremy Shoham (ENN)	
9.30–9.45	Objectives of the meeting	Lola Gostelow	
9.45–10.45	The International Nutrition Scene: Where and how technical considerations matter (including Q&A session)	Lawrence Haddad (IFPRI)	Carmel Dolan
<b>10.45–11.05 Coffee/Tea</b>			
11.05–11.25	Scaling Up Nutrition and the Common Results Framework (CRF)	Patrizia Fracassi (SMS)	Carmel Dolan
11.25–11.45	MQ-SUN Technical Assistance	Rob Hughes (DFID)	
11.45–12.05	Aid for Nutrition: maximising the impact of nutrition-sensitive interventions	Jose Luis Alvarez (ACF-UK)	
12.05–12.30	Q&A session		
<b>12.30–2.00 Lunch</b>			
2.00–3.00	Donor Perspective		Lola Gostelow
3.00–3.30	Overview of WASH and nutrition	Professor Sandy Cairncross (LSHTM)	Paul Sherlock
<b>3.30–3.50 Coffee/Tea</b>			
3.50–4.10	Reducing Child Mortality Rates by Maximising the Effectiveness of WASH approaches on Undernutrition	Daniele Lantange (Tufts University) Luke Ascolillo (Tufts University)	Paul Sherlock
4.10–4.30	Promotion of a holistic approach to address poor WASH and chronic undernutrition in Indonesia	Mr. Hadiat (National Development Planning Agency), Harriet Torlesse (UNICEF)	
4.30–4.50	Q&A session		
4.50–5.00	Wrap up Day 1	Lola Gostelow	

# Day 2

Time	Subject	Name of presenter	Chair
9.00-9.10	Objectives for day 2	Lola Gostelow	
9.10-9.30	CaLP overview for Cash and Nutrition programming	Nadia Zuodar (CaLP)	
9.30-9.50	An Interagency Framework for multi-purpose cash programming – Lebanon Case Study	Isabelle Pelly (SC-UK)	
9.50-10.10	Tools to Assess the feasibility of Cash and Voucher Transfers for nutrition objectives	Natalie Rae Aldern (WFP)	Barbara MacDonald
10.10-10.30	<i>Coffee/Tea</i>		
10.30-11.00	Syria Field Exchange Special Edition	Jeremy Shoham and Marie McGrath (ENN)	Barbara MacDonald
11.00-11.20	Q&A Session	Rob Hughes (DFID)	
11.20-12.40	Market Place (cycles of four 15-minute presentations, with choice of 12+ stalls to visit).	Jose Luis Alvarez (ACF-UK)	
12.40-2.10	<i>Lunch</i>		
2.10-3.30	Debate: How does international governance affect nutrition-related response?		Lawrence Haddad
3.30-3.50	<i>Coffee/Tea</i>		
3.50-4.10	The relationship between wasting and stunting, policy, programming and research implications	Tanya Khara (ENN)	Kate Sadler
4.10-4.30	SAM, Stunting and Chronic Disease Considerations	Marko Kerac (LSHTM)	
4.30-4.45	Q&A session		
4.45-5.00	Wrap up Day 2	Lola Gostelow	

# Day 3

Time	Subject	Name of presenter	Chair
9.00-9.10	Objectives of Day 3	Lola Gostelow	Emily Mates
9.10-9.35	Nutrition successes and challenges in the Ethiopian context	Dr Ferew Lemma (Senior Advisor, Office of the Minister; REACH facilitator)	
9.35-9.50	Nutrition interventions in Egypt: What is missing?	Dr Gihan Fouad (National Nutrition Institute)	
9.50-10.00	Q&A Session		
10.00-10.20	Nutrition of Vietnam: Situation, Progress and Challenges	Dr Phuong Huynh (National Institute of Nutrition)	
10.20-10.35	Strengthen IYCF policies in selected countries in the South East Asia Region	Pan Thi Hong Linh (Alive and Thrive, Vietnam) Christiane Rudert (UNICEF)	
10.35-10.45	Q&A Session		
10.45-11.05	<i>Coffee/Tea</i>		
11.05-12.35	3 Parallel Sessions on Acute Malnutrition (see Annex 5)		
12.35-2.05	<i>Lunch</i>		
2.05-2.20	Feedback from Parallel Sessions		
2.20-2.35	ICN-2	Domitille Kaufman (FAO)	
2.35-3.40	Thematic discussions 1. Bridging the emergency/development divide: GNC & SUN 2. How can nutrition influence the design of cash programmes? 3. What does a multi-sectoral/integrated approach to nutrition look like?		
3.30-3.50	<i>Coffee/Tea</i>		
4.00-4.30	Thematic discussions		
4.30-4.45	Wrap up of meeting		
4.45-5.00	Closing remarks	Lola Gostelow	
		ENN	

## Annex 3: Evaluation results

As this was the first TMN and we were keen to learn from delegates about what they valued, or felt had not gone as hoped, a meeting evaluation questionnaire was completed. Of the 60 participants who kindly filled these in, 16% rated the meeting as excellent, 37% rated the meeting as very good and 32% rated the meeting as good (total of 85% rating as good, very good or excellent). The quality of presentations was also considered good, very good or excellent; 83% for plenary, 91% for market place and 93% for parallel sessions. Ninety per cent of respondents also valued the time given within the agenda for networking.

Participants appreciated the efforts to include issues surrounding multi-sectoral programming, and found the country-level presentations particularly interesting. The recurring theme of the need to communicate and coordinate better, both within the nutrition sector and more widely was highlighted, with 86% of respondents considering that there is a need for a future TMN, with varied ideas about where it should be held and who should host (around three quarters of respondents suggested that the ENN should host it again, with some suggesting co-hosts with various UN or international agencies). Comments for how to improve future meetings included; having a broader representation of sectors, development actors and government representatives; providing more opportunities for participation and discussion during the sessions; and more focus on technical issues along with issues of institutional architecture and financing. The ENN will take full account of this helpful feedback for any future TMN planning.



# Annex 4: List of Day 2 market place presentations

- Stall 1:** Caroline Abla (IMC), Micronutrients in the Yemen
- Stall 2:** Paul Rees-Thomas (NutritionWorks), Recent experience of 'MQ SUN'
- Stall 3:** Tisungeni Ziimpita (Concern Worldwide), Strengthening the Role of Civil Society in Ensuring Improved Governance for Nutrition
- Stall 4:** Mark Myatt (Brixton Health), Development of a rapid assessment method for older people (RAM-OP) with subsequent applicability to other populations
- Stall 5:** Audrey Papucci (ACF-F), MAM'Out project: Evaluation of multiannual and seasonal cash transfer to prevent AM
- Stall 6:** Domitille Kauffman (FAO), Nutrition and resilience: from concepts to capacity development
- Stall 7:** Elisabetta Dozio (ACF-F), Research and field experiences of integrating ECD, nutrition and psychosocial care
- Stall 8:** Harriet Torlesse (UNICEF), Improving the nutrition impacts of a conditional cash transfer programme in Indonesia
- Stall 9:** Veronica Tuffrey (Independent), A review of nutritional surveillance systems, their use and value
- Stall 10:** Bridget Fenn (Independent), Research on Food Assistance for Nutritional Impact (REFANI)
- Stall 11:** Elisa Dominguez (WHO), Accelerating Nutrition Improvements (ANI) in Sub-strengthening nutrition surveillance systems
- Stall 12:** Louisa Seferis (DRC), Cash assistance to Non-Camp Refugees in the Syrian implications





# Annex 5: List of Day 3 parallel session presentations

## Parallel Session 1: MUAC/WHZ for programming

1. *MSF experiences with MUAC-only (and oedema) programming*, presented by Saskia van der Kam (MSF) on behalf of Kevin Phelan, MSF International
2. *MUAC versus WHZ as admission in ATFC's*, Saskia van der Kam (MSF)
3. *Safety of using mid-upper arm circumference as a discharge criterion in community-based management of severe acute malnutrition*, Paul Binns (Valid International)
4. *Preventing malnutrition among children below 2 years in Chad – non-randomized intervention study comparing seasonal versus perennial distribution of ready-to-use supplementary food*, France Broillet (MSF)

## Parallel Session 2: CMAM Reporting/data management/evidence generation

1. *Reviewing CMAM practice and outcomes in 12 countries and lessons learnt in the design and implementation of an online information system for the monitoring and reporting of CMAM*, Susan Fuller (SCUK)
2. *Mobile Phones to Improve Treatment, Reporting, Monitoring and Supply Management for Acute Malnutrition*, Melani O'Leary (WVI)
3. *Nutrition as part of ICCM: Evidence, Challenges and Future Directions of Research*
4. *Inter-agency Guidance Note: Options for Alternative CMAM Programming in Emergencies*, presented by Maureen Gallagher (ACF) on behalf of Jeanette Bailey (IRC)

## Parallel Session 3: Integration of nutrition into other systems

1. *The importance of engaging in Health systems strengthening to ensure Nutrition interventions are truly delivered within the health system*, Anne-Dominique Israel (ACF)
2. *Nutrition at the Centre: Maximizing Outcomes Through Integrated Nutrition Programming in High Burden Contexts*, Bethan Cottrell (CARE)
3. *Community Resilience to Acute Malnutrition (GRAM)*, Kate Culver (Concern)
4. *Expanded programme on emergency nutrition, health and WASH programming in Mali*, Caroline Abila (IMC)

Abstracts and presentations are available at:  
<http://www.ennonline.net/tmn2014hub>

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