



Global Nutrition Cluster

Global Meeting Report

Virtual Event January 24–26, 31 to February 1, 2023

Contents

Acronyms	iv
Summary	v
Background	1
Part 1: Our Future	2
Day 1	2
Day 2	7
Day 3	14
Part 2: Satellite Sessions	17
Session 1A. Wasting	17
Session 2A. Gender and Gender-Based Violence	19
Session 1B. Intersectoral Collaboration	22
Session 2B. Infant and Young Child Feeding in Emergencies	24
Session 1C. Health Systems Strengthening	26
Session 2C. Anti-Racism and Localisation	28
Session 1D. Emergency Response Preparedness and Risk Analysis	30
Session 2D. Cash and Voucher Assistance	32
Session 1E: Nutrition in Emergencies Research Priorities—Presentation and Workshop	34

Acronyms

BHA	Bureau for Humanitarian Assistance (USAID)
CHW	community health worker
CLA	cluster lead agency
CMAM	community-based management of acute malnutrition
CVA	cash and voucher assistance
ENN	Emergency Nutrition Network
ERP	emergency response preparedness
GAP	Global Action Plan
GBV	gender-based violence
GNC	Global Nutrition Cluster
GNC-CT	Global Nutrition Cluster Coordination Team
GTWG	Global Thematic Working Group
HHER2	second Elrha Humanitarian Health Evidence Review
ICCM	integrated community case management
IFE	infant feeding in emergencies
ICSC	inter cluster/sector collaboration
IPC	Integrated Phase Classification
IYCF	infant and young child feeding
IYCF-E	infant and young child feeding in emergencies
MAMI	management of small and nutritionally at-risk infants under six months and their mothers
NiE	nutrition in emergencies
NIS	nutrition information systems
NGO	nongovernmental organisation
Q&A	question and answer
TST	technical support team
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
UN	United Nations
WASH	water, sanitation, and hygiene
WFP	World Food Programme
WHO	World Health Organization

Summary

The Global Nutrition Cluster (GNC) hosted its global meeting over two weeks in 2023 (January 24–26 and January 31–February 1), convening people from around the world virtually. Attendees represented the GNC’s 46 partners and observers from international nongovernmental organisations, research and development groups, academic institutions, United Nations agencies, donors, individuals, local authorities, national nongovernmental organisations, and community-based organisations.

The theme of Week 1 was “Our Future”. Attendees listened to virtual presentations about progress on the three strategic objectives of the GNC Strategy (2022–2025): (1) People, (2) Operational and Technical Support, and (3) Enabling Environment. Attendees also participated in group work to reflect on strategic priorities and next steps.

Week 2 consisted of nine virtual satellite sessions, during which attendees reflected on current GNC initiatives. Session topics, often with country insights, included wasting, gender and gender-based violence, intersectoral collaboration, infant and young child feeding in emergencies, health systems strengthening, anti-racism and localisation, emergency response preparedness and risk analysis, cash and voucher assistance, and nutrition in emergencies research priorities.

This report first presents an overview of presentations and discussions during the first three days of the virtual GNC annual meeting (January 24–26, 2023), followed by an overview of nine virtual satellite sessions (January 31–February 1, 2023).

Background

The Global Nutrition Cluster (GNC) was established in 2006 as part of the Humanitarian Reform process, which aimed to improve the effectiveness of humanitarian response programmes by ensuring greater predictability, accountability, and partnership. The vision of the GNC is to safeguard and improve the nutritional status of emergency-affected populations by ensuring an appropriate response that is predictable, timely, effective, and at scale. Its core purpose is to enable country coordination mechanisms to achieve timely, high-quality, and appropriate nutrition response to emergencies.

GNC partners are organisations, groups, and individuals who are committed to respecting fundamental humanitarian principles, work in nutrition in emergencies (NiE), and actively help the GNC fulfil its role and contribute to its work plan.

The Global Nutrition Cluster Coordination Team (GNC-CT) provides leadership and stewardship for coordination and functions as the secretariat for the GNC. The GNC-CT is staffed by the United Nations Children’s Fund (UNICEF) and housed in its Geneva offices. The GNC-CT represents GNC partners in global forums and provides operational support to country nutrition clusters while linking stakeholders and ensuring effective communications.

The Strategic Advisory Group provides strategic support to the GNC-CT to guide the direction of GNC affairs. The Strategic Advisory Group is composed of representatives from three nongovernmental organisation (NGO) partners, four UN agencies, two donor representatives, and one nutrition cluster coordinator.

The GNC Technical Alliance (the Alliance) is the technical arm of the GNC and provides systematic, predictable, timely, and coordinated nutrition technical support to countries affected by emergencies.

The GNC holds an annual meeting for partners and other stakeholders. This year in 2023, the meeting was held virtually, via Zoom, for the second time. The purpose of this year’s meeting was three-fold: (1) discuss common strategic priorities to meet the current global food and nutrition crisis, and reflect on learnings from the response scale-up, and what changes need to be made; (2) update GNC partners on progress made, including critical gaps and challenges with respect to the three strategic objectives of the GNC 2022–2025 Strategy—people, operational and technical support, and enabling environment; and (3) examine country-level experiences and learnings and what has been invested to date in the three objective areas—people, operational and technical support, and enabling environment—and remaining gaps. Additionally, virtual satellite sessions provided a way to reflect on current GNC initiatives and how they align with the GNC 2022–2025 Strategy.

Part 1: Our Future

Day 1

Outputs:

- Context and magnitude of the current global food and nutrition crisis is understood by participants
- All participants are updated on progress toward:
 - Strategic Objective 1—People
 - Strategic Objective 2—Operational and Technical Support

Key Resources:

- [GNC annual meeting presentations—Day 1](#)
- [Recording of Day 1](#)
- [Overview of GNC Strategy video](#)

Opening Remarks

UNICEF’s Office of Emergency Programs Deputy Director, Hazel De Wet, extended her sincere appreciation to the country-level coordination teams, country-level partners, strategic advisory members, donors, global partners, observers, and all other participants for attending the 2023 GNC annual meeting. She spoke on the importance of harmonious coordination between people and the organisation to avoid unnecessary duplication of efforts. Her pillars of coordination included collective commitment, complete engagement, and strategic oversight from a broad range of stakeholders. She followed with some points about current global challenges, but with optimism that those in this field will stay committed to transforming the way the world responds to malnutrition through provision of people-centred humanitarian services. UNICEF has and will continue to support the GNC to achieve its strategic objectives to improve the lives of the most vulnerable people, especially children.

World Vision International’s Global Director of Health and Nutrition, Dan Irvine, began by expressing appreciation about what has been achieved since the launch of the Alliance in 2020. There have been over 700 requests from 83 countries in less than three years. He then gave some sobering statistics on the prevalence of malnutrition and needs for continuing humanitarian assistance. He emphasised the need to bridge the nexus between emergency and development work to prevent further escalation of crises. Organisations need to be flexible, adaptive, and explore unconventional allyship. He closed with a call to action for participants, suggesting bold recommendations and utilising the right people at the right place with the right skills now more than ever.

Overview of GNC 2022–2025 Strategy

GNC Cluster Coordinator Stefano Fedele provided an overview of the GNC’s 2022–2025 Strategy. He began by defining the strategy as a collaborative process amongst various stakeholders before introducing a video of the strategy. The GNC Strategy video can be found [on the website](#). The strategy was developed in several steps. It began with a review of the GNC 2017–2021 Strategy, then gathering feedback from stakeholders (i.e., identifying issues to prioritise in the NiE sector, reflecting on areas

where the GNC is doing well and needs improvement), before collaborating with multiple partners. This resulted in the following revisions:

Vision Statement	By the end of 2025, the nutritional status of the most vulnerable people is protected in countries with ongoing, or at risk of, situations of fragility.
Goal	By the end of 2025, all countries with ongoing, or at risk of, situations of fragility will benefit from regular support from the GNC collective to develop or strengthen national and subnational technical and coordination capacity for nutrition.
Mission Statement	The GNC exists to collectively strengthen the nutrition technical and coordination capacities in countries based on the needs of affected populations, in order to forecast nutrition situations and prepare for, respond to, and recover from situations of fragility, thereby contributing to global efforts to prevent and treat malnutrition in all its forms.

Key changes in the revised strategy, compared with the previous strategy, include the following: the GNC’s mandate covers both **coordination and programme** components of NiE; the GNC supports both nutrition **clusters and sectoral coordination** mechanisms to include all situations of fragility; and the GNC supports national and subnational entities, their coordination platforms, and authorities/governments with **preparedness for, response to, and recovery from** humanitarian crises through the cycle of humanitarian development nexus. Fedele reiterated that no major principle was dropped from the previous strategy; instead the working group took the opportunity to include learnings from COVID-19 responses and scale up the availability of guidance and tools to support capacity strengthening by updating the website and e-learning platforms.

The three GNC strategic objectives centre on **(1) people** to ensure the cluster lead agency (CLA) and partners are adequately staffed and skilled; **(2) operational and technical support** to ensure that nutrition-related decisions are guided by timely, sound technical advice and generate new evidence; and **(3) an enabling environment** for improved collaboration, partnerships, and innovation and a supportive financial and policy environment. The core initiatives include data-informed, essential and contextualised nutrition-specific and sensitive interventions, mainstreaming cross-cutting issues, and timely preparedness and transition.

Fedele summed up the session by defining GNC priority countries. In general, countries with either an activated cluster or an official nutrition sector where indicators are measured and direct support is provided are deemed priority level 1. Countries that have been identified in the [INFORM severity index¹](#) but do not receive direct support, and where the cluster does not measure staff capacities, are deemed priority level 2. All countries can benefit from the tools and technical guidance provided on the GNC website. Please refer to <https://www.nutritioncluster.net/where-we-work> for an updated list of GNC priority countries.

¹ INFORM is a multi-stakeholder forum for developing shared, quantitative analysis relevant to humanitarian crises and disasters, which includes organisations from the humanitarian and development sectors, donors, and technical partners. The European Commission Joint Research Centre is responsible for the methodology of the INFORM Severity Index. ACAPS is responsible for the data collection and analysis. The UN Office for the Coordination of Humanitarian Affairs is the overall coordinator of INFORM.

Strategic Objective 1: People

1. CLA Update: GNC, Stefano Fedele

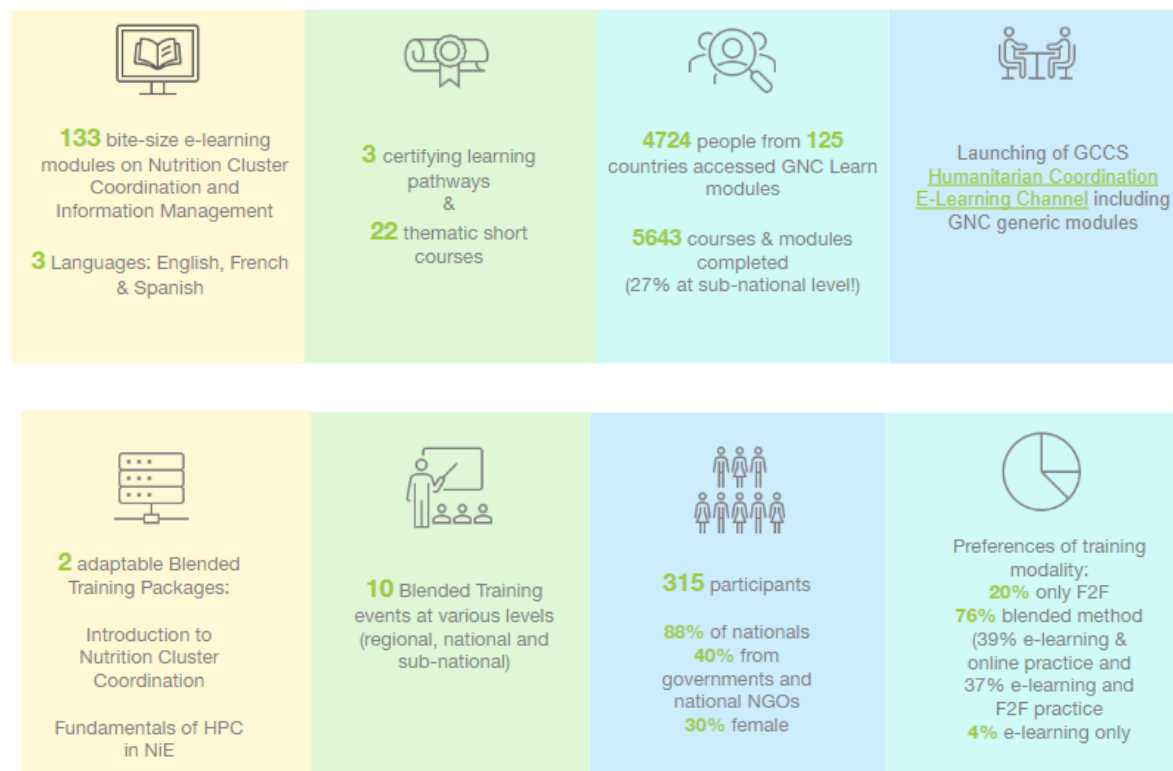
In 2022, the GNC directly supported 37 priority level 1 countries. Of all 37 countries, 61% had a dedicated nutrition cluster coordinator, while just 50% had a dedicated information management officer at the national level. For countries without dedicated information management officers and nutrition cluster coordinators, other staff members took on this dual role or long-term vacancies occurred. At the moment, the GNC is unable to report on subnational human resource statistics. While this is tracked twice a year, the level of detail captured is not adequate to aggregate. Longstanding problems have been related to perceived added value of the cluster. To address Strategic Objective 1, addressing gaps in staffing, country requests for standby partnerships and rapid response teams to provide key support have been made until more long-term support mechanisms are in place. The GNC, with other UNICEF-led clusters, recently published [guidance on the recommendation of good practices for the minimum structure of coordination teams at a country level](#). At the national level there are a lot of gaps to cover, but as the CLA, UNICEF is committed to providing support and holds itself accountable for the coverage, equity, and quality of its humanitarian action and response.

In 2020–2021 UNICEF conducted an evaluation of its role as cluster lead/co-lead agency. The overarching recommendations from this evaluation address three broad areas. As a cluster lead/co-lead agency, UNICEF should (1) shift its mindset and focus beyond what it can do alone towards collective action of multiple actors, (2) align internal systems with its CLA responsibilities and ensure agency-wide accountability, and (3) use the knowledge and experience of the leading three clusters and one area of responsibility to lead reflection and changes in the Inter-Agency Standing Committee (IASC) to advocate on adapting the clusters to the context and updating the guidance notes. UNICEF has agreed to the recommendations and it is important to highlight that turning the proposed recommendations into action has required a whole-of-organisation approach. UNICEF’s key priorities include budget allocations for key CLA functions, mainstreaming CLA accountabilities and commitments across the organisation, and advocacy at the IASC level for updating guidelines and adapting clusters to the context.

2. Information Management and Coordination Capacity Strengthening: GNC, Briony Stevens

The GNC capacity-strengthening approaches stem from the [GNC nutrition cluster coordinator](#) and information management competency frameworks and the [GNC capacity-building framework](#), which are both available online and in multiple languages. In 2022, the GNC focused on launching, disseminating, and supporting the GNC e-learning platform and piloting fast-tracked blended training packages for GNC priority countries. The objective was to switch from in-person, teacher-led approaches to self-paced e-learning and blended learning (where the GNC has the role of remote training facilitator) based on the adult learning principles. The team faced some challenges in terms of connectivity issues, difficulty encouraging autonomous self-learning, efforts to localise mentoring programmes, and how to best tailor support at the country levels. Accomplishments from 2022 are outlined in figure 1.

Figure 1. Global Nutrition Cluster Accomplishments in 2022



3. Nutrition in Emergencies Capacity Strengthening: UNICEF, Yara Sfeir; GNC, Angeline Grant

The [Competency Framework for Nutrition in Humanitarian Contexts](#) reflects and promotes current and emerging best practices in nutrition in humanitarian contexts. The purpose of the competency framework is to contribute to improved nutrition outcomes by providing a standardised, inter-agency set of competencies required by people working in nutrition in humanitarian contexts to support: improved effectiveness of individuals, teams, and organisations; improved coordination and collaboration between organisations; and increased accountability to those who require assistance. This year the Alliance, UNICEF, and RedR worked on a mapping of available and free-of-charge online modules in NiE. The mapping highlighted many gaps. To address these gaps, the NiE Working Group was reactivated to develop a strategy for nutrition in emergency capacity strengthening. The strategy, work plan, budget, and monitoring and evaluation plan are still in development. During the session, the presenters asked participants two questions to gather feedback for the working group:

1) What do you see as the main challenge of capacity strengthening within the NiE sector?

Answers included: sustainability, staff turnover, contextualisation, affordability, reaching local actors, under-resourced, timeliness, lack of collaboration, brain drain, frequency of training, applicability, and language barriers.

2) What capacity-strengthening modalities do you think the NiE capacity-strengthening task force should prioritise?

Answers included: on-the-job coaching, blended learning, face-to-face trainings, and mentoring.

Strategic Objective 2: Operational and Technical Support

1. Technical Support Team (TST) Update: GNC, Andi Kendle

Beginning in 2021 and continuing through 2022, the TST has been exploring ways to improve partnerships, harness the collective energy of its members, and work towards locally led nutrition action. The “TST: Review of 2022 & Looking Ahead to 2023” video (available in [English](#), [French](#), and [Spanish](#)) and [poster gallery](#) provide updates on the TST’s recent work. TST workstream meetings are held on a monthly basis and aim to advance the NiE sector’s understanding and implementation of specific thematic areas ([gender](#), accountability to affected populations, humanitarian development peace nexus, [disability](#), [anti-racism and localisation](#), and nutrition and climate).

2. Update on Preparedness Work: Consultant, Cecile Basquin

The GNC Strategy (2022–2025) includes a focus on emergency response preparedness (ERP). The aim is to strengthen the capacity of nutrition clusters/sectors to not only respond to crises, but to become better prepared for emergencies. The team is working to increase the number of countries with an ERP plan. In 2022, the GNC updated its existing preparedness guidance and turned it into an ERP step-by-step guide, produced an ERP short course on the [GNC Learn platform](#), and conducted three global virtual ERP workshops. Additional tools were developed, including an ERP plan template and a template for preparedness actions work planning. The [ERP toolkit](#) can be found on the GNC website.

3. Emergency Nutrition Network (ENN) Thought Leadership: ENN, Natalie Sessions

ENN supports the Global Thematic Working Groups (GTWGs) and develops products based on technical needs. The GTWGs are voluntary groups made up of experts across different thematic areas. In 2022, over 200 members of the GNC collective were engaged with at least one of the five GTWGs. When a question does not naturally fit within one of the GTWGs, a time-bound, focused, output-driven task force is created. In 2022, a women’s nutrition and humanitarian context task force was established. In 2023, ENN hopes to focus on further enhancing linkages with colleagues at regional and country levels, proactively identifying technical needs and gaps, and identifying additional funding resources. ENN also intends to publish learning briefs on a variety of topics including: addressing the debate between weight-for-height z-score versus mid-upper arm circumference, how to better support local NGOs, implementation of infant feeding in emergencies (IFE) programming in the Ukraine response, inter-cluster responses in hard-to-reach areas, and operational guidelines on CVA for nutritional purposes.

Wrap-Up of Day 1

Ines Lezama from the Ethiopia Nutrition Cluster wrapped up Day 1 with the following takeaways:

- COVID-19 has forever changed how we communicate and work together.
- The GNC as a whole needs to spend more time looking at how to optimise its resources and increase transparency within the organisation. Both implementation and the learnings are important.
- There is a need for better advocacy. “We need to recruit the right people at the right place at the right moment” and acknowledge our resource limitations.

Day 2

Outputs:

- Participants are aware of progress towards:
 - Strategic Objective 2—Operational and Technical Support (continuation from Day 1)
 - Strategic Objective 3—Enabling Environment
- Participants are aware of gaps and challenges in achieving Strategic Objective 3

Key resources:

- [GNC annual meeting presentations—Day 2](#)
- [Recording of Day 2](#)

Presentations of Thematic and Technical Working Group Updates

1. Wasting: Presented by Tamsin Walters, ENN and co-chair of the GTWG

This working group is co-chaired by ENN and UNICEF, and was established prior to the COVID-19 pandemic. They meet every other month and have approximately 50 members. They provide rapid response to questions escalated by the GNC help desks and the TST.

In 2022, they had six workstreams:

- Workstream 1: Supporting revision of national protocols and simplifying protocols. There are two phases to this workstream. The first phase is to create a mapping of upcoming national protocol revisions and record the experiences. The second is to create generic guidance for inter-agency support of national protocol revision processes. So far, two products have been released, including lessons learned from previous experiences and a summary of the work in [Field Exchange Issue 68](#).
- Workstream 2: Programming in the absence of therapeutic products. They have obtained and reviewed field practitioner feedback on the 2020 COVID-19 adaptations information note, revised the note, and released it as a standalone piece with applicability beyond the pandemic. This [revised guidance](#) is available on the GNC website.
- Workstream 3: Costing guidance for community-based management of acute malnutrition (CMAM)/wasting programmes. They are compiling, creating, and rolling out methods and standards through a newly established [en-net forum](#) and community of practice as well as two webinars. They are also implementing a communications and advocacy plan.
- Workstream 4: Prevention of wasting. This workstream is focused on maternal energy balance and protein supplementation. They are creating a background document and mapping these activities in at least one subregion. They are also developing a technical guidance note on multi-sectoral programming for healthy diets.
- Workstream 5: Cost of inaction. They have established agreed-upon methods and tools to enable GNC partners to consistently and transparently estimate and communicate the number of lives saved or lost from treatment or absence of treatment, and to present the strengths and limitations of each approach, identify data needed and gaps in available data, and define a research agenda.

- Workstream 6: Moderate wasting initiative. They are collating and cataloguing information on alternative practices for management of moderate wasting to map and design context-specific solutions at the subnational level in five countries. They plan to pilot the solutions and document learning. So far they have drafted the catalogue, established the steering committee, identified the countries, and identified initial contacts.

2. CVA and Nutrition: Presented by Diane Moyer, Concern Worldwide and co-chair of this GTWG

This working group was launched in March 2021 following publication of the guidance note and has 54 active members. Its aim is to respond to technical gaps, promote knowledge sharing, and strengthen capacity building on CVA for nutrition outcomes.

In 2022, the working group developed guidance on basic nutrition indicators for multipurpose cash assistance; launched and finalised a study on CVA for nutrition; coordinated work with USAID Advancing Nutrition's study on supplemental nutrition assistance; supported facilitation of several webinars on CVA for nutrition at global and regional levels; set up a monitoring, evaluation, and learning subgroup; and supported production of operational guidelines on the use of CVA for nutrition in Nigeria.

3. IFE Core Group: Presented by Jodine Chase, ENN and IFE Core Group facilitator

Established in 1995, the IFE Core Group has a broader mandate than other GTWGs, although it functions as one within the GNC. In 2022, the IFE Core Group responded to questions from Poland and Ukraine and provided guidance on follow-on formula. It also worked on gap identification in the areas of support to wet nursing guidance (led by UNICEF), and infant and young child feeding in emergencies ([IYCF-E guidance for the first days after a nuclear plant accident with radiation leaks](#)). The IFE Core Group produced a lessons learned brief on supporting implementation of IYCF-E programming in the Ukraine response, created an [IYCF-E research repository](#) available on the ENN website, and funded the completion of two case studies of complementary feeding in emergencies in Nigeria and Sudan. A special series was published in [Field Exchange](#) that also highlighted similar case studies by USAID Advancing Nutrition; a joint webinar was held (in collaboration with UNICEF) in September 2022 that highlighted all four case studies. Two other webinars were held by IFE Core Group on World Breastfeeding Week and Breastfeeding Counseling in Emergencies. The IFE Core Group has translated the operational guidance into 13 languages.

In 2023, the IFE Core Group will focus on finalising the operational guidance - IFE template and explore how to support country uptake, outline actions to further guidance on complementary feeding in emergencies, and reflect on 10 years of progress on IYCF-E.

4. Nutrition Information Systems (NIS): Presented by Anne Celine Delinger, UNICEF, and co-chair of this GTWG

[This GTWG](#) was activated in 2019 and is co-chaired by Action Contre la Faim (Action Against Hunger) Canada and UNICEF. Their objective is to produce and oversee development of technical guidance, methods, and tools on NIS-related issues, ensure networking between global experts for information sharing, and provide coordinated technical support to country teams.

In 2022, the NIS GTWG had 10 planned activities in their work plan, and most are still ongoing. These activities include developing an IYCF-E assessment methodology, identifying different approaches to calculate wasting people in need, creating an open-source nutrition and related data platform, mapping existing data collection methods used in situations where there is no physical access and developing guidance and tools, and supporting predictive analytics systems to nowcast and forecast.

Achievements in 2022 included in-country support in Afghanistan, Central African Republic (CAR), and Yemen. In Afghanistan, the NIS GTWG supported implementation of the national SMART (Standardized Monitoring and Assessment of Relief and Transitions) survey covering 34 provinces, for the first time since 2013, and Integrated Phase Classification (IPC) acute malnutrition analysis. In CAR, they supported completion of a national SMART survey. In Yemen, they supported implementation of 44 surveys and an IPC acute malnutrition analysis and launch of a risk monitoring framework. For the SMART+ Initiative, assessments were completed and pilots undertaken in South Sudan and Kenya. A diagnosis paper on Nutrition Information Systems (NIS)-Fragile and Conflict Situations (FCS) was also released.

In 2023, the NIS GTWG plans to develop a strategic roadmap on NIS based on the NIS FCS diagnosis paper, support the new IPC acute malnutrition analysis roadmap, develop a landscape analysis for predictive analytics, and formally launch the SMART+ Initiative.

5. MAMI: Presented by Kelsey Grey, ENN, and interim MAMI Global Network coordinator, via video

The [MAMI GTWG](#) was established in late 2022 and has 11 members. The MAMI Global Network coordinator and Amanda Murungi, an independent member based in Uganda, co-chair the MAMI GTWG. The acronym MAMI stands for the management of small and nutritionally at-risk infants under six months of age and their mothers. The MAMI GTWG was convened under the [MAMI Global Network](#) coordinated by ENN. The MAMI GTWG is not replacing the MAMI Global Network but will be a working group within it.

In 2022, the Alliance funded the translation of some key MAMI documents, including the [MAMI Global Network Strategy for 2021–2025](#), the [MAMI Communications Guide](#), and [social media cards](#). The [MAMI membership recruitment video](#) will be available in French and the MAMI Care Pathway Package will be available in Spanish.

6. Simplified Approaches: Presented by co-chairs Grace Funnell, UNICEF, and Bethany Marron, International Rescue Committee

The objectives of this GTWG include supporting implementation of simplified approaches by sharing experiences and informing development of tools and guidance, generating evidence, supporting operational aspects of implementation, and facilitating learning and coordination globally. This GTWG was formed out of an existing working group and expanded in 2020 after adaptation guidance was published. The GTWG is composed of a number of NGOs, along with the U.S. Centers for Disease Control and Prevention and the World Health Organization (WHO). The GTWG meets once a month. The current focus of the GTWG is developing a tool (consisting of a briefing note and PowerPoint) to support decision-making among implementers on whether adaptations to services are necessary to ensure continued availability and access.

The GTWG has [also developed a training toolkit](#) for health facility-based and community-based health workers who will manage childhood wasting. It is [available on Kaya](#) as a downloadable training manual

with four chapters on simplified approaches (i.e., family mid-upper arm circumference, community health worker-led treatment, reduced frequency of follow-up visits, and simplified treatment protocol).

Priorities for the GTWG in 2023 include hosting a [training toolkit webinar series](#), updating the training toolkit, researching outcome mapping, providing documentation to strengthen current evidence landscapes, developing a global database on simplified approaches, and supporting development or adaptation of existing implementation tools for countries engaged in rapid scale-up.

7. Child Wasting: Presented by Zita Weise Prinzo, WHO

The last update to [WHO guidance on severe acute malnutrition](#) was released in 2013. The current wasting guidelines focus on the following: infants younger than 6 months of age, moderate wasting in infants and children 6–59 months, severe wasting and/or nutritional oedema in infants and children 6–59 months, as well as the prevention of wasting and/or nutritional oedema.

The current review of the 2013 guidelines is structured with 16 guideline questions (27 including sub-questions) and led to the commissioning of 23 systematic reviews. Thus far, 11 guideline sub-questions have been discussed and recommendations were made based on the GRADE (Grading of Recommendations, Assessment, Development, and Evaluations) framework. There are still five questions to cover by the end of February/March 2023. There will be an in-person meeting in March.

For infants younger than 6 months of age, the updated guidelines will advise on interventions to manage problems and improve breastfeeding, provide criteria for deciding when to provide therapeutic interventions and which intervention is the most effective, and advise on interventions for routine antibiotics, maternal nutritional supplementation, and mental health. Remaining questions cover admission and discharge criteria.

For moderate wasting, the updated guidelines will advise on which children require specially formulated foods—including the optimal type, dose, and duration—and post-hospital discharge interventions. Remaining questions are on admission and discharge criteria.

For severe wasting, the updated guidelines will advise on optimal quantity and duration of ready-to-use therapeutic food, feeding intolerance, identification of dehydration, and the use of ReSoMal (rehydration solution for malnutrition) versus oral rehydration salts. Remaining questions are related to admission and discharge criteria.

For wasting prevention, remaining questions are on which population/community characteristics modify or mitigate the risk of mortality, prevention interventions, and blanket versus targeted interventions.

For 11 of the 16 questions submitted for approval by the WHO Guidelines Review Committee in the first part of 2023, WHO will publish recommendations and good practice statements upon approval. The recommendations will be published electronically via MAGICapp (a digital authoring and publication platform) and as a PDF file. This will make it more like a “living” document because recommendations can be updated one at a time. The recommendations are expected to be published later in 2023.

To support translating recommendations into practice, WHO will focus on developing operational guidance and updating existing tools, as well as developing new guidelines and tools as needed. A technical advisory group was formed with UNICEF to identify operational guidance gaps.

Strategic Objective 2: Operational and Technical Support—presentation on progress and challenges on operational and technical support, with country example. Presented by Rasha

Al-Ardhi, Magnat Kavuna, Jean-Jacques Inchi Suhene Mumbere, Shabib AlQobati, and Faith Nzioka, all from UNICEF/GNC

Many countries under the East and Southern Africa Regional Office (ESARO) and West and Central Africa Regional Office (WCARO) have experienced deterioration in nutritional status, despite established nutrition coordination mechanisms that increased support especially related to understaffing. The GNC rapid response team (RRT) focused its support on strengthening coordination and information management (IM) capacities. It adopted a flexible approach whereby RRT colleagues were able to provide timely support to countries remotely from both ESARO and WCARO, strengthened channels of communication, and ensured the smooth functioning of nutrition response and preparedness activities.

The GNC provided support based on a hybrid model (of in-person and remote support), with deployments lasting eight weeks on average. Many lessons were learned, including the need to facilitate communication with country-level national teams to identify gaps and find a way to move forward; more focused nutrition cluster coordinator (NCC) and IM support; better visibility to head of agency and Sahel situation/response team; and better information sharing and harmonisation of best practices.

Challenges included lengthy and rigid administrative processes (e.g., inflexible terms of reference), lack of optimal coordination at the country level, delays in information sharing, insufficient mapping of existing community-based basic services, and a lack of standardised performance indicators.

Best practices included defining key priorities, having the RRT/nutrition cluster coordinator as the focal point, holding monthly Horn of Africa coordination calls to share experiences and gather feedback, and delineating functions of the NCC and IMO using checklists that can be used to develop cluster system work plans.

Next steps will focus on establishing dedicated NCC and IM capacities at the RO level, adopting a more flexible approach, encouraging systematic engagement between ROs and the GNC, improving communication channels, strengthening engagement between TST and ROs (i.e., linking countries with technical assistance from TST), standardising actions, and supporting flexible work plans including continuous data collection from countries.

Strategic Objective 3: Enabling Environment - Presented by Elena Gonzalez and Rachel Lozano, both from UNICEF

In 2022, the priority for Strategic Objective 3 was to take stock of GNC work, with a focus on three main areas: global, country, and learning. Two new working groups were created on advocacy / comms and financing. The Advocacy and Comms Working Group guides GNC engagement in advocacy activities across all levels, was responsible for drafting the [2022–2025 advocacy strategy](#), and is mapping global advocacy networks. Their priorities in 2022 were coordination, prioritisation, and funding. The Finance Working Group supports the GNC in creating a supportive financial environment through mapping of current, prospective, and innovative nutrition resource partners. In 2022, they produced a report on nutrition financing in fragile states.

In 2022, work on a GNC resource partners engagement plan was achieved at the global level. At the country level, GNC supported 31 advocacy requests from countries and developed advocacy strategies in three countries. There are now 11 e-learning modules dedicated to advocacy, and additional advocacy tools were developed. Out of 41 countries, 20 requested support for advocacy activities. Most requests were focused on developing strategy (15) and constituting working groups (14). Key challenges included fragmented messaging, insufficient and inconsistent data, insufficient coordination between humanitarian/development actors, and lack of resources as a chronic issue at the local level.

In 2023, priorities at the global level include deepening and expanding engagement, maintaining advocacy help desk support, increasing advocacy support to inter cluster/sector collaboration, mapping evidence and gaps to underpin advocacy, and supporting workstreams to develop GNC positioning. Priorities at the country level include continuing support to develop advocacy strategies.

In terms of collaboration, the GNC has adopted new terminology to encompass both sector and cluster mechanisms: “inter cluster/sector collaboration” ([ICSC](#)) has replaced “intersectoral collaboration” (ISC). It focuses on joint actions and has two objectives: (1) at least 70% of GNC priority countries implement intersectoral plans and (2) there is at least 25% increase in funding. ICSC’s structure consists of overarching governance (i.e., global coordinators of nutrition, food security, health, and WASH clusters), an ICSC platform with four help desks (one per cluster) that meet once per week, and the ICSC Working Group composed of GNC partners that meets once per month.

In 2022, the GNC achieved the following at the global level: established a functioning ICSC platform, held a face-to-face meeting with the four clusters, issued a [joint statement](#) for 12 priority countries, and conducted a joint assessment for these priority countries to identify gaps, areas for support, and level of implementation of ICSC. At the country level the following was achieved: initiated joint calls for Mozambique and Ethiopia; conducted one partner call with Ethiopian national clusters; provided ongoing country support to Mozambique, Ethiopia, Somalia, Yemen, Central African Republic, and Benin; participated in a Benin country workshop, and participated in the development of advocacy strategies. Regarding the learning agenda, two case studies were finalised (Democratic Republic of the Congo and Burkina Faso) and guidance was developed to write an [ICSC advocacy note](#). More than half (20) of the countries contacted reported doing ICSC projects versus 14 that had not. The highest level of collaboration is with the WASH sector, then health, followed by food security and protection.

Challenges in 2022 at the global level included platform functionality and late engagements with the four global clusters, as well as confusion between understanding the difference between ICSC and the Inter Cluster Coordination Group (ICCG). At the country level, only 50% of countries use ICSC programming, there are no cross-cluster/sector platforms for proper coordination, inter-cluster gaps not fully addressed, and impact of lack of funding. There is recognition that the terminology around collaboration and coordination is a bit confusing but the GNC is hopeful that this is something that can be addressed. Rachel also emphasised that we (the sectors) should not wait on a crisis to occur before collaboration. Finally, there is a lack of awareness amongst donors that ICSC is cheaper.

Main priorities for 2023 include continuing to strengthen ICSC to support country cluster/sectors to respond to different scenarios at each step of the humanitarian programme cycle. Rachel noted that “the more aligned our priorities are, the better prepared we are, and the earlier we act, the more lives we save”.

Country Perspective: Mozambique - Presented by UNICEF, Fanceni Balde

Mozambique has been doing great work on advocacy this year. It is home to a vulnerable humanitarian landscape including conflict, drought, and chronic food insecurity, with 2.2 million people currently classified as IPC 2-3+, and more than 1 million people displaced. There are few cluster partners and low humanitarian presence (along with frequent pipeline breaks) as well as low coverage of lifesaving nutrition interventions.

In 2022, with technical assistance from the GNC, an advocacy strategy was designed with the objectives of improving visibility, strengthening ICSC collaboration, and elevating nutrition in the humanitarian agenda. Beyond developing the strategy, the team implemented a joint needs assessment with the food

security, protection and health clusters. A [call to action](#) was drafted with active engagement from the World Food Programme (WFP) and UNICEF, which led to the reinstatement of intersectoral meetings at the national level. Additionally, UNICEF and WFP drafted a joint strategy for the northern provinces, responding mostly to the conflict but also integrating climate change; joint fundraising followed this strategy.

Lessons learned from this experience included: reinforcing the importance of close coordination and collaboration, demonstrating that the resident coordinator is sensitive to nutrition issues and actively engages, highlighting the need for proactive engagement to ensure a unique voice, and engaging regularly with donors to increase resources (most donors are sensitive to nutrition-specific needs). Remaining needs include continuing engagement at the national and subnational levels, maintaining regular briefings with UNICEF, ensuring CLA priorities align with priorities, increasing reach and impact, and enhancing and elevating advocacy.

Wrap-Up of Day 2

Kate Golden from Concern Worldwide wrapped up Day 2 with the following takeaways:

- Today's review of the technical working groups demonstrated the breadth and depth of expertise as well as the longevity of these issues.
- Many of the technical areas covered in the sessions today will also host side events and all are encouraged to attend.

Day 3

Output:

- Participants are updated on the strategic priorities and actions undertaken to date in response to the current crisis.
- Reflecting upon the strategic priorities and action undertaken to date, GNC partners identify the way forward.

Key resources:

- [GNC annual meeting presentations—Day 3](#)
- [Recording of Day 3](#)
- [Global Action Plan on Child Wasting](#)

Presentation of Strategic Priorities and Actions Undertaken to Date From Gap Prioritisation Process and Wasting Acceleration Plan

Wasting Scale-Up—BHA Nutrition Supplemental Progress Update: USAID, Erin Boyd; WFP, Gwenaelle Garnier; UNICEF, Saul Guerrero

In the last few years, there have been three large drivers of undernutrition around the world: the socio-economic impact of the COVID-19 pandemic, massive deterioration in climate conditions (especially drought across the Horn of Africa and the Sahel region), and the effect of the war in Ukraine on food prices. Despite the challenges and the increase in need, the [Global Action Plan on Child Wasting](#) renewed our commitments to increasing the scale-up of wasting treatment and has served as a source of optimism for organisations to deal with challenges related to undernutrition. With unprecedented need came unprecedented funds from USAID's Bureau for Humanitarian Assistance (BHA), channelled through UNICEF and WFP. This mechanism, known as the BHA Nutrition Supplemental, was allocated for nutrition commodities (ready-to-use therapeutic food, ready-to-use supplementary food, and therapeutic milks) and programme costs related to wasting prevention and treatment. The breakdown in 2022 was as follows:

- \$200,000,000 awarded to UNICEF (through the global award)
- \$84,000,000 awarded to UNICEF (through country awards)
- \$217,000,000 awarded to WFP (through country awards)

The majority of awards were given to countries with populations designated as IPC4 and IPC5. To learn more about IPC classifications, visit the [Integrated Food Security Phase Classification website](#). Under the Nutrition Supplemental, the following countries received support: Afghanistan (WFP); Haiti, South Sudan, Sudan, Chad, Mali, Nigeria, Yemen (UNICEF); Ethiopia, Kenya, Madagascar, Somalia, Burkina Faso, Niger (both UNICEF and WFP). UNICEF and WFP plan to continue transparent and inclusive joint planning discussions at the headquarter and country office levels to build on this momentum. To avoid pipeline breaks, UNICEF and WFP supply experts are working towards more centralised procurement and strengthening of partner forecasting mechanisms. And finally, UNICEF and WFP are exploring new partnerships and creative financing mechanisms to quickly address programmatic, supply, and nutritional needs.

2. Global Action Plan on Child Wasting call to action

Presented by UNICEF, Saul Guerrero; WHO, Zita Weise Prinzo, UNHCR, Terry Theuri; WFP, Britta Schumacher

The Global Action Plan call to action responds to a realisation that although the USAID BHA Nutrition Supplemental (and the pledges that followed) was transformative in terms of the global response to scale up wasting treatment, a multisystemic effort to prevent, detect, and treat children with wasting is still needed. To leverage this momentum, GNC leadership and the heads of several UN agencies who authored the GAP issued a global call to action.. The call to action highlights the urgent need to scale up interventions addressing the fundamental drivers of malnutrition, which include unhealthy diets, common child illnesses, poor health services, unsafe water and sanitation resources, and limited social protection. There is an urgent need for more integration, transparency, and collaboration amongst the UN agencies, civil society, and NGOs to more effectively support governments to accelerate progress in wasting prevention and treatment. The desired results and ultimate goal of child survival can be achieved only through a coordinated combination of interventions and actions. To learn more, please watch the short video statement on the [Global Action Plan on Child Wasting call to action](#).

Day 3 Group Work

Participants were divided into four breakout groups to discuss strategic priorities and next steps.

- ***Reflecting on what has been done to date, should we be reversing, or deprioritising anything that has been put into place? If so, what? And why?***
 - Start to deprioritise COVID-19 adaptations as many were only temporary measures.
 - Shift the focus from products (i.e., ready-to-use therapeutic food) to better programme design and coverage.
 - Break down the silos in SAM and MAM programming. All malnourished people should be prioritised for assistance.
 - Oversimplification of tools, processes, and guidance will not work in all contexts. Use evidence for what has worked in similar contexts.
 - Increase autonomy for countries and local partners to identify their priorities and resource needs (e.g., human, technical, supply).
 - Seek local talent outside of community health workers.
- ***Reflection on what has been done to date, which priorities or activities should be sustained? Why? How should this be done?***
 - Promotion of the continuum of care (awareness, prevention, treatment).
 - Solicit opportunities for diverse funding and partnerships for research.
 - Increase local and regional production of commodities.
 - Improve supply chain forecasting and management.
 - Transparency and collaboration amongst UN agencies.
 - Streamline guidelines, recommendations, and working groups.

- Promote better exchange of ideas between global and country-level technical groups, local partners, civil society, and community members.
- Consider more meetings “on the ground” and assign designated roles over volunteer responsibilities.
- Establish nutrition cluster or sector activation in all countries where the GNC operates.
- Ensure resources are accessible (e.g., easy to find, well promoted, available in multiple languages).

Closing Remarks

Tracy O’Heir from the Office of Technical and Program Quality of USAID’s Bureau for Humanitarian Assistance (BHA) emphasised a strong commitment of nutrition partners around the world. On behalf of USAID, she thanked participants, members, and partner organisations who have committed to tackling global nutrition challenges. “The sheer number of working groups related to wasting nutrition information, infant and young child feeding, cash and voucher assistance is very indicative of the passion and the technical standards to which this group holds itself”. In addition to the acknowledgement of several successes over the past year, O’Heir highlighted the need to improve working relationships amongst agencies and nutrition partners to ensure families receive effective prevention messages and treatment options as efficiently as possible. USAID reaffirmed its commitment to localisation, technical assistance, and quality assurance priorities. She ended her speech with appreciation for participants and USAID Advancing Nutrition in hosting the three-day event.

Stefano Fedele, the GNC coordinator, also thanked participants and hosts for fantastic participation and orchestration of the event. He mentioned that 2022 was a year of unprecedented challenges (i.e., continuation of COVID-19, natural disasters, and supply issues) and opportunities (i.e., a massive increase in funding from USAID and great collaboration between UN agencies and key partners). “Unfortunately, many of the challenges in 2022 will persist in 2023, but also so we can continue maximising on the opportunities by supporting the new WHO guidance which are expected soon, ensuring an effective and efficient implementation of the BHA supplementary funding allocated last year and capitalise on the great results achieved through this to achieve an even higher level for funding with additional financial support from other donors”. To ensure continuation of achievements Guerrero emphasised joint coordination between donors, UN agencies, global and national NGOs, national and local authorities, and civil society organisations. With continued support, the nutrition cluster can and must prevent and address malnutrition in all its forms.

Part 2: Satellite Sessions

Session 1A. Wasting

January 31, 2023, 7:00–7:55 EST | 13:00-13:55 CET

Improving capacity and understanding of how to manage wasting in emergencies is a critical issue facing many members of the GNC. The session presented three perspectives on increasing coverage using a combined protocol, incorporating treatment of severe acute malnutrition into integrated community case management (iCCM) and programming in the absence of products.

[Event page](#). [Recording](#). [Slides](#).

Summary

Increasing coverage of severe acute malnutrition treatment with community health workers using a combined protocol, in the emergency context of Gao, Mali

Presented by Pilar Charle Cuellar, Action Against Hunger/Spain

This [randomised control trial with a non-inferiority design](#) compared three different protocols for treatment of severe acute malnutrition without complications. The objective was to assess the effectiveness, cost-effectiveness, and coverage of adding treatment for severe acute malnutrition delivered by community health workers (CHWs) into the iCCM protocol in an emergency setting in Mali. The control group consisted of six health facilities using a traditional CMAM protocol. The first intervention group consisted of three health facilities with 10 CHWs using a traditional CMAM protocol. The second intervention group consisted of three health facilities with 11 CHWs using a combined/simplified protocol which takes mid-upper arm circumference and oedema only as admission criteria, provides a fixed dose of ready-to-use therapeutic food (two sacs 1,000 kcals/day) and uses mid-upper arm circumference for discharge criteria (see figure 2).

Figure 2. Three Different Protocols for Treatment of Severe Acute Malnutrition Without Complications Compared in Randomised Control Trial

CONTROL ARM Health facilities	INTERVENTION ARM 1 Health facilities + CHWs	INTERVENTION ARM 2 Health facilities+ CHWs
<ul style="list-style-type: none"> • Protocol CMAM • Admission: WHZ<-3 or MUAC<115mm, or oedema • Treatment: RUTF/weight • Discharged: WHZ>-1.5 or MUAC> 125mm 	<ul style="list-style-type: none"> • Protocol CMAM • Admission: WHZ<-3 or MUAC<115mm or oedema • Treatment: RUTF/weight • Discharged: WHZ>-1.5 or MUAC> 125mm 	<ul style="list-style-type: none"> • Protocol combined • Admission: MUAC<115mm or oedema • Treatment: 2 RUTF • Discharged: MUAC> 125mm
		<p>Children SAM CMAM protocol RUTF / weight: 175Kcal/kg/day</p> <p>Children SAM combined protocol 2 sacs RUTF fixed 1000 kcal/day</p> <p>Children SAM < 5kg combined protocol 1 sac RUTF fixed 500 kcal/day</p>

The researchers found that child mortality and the proportion of children cured, or who defaulted from treatment, was not lower in intervention groups 1 and 2 when compared with the control group. There was an increase in coverage in the two intervention groups, and intervention group 2 used a lower number of ready-to-use therapeutic food supplements compared with the control group and intervention group 1. Recommendations from this study include utilising CHWs to implement acute

malnutrition treatment in the humanitarian context and under exceptional circumstances using a combined protocol together with CHWs. Additionally, the researchers recommended that countries review the protocol and be prepared to adapt it to include CHWs.

Integrating severe acute malnutrition treatment into iCCM

Presented by Naomi Mwikali, International Medical Corps

This research explored integrating severe acute malnutrition treatment into regular iCCM in Somalia. A pilot was conducted in three villages in Jowhar District which often experiences acute food insecurity driven by localised floods and natural disasters, as well as conflict and a weak health system, and has a critical global acute malnutrition rate of 15%. As part of integrating treatment of severe acute malnutrition with iCCM (known as “iCCM Plus”), International Medical Corps iCCM staff (CHWs) managed non-complicated severe acute malnutrition amongst children 6–59 months of age using ready-to-use therapeutic food on a weekly basis alongside treatment for malaria, pneumonia, and diarrhoea. Staff used the same referral pathways as for the CMAM programme. To strengthen the capacity of iCCM staff, modules were extracted from the Somali iCCM and integrated management of acute malnutrition guidelines and modified; an initial training over five days was conducted with a monthly refresher, close supervision, and biweekly on-the-job training. CHWs received monetary incentives and capacity-strengthening opportunities. Additionally to mitigate against increased CHW workload, only 50 households were assigned per CHW (compared with an average of 180) and motorbikes were provided. Researchers found that this approach worked well, although management of supplies in areas without proper storage and/or control had higher leakage and misuse.

Programming in the absence of specialised nutritious food products (ready-to-use therapeutic food and ready-to-use supplementary food)

Presented by Diane Ashley, WFP

This overview of the information note on the management of wasting during a shortage or absence of specialised nutritious food products explored the background, creation, applicability, and recommendations. The information note was created when guidance was requested due to supply breaks and expanded beyond the COVID-19 pandemic context. To draft the information note, field practitioner feedback was obtained and reviewed on recommended COVID-19 adaptations; following that review, revisions were made and a new information note was released as a standalone piece. It was circulated via the GNC website and can be applied to settings where products are used or emergency situations where a product was not used previously but is planned for. These measures are exceptional and temporary (of last resort) and should only be adopted if relevant to the context and after consultation with the government, the nutrition cluster and UN agencies.

Session 2A. Gender and Gender-Based Violence

January 31, 2023, 7:00–7:55 EST | 13:00–13:55 CET

A gender lens should be applied to all programming, not just those with gender-specific indicators and outcomes. The first presentation, hosted by UNICEF, reviewed the evidence base on the effects of exposure to gender-based violence (GBV) on nutrition outcomes. The second presentation was an update from the GNC technical support team on work being conducted by the Gender and Gender-Based Violence Workstream. These sessions highlighted the importance of studying GBV in the context of nutrition programming, key findings, and next steps.

[Event page](#). [Recording](#). [Slides](#).

Resources:

- [Global Rapid Evidence Assessment \(REA\)](#)
- [Thematic Briefs](#)

Summary

Christine Heckman and Pamela Godoy, both from UNICEF, opened the session by explaining the relevance of GBV in the nutrition sector. It is well known that when actors are deliberate and thoughtful about delivering programmes in a safe and effective way, service delivery is most effective. If women, girls, and caregivers are the main users of nutrition services, it is the responsibility of the programmes and donors to provide safe and accessible spaces that mitigate any potential harm or wrongdoing. Within communities, nutrition programmes are often entry points for survivors of violence to seek support. Building upon a desk review from 2019, UNICEF, the inter-agency lead on GBV mitigation, commissioned a robust global rapid evidence assessment (REA) that examined linkages between direct/indirect exposure to GBV and nutrition outcomes for children.

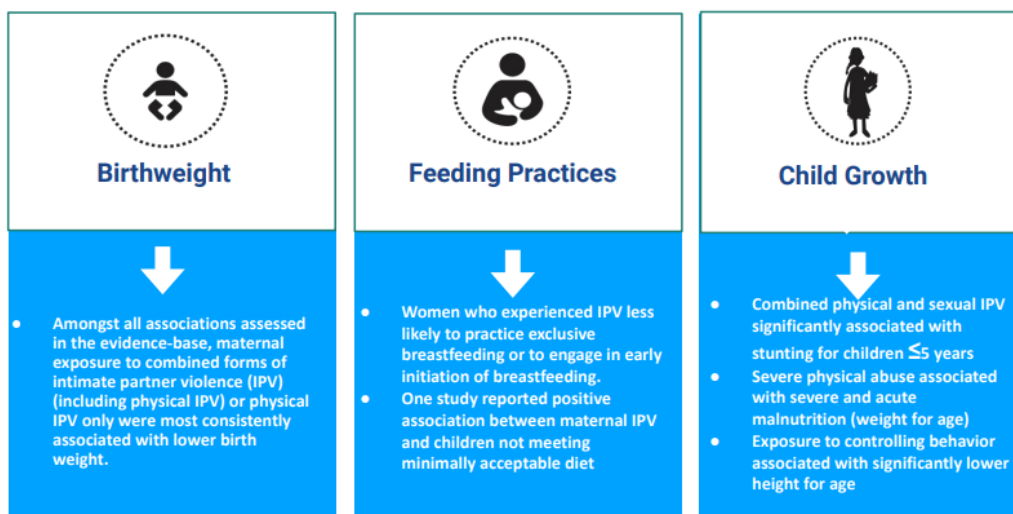
Objectives of the rapid evidence assessment were as follows:

Review the quantitative evidence on linkages between GBV against girls and their own nutrition outcomes (direct pathway)

Review the quantitative evidence on linkages between intimate partner violence against a maternal caregiver and their children's nutrition outcomes (indirect pathway)

The study, funded by the U.S. Department of State Bureau of Population, Refugees, and Migration, reviewed evidence from 84 studies. The indirect pathway (objective 2) had far more relevant studies than the direct pathway (objective 1). There were no data available from an acute humanitarian setting. Figure 3 shows an overview of findings from the indirect pathways for objective 2.

Figure 3. Overview of Findings From the Indirect Pathways for Objective 2.



Clear linkages between low birthweight, poor feeding practices, and below-average child growth indicators were established between GBV and nutrition outcomes. Although the assessment could not prove causality, the assessment was beneficial for continued exploration of hypothetical pathways. Potential indirect pathways include:

- Intimate partner violence → Increased psychosocial stress and poorer maternal mental health → Changes in maternal caretaking practices → Children’s birth and nutrition outcomes
- Intimate partner violence → Increased stress, physiological changes induced due to stress → Children’s birth and nutrition outcomes
- Intimate partner violence → Women’s behaviours that have negative impacts on maternal and child health → Children’s birth and nutrition outcomes
- Intimate partner violence co-occurs with other forms of power dynamics and dysfunction → Reduce women’s decision-making, agency, and control over resources → Children’s birth and nutrition outcomes

UNICEF’s next steps include publishing results of the study, conducting an additional systematic review on GBV and women’s nutrition, continuing an analysis of Demographic and Health Surveys to find potential intersections of GBV and nutrition, and completing operational research on GBV and nutrition in South Sudan.

The second session led by Brooke Baur, GNC Technical Support Unit, began with an overview of the Gender and GBV Workstream within the GNC. The workstream was established in 2020 as a partnership between International Medical Corps, Action Against Hunger, Save the Children, and UNICEF as a response to the growing need for gender and GBV risk mitigation support within nutrition programming. The workstream envisions a world in which humanitarian health and nutrition organisations are able to mitigate and respond to gender inequality and GBV risk mitigation within their organisations and within their work with affected populations. The Gender and GBV Workstream supports the integration of gender and GBV risk mitigation within technical support provided by the Alliance. In 2022, the workstream was opened to all Alliance partners along with external memberships offered on an invitational basis. The workstream meets monthly to address the following core functions and tasks.

Key tasks include—

1. Put into place practical actions to ensure that gender and GBV risk mitigation are incorporated into the ways of working of the TST.
2. Act as a champion for gender and nutrition in the nutrition arena including technical working groups, donors, and other key stakeholders.
3. Facilitate linkages with members' gender and GBV networks to ensure the TST is well informed and aware of relevant tools and resources.
4. Identify and support the development of best practices and lessons learned on gender and GBV risk mitigation in nutrition and share these lessons with field-based actors and in the inter-agency community.

To date the workstream has developed an annual detailed work plan, conducted a risk mitigation capacity assessment with TST members, developed a GBV risk mitigation checklist for staff orientations, and held webinars, orientations, and office hours on gender and GBV topics. The nutrition and child protection clusters are developing an integrated framework to enhance nutrition services that mitigate risks for children and GBV. Clusters, organisations/partners, and individuals looking for more technical support related to gender and GBV can reach out to the workstream for resources, guidance, and tools on gender/GBV risk reduction or specific in-depth support (remote or in country).

Session 1B. Intersectoral Collaboration

January 31, 2023, 8:00–8:55 EST | 14:00–14:55 CET

This session discussed intersectoral collaboration, new guidance, and examples of collaboration in action. The session consisted of three presentations by four key speakers, and a short Q&A.

[Event page](#). [Recording](#). [Slides](#).

Summary

Rachel Lozano, ICSC help desk, discussed how to strengthen implementation of intersectoral collaboration. Specifically, this included a presentation about a new guidance document and introduction of a new acronym ICSC (inter cluster/sector collaboration) to encompass both sector and cluster mechanisms. This new acronym refers to joint actions carried out by relevant clusters and sectors to coordinate joint responses in the same place, same time, and for the same population in order to reach a common objective. The guidance document was developed through collaboration between health, food security, WASH, and nutrition clusters. It includes four main focus areas: what inter-cluster/sector collaboration is, why it is important, how it is carried out, and where ICSC can be incorporated along the humanitarian programme cycle. ICSC is important because it utilises a people-centred approach, pools knowledge and problem-solving capacity, increases efficiency, and reduces costs. A framework was developed as part of the guidance document and illustrates how ICSC can be adapted to specific contexts. An example from Ethiopia was presented by Ines Lezama, nutrition cluster coordinator for Ethiopia. Ethiopia is unique in that the country was battling complex crises in 2021–2022 including: COVID-19, drought, flooding, political strife, and an increase in acute malnutrition cases. A small task force was able to prioritise and package critical resources and interventions. The ICSC has also developed case studies from Yemen and South Sudan, with additional countries to follow in 2023.

Mabasa Frawo, Myanmar nutrition cluster coordinator, then gave a presentation on Strengthening the Humanitarian Development Nexus through Consolidation of Humanitarian Platforms and Multi-sectoral Nutrition Response Planning in Myanmar. A strengthened humanitarian development nexus and coordinated multi-sectoral nutrition response planning in Myanmar is critical to a sustainable development trajectory in a country blighted by a deepening humanitarian crisis. Therefore, deliberate efforts to strengthen the humanitarian development nexus and multi-sectoral nutrition response planning fosters a quick recovery and sustainable development. Frawo provided a snapshot of malnutrition in the country. Before February 2021, there were roughly 800,000 cases of wasting, 1.3 million cases of stunting, and 2.6 million cases of children and 6.7 million women of reproductive age diagnosed with anaemia. After February 2021, the COVID-19 pandemic in conjunction with political crisis quickly worsened the macro-economic environment and nutrition situation. Myanmar faces widespread displacement of people, high unemployment, decreased livelihood options, and disruptions of market systems—all contributing to increased malnutrition rates. In response to the crisis, Myanmar consolidated humanitarian and multi-sectoral nutrition platforms by creating new national and subnational clusters that included representatives from multiple sectors. The new groups are able to tackle issues concurrently, share resources, and conduct a multi-sectoral needs assessment. Current challenges include: outdated Demographic and Health Surveys, difficulty in conducting new assessments, underfunding, and lack of government buy-in.

The final presentation was facilitated by Anteneh Gebremichael Dobamo, GNC Information Systems help desk, on updates to the Joint Intersectoral Analysis Framework. Developed by the global clusters and the UN Office for the Coordination of Humanitarian Affairs, the framework is an intersectoral methodology

for analysing the multiple needs of populations in crisis. Since its initial release in 2020, there have been mixed results in the application. The global clusters and the UN Office for the Coordination of Humanitarian Affairs hired a firm to conduct an independent review of the Joint Intersectoral Analysis Framework. Some of the observations from the review and later validation exercise included: lack of ownership and buy-in from clusters and partners, lack of conceptual understanding leading to inconsistent application and interpretation of results, and difficulty implementing the framework with limited data. The team is now working on a major revision to the methodology. Somalia was selected as the site of the first field test. Over the coming months, the team will calibrate the tool with pilot findings and partner feedback before relaunching the tool and trainings.

Session 2B. Infant and Young Child Feeding in Emergencies

January 31, 2023, 8:00–8:55 EST | 14:00–14:55 CET

This session briefed participants on the history of the Infant Feeding in Emergencies (IFE) Core Group, the recent 10-year anniversary and reflection on accomplishments and lessons learned, and finally, an interactive session on identifying priorities for 2023.

[Event page](#). [Recording](#). [Slides](#).

Summary

The session was opened by Gwenaelle Garnier, nutrition in emergency specialist, WFP.

The session began with a background on the IFE Core Group, presented by Jodine Chase who serves as the group facilitator. The IFE Core Group was established more than 20 years ago to respond to concerns and gaps related to infant and young child feeding in emergencies and humanitarian disasters. The IFE Core Group serves as the global thematic working group on IYCF-E as part of the GNC Technical Alliance. They develop and disseminate global guidance and resource materials as well as develop and implement advocacy and communication strategies. Diane Holland, Save the Children, then presented on [10 Years of Progress in IYCF-E](#), a report which aimed to: review progress since the 2010 World Health Assembly committed to specific targets for IYCF-E, highlight the experience of Member States and the humanitarian and development communities, and galvanise Member States and the respective communities to deliver on global commitments. This report found that progress has been made despite a lack of globally coordinated, strategic, and sustained policy advocacy as well as inconsistent governance and accountability mechanisms for multi-sectoral action. Opportunities identified by the report included a shift from identifying what to do for IYCF-E to how to deliver at scale, and building systems between IYCF and IYCF-E policy and programming to address emerging issues.

Yara Sfeir, UNICEF, reviewed progress on issues identified at the 2021 GNC annual meeting. The IYCF-E capacity assessment was developed to help country teams assess their capacity to respond to an IYCF-E crisis; it was created by UNICEF East and Southern Africa Regional Office with the GNC and Save the Children who oversaw the merger of existing tools as well as several pilots. It is recommended that this tool be used once a year unless there is an active sector, and further updates and improvements are expected. It will be made available along with a webinar in 2023. Another output from 2022 is a compendium of case studies from six countries for the management of breastmilk substitute-dependent infants in emergencies. This compendium documented lessons learned in implementing UNICEF's updated guidance in which it became the provider of first resort in procuring BMS whether or not the cluster is activated in a country.

With regard to the response in Ukraine, Natalie Sessions, ENN, presented on lessons learned around the preparation, establishment, and early implementation of IYCF-E programming. A desk review and key informant interviews were nearing completion and the next step was an online survey for Ukrainian breastfeeding supporters. Alessandro Iellamo, FHI 360, presented on a nutrition assessment conducted in Ukraine and Poland in September and October 2022. The assessment focused on understanding how the conflict has changed mothers' choices to feed their infants, what critical actions and investments will help protect the nutrition practices of women during this emergency, and how to mobilise governments and donors to support infant feeding practices in Ukraine. The assessment found that infant nutrition is an unseen crisis and the deterioration in breastfeeding and nutrition practices will have long-term health impacts.

Chase concluded with three guidance documents to be completed in 2023: operational guidance on wet nursing which will advise on how to implement operational guidance for [IFE recommendation 5.11](#); country guidance on complementary feeding in emergencies expanding on recommendations from the 2019 review; an update to operational guidance for IFE: How to Implement in Your Country, with pointers on adapting to national guidelines; and updated guidance on how to interpret the [International Code of Marketing of Breastmilk Substitutes](#) to include [World Health Assembly target 69.9](#) and other updates and clarifications. Additional efforts are underway to systematise translation requests and prioritisation.

The session concluded with an invitation to share unmet needs with the IFE Core Group. Suggestions included guidance on re-lactation, documenting the effectiveness and maximising impact of peer support groups, and greater integration of IYCF with the health sector.

Session 1C. Health Systems Strengthening

January 31, 2023, 9:00–9:55 EST | 15:00–15:55 CET

This session provided an update on the work of the GNC in health systems strengthening. The first presentation focused on how health systems can improve nutrition outcomes.

[Event page](#). [Recording](#). [Slides](#).

Summary

The session began with a definition of health systems strengthening by Sarah Brousse, Action Contre la Faim (Action Against Hunger Spain). Health systems strengthening is defined as improving the six building blocks of the health system and managing their interactions in order to achieve more equitable and sustainable improvements in health services and health outcomes. The six building blocks include: governance, information, financing, service delivery, human resources, and medicines and technologies. Health systems strengthening should be seen as a longitudinal process. It is something that takes time and significant buy-in from ministries of health. Strengthening health systems is essential to reaching universal health care coverage in the countries where the GNC provides support. The objective of the Action Contre la Faim health systems strengthening method is to strengthen the planning process of the health district through an evidence-based participatory method. This approach relies on community ownership, participatory processes, holistic care, and strengthening of existing mechanisms. The approach aims to improve existing health systems, not to create parallel short-term mechanisms.

- **Phase 1:** The process begins with an evaluation of health systems at the district or subnational level. Data are collected on each of the six building blocks and scored appropriately. Bottlenecks are prioritised and causal analyses are performed to better understand the origin of the problems.
- **Phase 2:** After gaps/problems are diagnosed, experts can then move into the planning phase. This phase aims to collectively develop a multi-year action plan for the health district with the support of the various partners. New activities will address the main bottlenecks of the health system and action plans will be developed.
- **Phase 3:** The action plans are then handed over to local authorities to develop their own strategies, oversee implementation of activities, and coordinate partner support as needed.

The adaptive planning and phased approaches were developed to help health districts adjust their internal organisation and prioritise activities and strategies according to the situation. This mechanism ensures resilience of the strategy, independent of shocks or conflict. The outcome of this method is to have local governance strengthened and to develop a multi-year district health strategy that is based on the needs of the population. Brousse concluded her presentation with a case example from Madagascar where health systems strengthening projects have been conducted in five health districts since 2015.

The next presentation, Practical Learning from the Transition of CMAM Surge to Health Surge, was facilitated by Lucy Lafferty from Concern Worldwide. The [CMAM Surge Approach](#) was developed in 2012 to address some of the inefficiencies that had been observed in responses to nutrition emergencies, which were often very predictable and linked with seasonal changes. It was noted that the responses were often not tailored to the existing capacity or the specific needs of the health facility. The eight-step approach includes: trend and situational analysis; capacity review; threshold setting; defining and costing surge actions; formalising commitments; monitoring thresholds; scaling up and scaling down; and ongoing review, monitoring, and adaptation of surge activities. Based on the learning from partners,

and in collaboration with the global and regional technical working groups on the CMAM Surge Approach, a revised set of tools was launched for Health Surge around February 2021. There are four main areas in the Global CMAM Surge Learning Agenda; the one discussed in this presentation is shifting CMAM Surge to a more holistic Health Surge and ensuring better integration into health systems. In 2020, before the Health Survey tools were launched, the Health Surge model was active in several countries but often on a small scale; in 2022, this increased to seven countries with the new package of tools. Learnings were drawn from six countries (Burkina Faso, Ethiopia, Kenya, Mali, Mauritania, and Niger) as well as the West Africa CMAM Surge Taskforce, a desk review, and country-level evaluations in Kenya and Niger. Most of these countries had experience with the CMAM Surge Approach before transitioning to Health Surge. In addition, they were focused on implementation at the health facility level, and all were focused on key childhood morbidities.

Findings from this work indicate that the Health Surge Approach provides a framework for better use of existing human resources, and the identification of needs during peak periods to ensure quality service provision, and it better reflects how a health facility actually functions. A key learning from Health Surge was that expanding beyond nutrition had increased the relevance of the approach to more actors and had promoted innovative and local sources of funding. This work also explored how Health Surge could add value within broader health systems strengthening efforts. It was found that the Health Surge Approach complements broader efforts through focusing at a micro-health facility level and exploring seasonal pressures on the health system, as well as empowering health facility staff to identify and address problems at their level of intervention.

Finally, this work also explored whether a more comprehensive health service model should be the new standard with revised CMAM Surge operational guidelines versus continuing usage of the CMAM Surge Approach. Overall the exercise concluded that the comprehensive health service model was preferred; however, revisions to the guidance should include clearer orientations on how to align national ministry of health priorities and protocols, promote an understanding of the health and nutrition landscape of stakeholders, increase emphasis on preparedness, and ensure that tools and guidance remain flexible and are implemented with longer-term funding and combined with other health systems strengthening components. One [paper with these findings](#) has been published and another is forthcoming.

Session 2C. Anti-Racism and Localisation

January 31, 2023, 9:00–9:55 EST | 15:00–15:55 CET

This session presented an overview of the progress made by the GNC Technical Alliance Technical Support Team’s Anti-racism and Localisation Workstream.

[Event page](#). [Recording](#). [Slides](#).

Summary

Alexandra Humphreys, Action Against Hunger/Canada, and Martha Nakakande, International Medical Corps, co-chairs of the Anti-racism and Localisation Workstream, presented on the background of the workstream as well as the progress to date, including draft commitments. Under the GNC Technical Alliance, the technical support team is co-led by UNICEF and World Vision. The team consists of about 25 members and their aim is to improve the quality of nutrition in emergency preparedness response and recovery. Originally there were two separate workstreams—one on anti-racism and one on localisation—both of which were established in 2020 as part of the response to the murder of George Floyd. The workstreams were officially merged in August 2021 to more comprehensively meet shared objectives while meaningfully confronting racism and the power imbalances as they manifest in the TST’s work. The workstream’s objective is to create and translate appropriate anti-racism and localisation commitments into action and to build those principles into the ways that we work as the TST. One way to achieve this is by publicly committing to clear, actionable, measurable, and time-bound commitments that are informed by these principles. The presenters clarified that organisations may be approaching this issue differently and while this workstream seeks to support, it is focused on actionable change within the TST and GNC.

The workstream defines **anti-racism** as follows: “a proactive course of action in the recognition of racism (systemic, institutional, and individual racism) and the dismantling of ‘white supremacy’ in order to progress towards racial equity”. The workstream defines **localisation** as follows: “localisation is a restorative process involving recognition, respect, appreciation, and investment in local and national humanitarian capacities, leadership, and local and national resources. The aim is to replace this imbalance with locally driven, locally led, and locally owned response to better and more sustainably meet the needs of affected populations”. The workstream acknowledges that localisation contributes to anti-racism efforts, but alone it may not be sufficient for transformative change.

The draft commitments listed below were developed by and for the TST:

- Increase **‘Global South’ representation** amongst webinar speakers and TST leadership
- Prioritise local and regional expertise, considering **contextual expertise** and **lived experience**
- Increase our provision of support to **local and national actors**, including government, women-led, and Indigenous-led organisations
- **Challenge unhealthy power dynamics** in our ways of working

These draft commitments have not yet been reviewed by the senior leadership of the TST host organisations and therefore are not yet endorsed or formally adopted. These draft commitments do not necessarily reflect the opinions of any specific organisation within the GNC or the GNC Technical Alliance. They will be presented to the GNC Strategic Advisory Group in pursuit of formally adopting them for the TST.

Alessandro Iellamo, FHI 360, presented on the Afghan Locally Led Emergency Nutrition intervention which was piloted through two national NGO partners, Care of Afghan Families and Just for Afghan Capacity and Knowledge to improve the nutritional status of women and children in Afghanistan. This intervention had four major milestones: (1) the preparatory phase (which included capacity assessments of individuals, facilities, organisations and communities); (2) capacity development through maternal infant and young child nutrition, integrated management of acute malnutrition, and IFE workshops; (3) capacity development through on-the-job training and mentorship; and (4) coordination, information, and reporting. This intervention was implemented in two provinces containing 20 health facilities where the average global acute malnutrition rate in the provinces was nearly 16%. Lessons learned from this intervention included the following: more time is needed to navigate existing systems and improve coordination, this is a cost-effective approach with great potential, and there is rich experience and knowledge within national organisations. Recommendations included increasing investment in capacity-sharing initiatives at the provincial level, investing in staff learning and sharing opportunities, and advocating for additional funding to sustain and scale up similar processes.

Session 1D. Emergency Response Preparedness and Risk Analysis

February 1, 2023, 7:00–7:55 EST | 13:00–13:55 CET

This session aimed to advance IYCF-E by presenting the [Infant Feeding in Emergencies \(IFE\) Core Group](#)—and its recently developed [Strategy \(2020–2024\)](#), theory of change, and action plan—and highlighting areas for potential engagement by IFE Core Group members and GNC partners. The session was also an opportunity to disseminate some of the most recent IYCF-E activities, tools, and achievements. The event was facilitated by members of the IFE Core Group Steering Committee.

[Event page](#). [Recording](#). [Slides](#).

Summary

The session began with an introduction to the IFE Core Group, a global collaboration of agencies and individuals committed to the protection, promotion, and support of IYCF-E. The IFE Core Group is part of the GNC Technical Alliance; it is the global thematic working group on IYCF-E. In addition to internal engagement with membership, the IFE Core Group collaborates and coordinates with external groups such as the Global Breastfeeding Collective and Network for Global Monitoring and Support for Implementation of the International Code of Marketing of Breast-milk Substitutes and Subsequent relevant World Health Assembly Resolutions aka NetCode.

Why and What Is IYCF-E?

In emergencies, children are vulnerable to malnutrition, illness, and death. Lack of breastfeeding support and inappropriate distribution of breastmilk substitutes results in increased infant morbidity and mortality. We must ensure that infants are exclusively breastfed for the first six months, and that breastfeeding is continued for two years or more with age-appropriate, adequate, and safe complementary feeding. The goal is to safeguard survival, health, and growth by supporting the needs of infants and young children from birth to 2 years, both breastfed and non-breastfed children, and the well-being of mothers. It is a cross-cutting field that requires coordination.

Mentimeter Activity: Participants submitted priority challenges that they have encountered or are currently facing in IYCF-E. Keywords included funding, capacity, complementary feeding, lack of support for BMS programming, and prioritisation.

Overview of the Strategy and Theory of Change

The strategy aims to set a direction for the IFE Core Group for the next three to five years and strengthen learning, guidance, policies, planning, and capacity by ensuring appropriate and quality IYCF-E support services, programmes, and policies. The overall aim is child survival, growth, and development for populations affected by emergencies.

The main pillars of the IFE Core Group activities are identifying gaps and challenges; documenting and bringing forth experiences and lessons; developing resource materials to support feeding and care of children in humanitarian settings (e.g., operational guidance); developing and implementing advocacy and communication strategies (e.g., engaging with global platforms related to NiE); and enhancing a membership-networked IFE Core Group community of practice.

In an **interactive activity**, a question was posed to the audience on how the IFE Core Group can be more responsive to national and regional needs. Recommendations included providing more guidance related to middle-income countries, conducting advocacy efforts at the national level, finding appropriate language for advocacy, and artificial feeding support.

In another **interactive activity**, participants described how they can contribute to the efforts of the IFE Core Group. Top responses included telling colleagues about the group and the importance of IYCF-E and capacity-building events, contributing to the development of material such as infographics, and supporting documentation of IYCF-E experiences and lessons.

Session 2D. Cash and Voucher Assistance

February 1, 2023, 7:00–7:55 EST | 13:00–13:55 CET

This session included presentations and discussions on challenges, promising practices, and initiatives in using CVA for nutrition outcomes in emergencies.

[Event page](#). [Recording](#). [Slides](#).

Summary

The session was opened by Kate Golden, senior nutrition advisor for Concern Worldwide.

The first presentation was made by Diane Moyer, co-chair of the CVA Working Group. In collaboration with Key Aid Consulting, the working group completed a review of operational challenges and promising practices. This [review](#) covered 20 countries through a desk review of 81 documents, key informant interviews with 125 individuals, and a survey of 63 individuals. The following countries were also selected for a deeper review: Afghanistan, Democratic Republic of the Congo, Haiti, Ethiopia, Lebanon, Mali, Myanmar, South Sudan, and Yemen. This review identified challenges and promising practices in needs assessment and situational analysis; strategic planning and design; implementation; and monitoring, evaluation, and learning. More broadly, the review documented that roles and responsibilities are vague between CVA and nutrition practitioners, which limits effective oversight of implementation and monitoring of outcomes as well as limited examples of intentional funding strategy towards using CVA for nutrition outcomes.

The second presentation was made by Dr. John Ala, nutrition sector coordinator for Action Against Hunger in northeast Nigeria. Ala presented on the [CVA for Nutrition Outcomes Operational Guideline](#). In 2022 the [Northeast Nigeria Humanitarian Response Plan](#) included CVA as one of the key nutrition response interventions, targeting 37,000 beneficiaries. Inclusion of this modality required a context-specific operational guideline to address challenges such as a lack of a harmonised approach to targeting, conditionality, transfer value, duration, and frequency; constraints in mapping capacity-strengthening needs; and lack of proper monitoring and evaluation. A three-day consultative workshop was held to develop the operational guideline with participants from partners (United Nations, international and national partners), government, donors, Cash Working Group, and Nutrition Sector Coordination team. The resulting guideline includes the following sections: Nigeria and the state of CVA for nutrition, the feasibility of CVA, response analysis, and CVA design. Four use case examples were also outlined, with a focus on (1) individual supplemental nutrition assistance to improve dietary adequacy; (2) incentivising attendance to maternal, newborn, and child health programmes; (3) CVA to facilitate access to treatment of wasting (moderate acute malnutrition) using locally available nutrient-dense foods; and (4) CVA to caregivers of children with severe acute malnutrition and medical complications to facilitate access to treatment. In addition to these examples, a supplemental nutrition assistance basket was updated to include new items and reflect considerations of food items which are available throughout the year, as well as items which help meet requirements for supplementation (for women and children). Hygiene kits were also supplied to caregivers through a voucher scheme. As far as the steps taken to develop the guideline, Ala outlined five steps, with the final two remaining: validation by the Ministry of Health and dissemination of the final guideline and orientation of implementers.

A Q&A period was led by Marina Tripaldi, senior CVA technical advisor for Save the Children and co-chair of the CVA Working Group. Questions were raised about best practices for CVA for nutrition outcomes. Joanna Jelensperger of Key Aid Consulting advised that the Cash Working Group can be a good entry point to ensure greater uptake of CVA for nutrition. However, there are challenges in convincing

members of the Cash Working Group that CVA interventions can have an effect on nutrition outcomes. Ala added that in northeast Nigeria, the nutrition sector participates actively in the Cash Working Group, and a member of the Cash Working Group is directly involved in the development and consolidation of the operational guideline. Another question was raised on the negative effects of incentivising health services on family planning and how to mitigate those effects. Ala replied that the risks are understood (specifically the risk of having higher numbers of malnourished children who are eligible for the programme) and there will be a section in the operational guideline with advice on identification and mitigation measures. In addition, including transportation reimbursement and other complimentary services with lower transfer values may prove beneficial. Another question was posed on the approach to incorporating additional costs above the minimum food basket. Ala confirmed that the major concern was defining transfer values as related to the food basket; this is something that feedback was solicited on and is still being discussed. There was a final question on the use of CVA for moderate acute malnutrition with complications and if it reduced default rates. Ala confirmed there are no data to demonstrate a reduction.

Session 1E: Nutrition in Emergencies Research Priorities—Presentation and Workshop

February 1, 2023, 8:00-10:00 EST | 14:00–16:00 CET

The main objective of the session was to familiarise participants with findings from recent evidence reviews and research mapping exercises in the nutrition and emergency space.

[Event page](#). [Recording](#). [Slides](#).

Summary

From the Johns Hopkins Center for Humanitarian Health, Shannon Doocy presented on the second Elrha Humanitarian Health Evidence Review (HHER2). The first Elrha was conducted in 2015 and its aim was to assess the quality and depth of evidence for effectiveness of public health interventions in humanitarian crises; nutrition was one of nine topic areas of focus. This update used a similar methodology including a systematic search of key publication databases of peer-reviewed literature. Inclusion criteria were as follows: emergency-affected non-displaced, internally displaced and/or refugee populations; experimental, quasi-experimental, observational and mixed methods, and economic evaluations; individual and population health indicators as well as health service/programme outputs; and finally publication in a peer-reviewed journal in English from 1 May 2013 to 30 April 2021. Using the criteria listed, 269 articles were included in the review and 34 focused on nutrition. Of these articles, 32% were observational studies, 26% were randomised control trials, and 24% were quasi-experimental; most studies (71%) were from non-camp settings. In addition to the HHER2, Eilise Brennan presented on a light-touch research mapping exercise conducted by the GNC in response to requests from last year's meeting. The aim was to highlight key research gaps in IYCF-E, NIS, prevention and treatment of wasting, MAMI, and CVA for nutrition outcomes to help better inform and encourage researchers, NGOs, and donors.

Findings from the review and mapping exercise were presented by thematic area:

- IYCF (for HHER2)—four articles focused on breastfeeding/IYCF. The mapping exercise raised two high-priority questions for future research: what is the effectiveness and cost-effectiveness of different complementary feeding interventions, and when necessary, what is the most effective mechanism for supplying breastmilk substitutes and how can it be best managed?
- Wasting (for HHER2)—13 of the articles focused on wasting, with more than half focused on cash transfer interventions and the rest examining supplementary feeding. The mapping exercise raised four key themes for future research including the integration of treatment and prevention into health systems. The themes are impact/effectiveness of interventions for the treatment and prevention of wasting, improving detection/targeting for prevention and treatment of wasting, causal pathway for wasting, and integration of treatment and prevention of wasting into health systems.
- CVA (for HHER2)—10 articles focused on cash transfer interventions; notably there were no articles on this modality in the previous HHER. The mapping exercise raised six groups of questions for future research:
 - What are the most promising combinations of cash, voucher, and in-kind assistance to prevent malnutrition in different contexts? What are the impact pathways? What modalities

are more adequate for the individual feeding component? Are there any differences when targeting young children or pregnant and lactating women and girls?

- What are the specific impacts and pathways conferred by complementary interventions to CVA and what are the contexts in which complementary interventions are required to prevent or reduce the risk of developing malnutrition?
 - How does the timing, frequency, duration, transfer amount, and choice of recipient of CVA impact nutrition outcomes?
 - Does the programme design impact different types of malnutrition differently?
 - What is the comparative cost-effectiveness of the different assistance modalities and the same modality with different intervention design for preventing malnutrition?
 - What is the impact of CVA for nutrition outcomes on gender dynamics and decision-making power in the household?
- The HHER2 also looked at anaemia and micronutrients as well as chronic malnutrition, while the mapping exercise looked at MAMI and NIS.

Doocy noted there was greater diversity in HHER2 research topics; however, there has only been modest progress towards addressing evidence gaps. HHER2 recommendations include aligning research on wasting with the current burdens (most of the research on wasting is collected in Africa while the greatest burden is in Asia), taking a deeper look at the impact of cash transfers, and improving breastfeeding and multi-sectoral interventions. Other areas with persistent evidence gaps include targeting of people with disabilities and older adults, service delivery, and long-term effects of interventions.

Brennan noted that a critical challenge is the lack of high-quality research; research needs to be designed to answer practical questions on intervention design, feasibility, and cost-effectiveness. As far as knowledge gaps, the mapping exercise found a lack of research on NIS and impact of CVA on children's and women and girls' nutritional status in emergency contexts.

Five breakout sessions were held on the following topics: MAMI, IYCF-E, wasting, NIS and coordination, and CVA in nutrition in emergencies. In the sessions, participants were asked to review the research priorities presented, identify if any were missing, and discuss prioritisation.



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