Special focus on GTAM

Global Technical Mechanism for Nutrition (GTAM)

The Global Technical Assistance Mechanism for Nutrition (GTAM) is a soon-to-be launched common global mechanism, endorsed by over 40 Global Nutrition Cluster (GNC) partners. It is being established to provide nutrition technical assistance to support quality programming for people affected by humanitarian emergencies. The story of how the GTAM has evolved is described in detail in the first article in this special section.

What is the status of GTAM now? GTAM remains in the ‘build’ stage. Progress has been hampered somewhat by delays in launching the online platform. This is currently being resolved ready for online launch in 2020. In the meantime, the focus during 2019 has been to agree and document ways of working through standard operating procedures and principles of engagement with Global Technical Working Groups (GTWGs) on key topic areas. These groups are in various stages of development: those that have been integrated into existing forums (such as the Infant Feeding in Emergencies Core Group1) have naturally progressed faster, while others are in early-establishment phase. A baseline technical needs assessment has also been carried out, including a review of technical discussions posted on en-net (ENN’s online technical forum; www.en-net.org). Findings are summarised in articles in this section and provide insight into the technical gaps that will be prioritised in the workplans of each GTWG.

Work was also undertaken in 2019 to define ways of working with existing mechanisms, such as the GNC Technical Helpdesk, United Nations Children’s Fund (UNICEF) HQ, en-net and the Technical Rapid Response Team (Tech RRT). The continued commitment of the GTAM Core Team (UNICEF, World Vision, ENN) to work with others, use existing platforms and gain broad ownership has meant that the journey to this point has taken time. However, we hope that this will serve GTAM well in the long term by providing a stronger mechanism that will provide systematic, predictable, timely and coordinated nutrition technical assistance, true to its aim.

This special section is the fulfilment of part of ENN’s commitment to provide knowledge-management expertise to the GTAM.2 Here, we document the journey so far – why the GTAM is coming into being, what technical priorities it will address, and how. We will continue to update you periodically as the story evolves.

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1 www.ennonline.net/ifecoregroup
2 Information shared here has drawn on the Global Technical Mechanism for Nutrition (GTAM): Quarterly Digest, April to July 2019, compiled by ENN. Quarterly Digests will be available on the GTAM platform once launched.
Global Technical Assistance Mechanism for Nutrition (GTAM): The story so far

Location: Global

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

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

Origins of the GTAM

The conception of the GTAM can be pinpointed to the GNC annual meeting in 2015. Discussions at this meeting highlighted issues around operational ‘grey zones’ (technical areas of nutrition in emergencies (NiE) for which there is no normative guidance) and limitations in technical operational capacity, which at the time arose in emergencies in the Philippines, Ukraine and Syria. Consequently, a decision was taken to reassess and more clearly define the GNC’s technical role. Space previously existed at the global level to identify and grapple with technical issues in the form of the NiE working group of the United Nations Standing Committee on Nutrition (UNSCN). However, this group ceased in 2008 and, although the GNC became operational around the same time, there was a lack of clarity on the GNC’s technical role compared to its clear mandate with respect to coordination and information management. In its early years, the GNC provided some technical support, in particular through technically-oriented working groups, and actively advocated for the re-establishment of a technical space, although unsuccessfully. However, a governance review in 2013 recommended that the GNC turn its focus firmly towards its core functions of coordination and information management (Gostelow, 2013). Josephine Ippe, former GNC Coordinator, stated in interview, “I knew even then that when the governance review talked about the GNC, it was referring to the Coordination Team (GNC-CT), not the collective. You can’t talk about the collective not having a technical role; it’s impossible when what you are implementing is technical”.

Unsurprisingly therefore, just two years later, it was widely agreed that, while the provision of technical support was outside the scope and capacity of the GNC-CT, the GNC as a community does have a role in the provision of technical support, and that a collective agreement was needed on exactly what that role should be. Two papers (Le Cuziat and Frize, 2015; Richardson and Ververs, 2015) were subsequently commissioned by the GNC-CT to evaluate the support provided by the GNC to national coordination platforms, the GNC’s collective role in providing technical support and how best this role could be supported. Specific gaps were highlighted by both papers; one of which concluded that: “The NiE sector is missing an overarching technical platform which can provide strategic direction on how to prioritise and address technical capacity gaps at country level.” (Le Cuziat and Frize, 2015).

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

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

Origins of the GTAM

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The Global Nutrition Cluster (GNC) is a partnership of international non-governmental organisations (NGOs), the Red Cross and Red Crescent Movement, United Nations (UN) organisations, and donors and individuals.
GNC members recognised that, in today’s rapidly changing humanitarian environment, responders are increasingly facing emerging issues for which there is no normative guidance, or for which existing guidance must be adapted to a new context. The growing complexity of emergencies means that clarity and coherence is essential. Britta Schumacher, World Food Programme (WFP) and former Task Force member, stated:

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

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

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

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

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

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

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

Development of the GTAM

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

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

Figure 1 Critical processes and milestones in the development of the GTAM7

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

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

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

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

2019
- Engagement of technical expertise pillar
- Engagement/ formation of GTWG
- Technical priority gaps defined in Baseline Technical Needs Assessment Report
- Consultant roster recruitment
- IT system development started
From 2015 to 2018, the Task Force led on a series of processes that culminated in the birth of the GTAM (Figure 1).

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

Several critical conversations influenced the conceptualisation of the GTAM. Discussions took place on governance and leadership of the mechanism, particularly around the need to strike the right balance between providing leadership and maintaining a collaborative spirit to capitalise on the GNC’s collective and widespread expertise. In 2018, responsibility for further developing the mechanism transitioned to a wider GTAM Core Team (GTAM-CT).8 In response to partners’ concerns that the process felt too ‘United Nations (UN)-centric’ at times and based on past positive experiences of shared leadership models, the technical advice, consensus-driven guidance and specialised technical expertise will be provided through an existing provider of technical expertise and an en-net, ENN’s online platform for technical support (www.en-net.org), were embedded within the GTAM. Given the demonstrated achievements of the Tech-RRT,9 a desire existed to build on its experience of supplying technical expertise, whilst overcoming some of its previous capacity limitations. By uniting many more GNC partners under a common approach, it is anticipated that country needs will be matched with available capacity more effectively. Zita Wise-Prinzo, WHO and former Task Force member stated:

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

Global Thematic Working Groups (GTWGs) were (or are in the process of being) established, using existing multi-agency groups where possible (such as the Infant Feeding in Emergencies (IFE) Core Group10), to bring together expert stakeholders in specific areas to answer technical questions and provide consensus-driven responses where guidance is insufficient or unclear (interim guidance). It is anticipated that this approach will enable a transparent and consultative process, resulting in high-quality and unbiased technical support that carries sufficient weight and is responsive to the needs of the sector as a whole, rather than individual agency priorities. As the GTAM is not, however, a normative agency, it was recognised that, where new recommendations are required (rather than guidance on implementation or adaptation), a more formal WHO interim or comprehensive guidance process may be needed. A ‘triage protocol’ was therefore developed to help decide where gap issues are best addressed (GTAM or WHO), for trial on a case-by-case basis. Zita Wise-Prinzo from WHO stated:

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

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

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

Box 1 GTAM guiding principles

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

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

Strengths and challenges of the process

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

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

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

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

Understanding needs and concerns, obtaining inputs from those working in emergencies, building trust and buy-in and the collective conceptualisation of an entity of this magnitude all require time. Nevertheless, the process may well have been slowed down by a lack of dedicated resources for several years. The allocation of funding (which resulted from the inclusion of GTAM in UNICEF’s 2018-2021 Strategic Plan) and UNICEF staff time to lead the GTAM’s development were identified in interviews as critical accelerators to the GTAM’s progress from 2018 onwards. However, others interviewed regarded the long period of time taken for the commitment of this funding as a constraint that further slowed the process and questioned the value of attempting to move forward before base resources were secured – resources that could have included staff time from a broader range of agencies. An over-reliance on infrequent GNC meetings to advance discussions and build consensus was identified as another barrier, with the changing composition of participants over the years requiring previous decisions and discussions to be revisited.

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

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

Current priorities

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

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

Looking forward

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

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

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

“It’s a consortium of partners that can provide various forms of assistance to other partners or enti-ties, a consolidated place to request assistance and address broader technical issues.”

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

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

Colleen Emary added:

“It’s a mechanism that is going to be responsive to the user…we are working under the ethos that we are service providers and those requesting serv-ices are clients.”

And the bottom line? Erin Boyd said:

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

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

For more information, contact: Diane Holland at dholand@unicef.org or Juliane Gross at juliane.gross@wvu.edu

References
Richardson, L. and Ververs, M. (2015) Evaluation of the support provided by the GNC to National Coordination Platforms. GNC and UNICEF.
In 2016, the Global Nutrition Cluster (GNC) initiated a technical task force to propose a mechanism for addressing technical gaps in nutrition programming in humanitarian contexts. The concept of the Global Technical Assistance Mechanism for Nutrition (GTAM) was developed and endorsed during the 2017 GNC annual meeting and subsequently developed. The three main functions of the GTAM are to: 1) provide technical advice; 2) facilitate consensus-driven guidance; and 3) provide specialised technical expertise. To design an effective service responsive to country-level needs and inform the GTAM workplan, a baseline technical needs assessment explored the key technical gaps where advice is sought by nutrition-in-emergencies (NiE) practitioners and priorities by thematic area.

Mixed methods were used between 2018 and 2019, including a review of posts on en-net (ENN’s online technical forum, www.en-net.org); a survey of Nutrition Cluster Coordinators (n=5); an online survey of GNC Country Technical Working Group (CTWG) members (n=33); and key informant interviews (n=22). Results were collated and shared at the 2019 GNC annual meeting, where working groups reviewed findings and identified technical priorities and next steps. Priorities were further refined by a GNC partner survey in 2019 to determine final technical priority areas.

Findings reveal that the three priority technical areas are: assessment; community-based management of acute malnutrition (CMAM); and infant and young child feeding in emergencies (IYCF-E). Within these areas, the key technical priorities identified are summarised in Box 1.

These will inform the initial workplan and direction for the GTAM and the Global Thematic Working Groups (GTWGs) under GTAM. A system to ensure ongoing monitoring of issues and questions coming into the GTAM mechanism will be put in place to ensure that GTAM is agile enough to respond to any changing and emerging needs not reflected in the baseline.

Planned next steps are to share the identified technical priority gaps with relevant GTWGs to examine the best ways forward, obtain feedback from Nutrition Cluster Coordinators on whether the suggestions will provide practical solutions to the country-level technical needs; and identify who is best placed to take actions forward. More straightforward actions will likely be addressed by the GTAM Coordination Team (GTAM-CT), while more complex issues, where current guidance is unclear or non-existent, will be addressed by GNC teams and their networks (for example, within academia). It is recommended that agreed actions are included in costed GTWG workplans.

Moving forward, channelling technical questions that cannot be answered at country level into a central entry point for technical support (i.e. the GTAM) offers the opportunity for the regular and systematic analysis of challenges faced by a broad range of NiE practitioners.

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Box 1 Technical NiE priorities identified in the GTAM baseline needs assessment

**Assessment:**
- Influence of body shape on anthropometric status;
- How to undertake sampling in pastoral areas;
- Estimating dietary intake among households eating from a common plate;
- Estimating feeding practices in children older than two years.

**CMAM:**
- Alternative moderate acute malnutrition (MAM) management;
- Clear guidelines on what to do in the absence of a therapeutic product;
- Clarity/guidance on simplified protocols/combined protocols/expanded criteria using ready-to-use therapeutic food (RUTF)/ready-to-use supplementary food (RUSF) for the management of severe acute malnutrition (SAM) and MAM;
- Better integration of SAM screening for infants under six months of age for community volunteers;
- How to best calculate the SAM and MAM caseload? (What is the correct incidence correlation factor to be used?)

**IYCF-E:**
- Clear guidance on monitoring and evaluation for IYCF-E;
- Strong global guidance on the management of non-breastfed infants in emergencies using ready-to-use infant formula (RUIF);
- Impact of cash-based programmes on IYCF practices;
- Direct impact of IYCF programmes on stunting and wasting;
- Review of current guidance on IYCF Corners and mother-and-baby areas (MBAs) to streamline and widely disseminate.

2 See article in this issue of Field Exchange ‘Global Technical Assistance Mechanism for Nutrition (GTAM): The story so far’.
3 Results of the en-net review are shared in the accompanying article in this issue of Field Exchange, ‘A review of technical discussion on en-net: Recurring questions and gaps experienced by programmers’.
4 A process that has already been undertaken with the Infant Feeding in Emergencies Core Group for the priorities high-lighted under IYCF-E.
A review of technical discussion on en-net: Recurring questions and gaps experienced by programmers

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The authors acknowledge the contributions and support of Ruth Sittuma of the United Nations Children’s Fund (UNICEF) and Tanya Khara, ENN Technical Director (GTAM knowledge management lead) in this review.

Location: Global

What we know: There is demand for timely and systematic nutrition technical support to countries during emergencies. en-net is an online technical moderated platform established in 2009 to help address this.

What this article adds: A Global Technical Assistance Mechanism for Nutrition (GTAM) will be launched in 2019 to meet country-level technical needs; where possible leveraging technical support that already exists. A review of issues discussed on four en-net thematic areas (infant and young child feeding interventions; prevention and treatment of severe acute malnutrition; prevention and treatment of moderate acute malnutrition (MAM); and assessment and surveillance1) was synthesised and analysed for themes and gaps to inform GTAM priorities and ways of working. The most popular thematic area was assessment and surveillance; the least activity was seen on MAM. A broad range of challenges was identified for each forum area that may reflect evidence or guidance gaps or poor awareness, application and accessibility of what is available. en-net technical discourse is a rich, ongoing resource for the GTAM. Recommendations support the planned integration of en-net within the mechanism and advise future en-net/GTAM collaboration to better address unresolved technical questions and technical discord, strengthen knowledge management, and increase country-level engagement in responses.

Background

For the past few years, Global Nutrition Cluster (GNC) partners have sought to identify a solution to the gap in provision of timely and systematic nutrition technical support to countries during emergencies. A GNC Task Force was formed in 2016 to address this and, following extensive consultation, the concept of the Global Technical Assistance Mechanism for Nutrition (GTAM) emerged. This was subsequently endorsed in a GNC meeting in 2017 and will be launched in 2019. The GTAM’s main functions are to provide technical advice, facilitate consensus-driven guidance, and improve access to technical expertise to address unresolved technical issues once country and regional capacities are exhausted. It will seek to leverage existing technical support mechanisms wherever possible.

To take stock of issues commonly faced by practitioners working in emergencies and so inform GTAM priority technical areas, a review of the four most commonly used technical forums on the Emergency Nutrition Network (ENN)-hosted online technical forum, en-net2, was undertaken by the Technical Rapid Response Team (Tech RRT3) between June and October 2018, overseen by ENN and UNICEF. This is one of several reviews conducted by the GTAM in preparation for its launch (GTAM, 2019). This article provides an overview of the findings of this review.

Objectives and methodology

The aim of the review was to synthesise discussion on en-net to identify key learning and gaps in guidance and evidence/research, as viewed by programmers. Specific objectives addressed were to:

1. Review and classify content of the en-net thematic categories by technical theme;
2. Analyse the content of en-net forum ex changes, pulling together discussions which complement each other, to address a common theme and which may build a body of experience around a topic;
3. Determine the degree to which technical questions have been addressed.

Four thematic areas were reviewed: infant and young child feeding (IYCF) interventions; prevention and treatment of moderate acute malnutrition (MAM); prevention and treatment of severe acute malnutrition (SAM); and assessment and surveillance. Questions posted from 2009 onwards were exported into Excel, categorised by sub-theme and type of post, and analysed in terms of the number of replies, whether a definitive answer was provided (classified as ‘fully’ or ‘partially’ answered) and whether there was consensus or disagreement. As the review spans almost nine years, apparent gaps in earlier posts may have been resolved since the question was posted. The approach to data analysis was adapted per theme due to the varying nature of questions and responses by forum. Forum areas were reviewed according to the Tech RRT’s desk-based (non-deployment) availability.

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1 The ‘assessment’ thematic area on en-net has since been renamed ‘assessment and surveillance’
2 www.en-net.org and www.fr enn-net.org
3 The Tech RRT is an emergency response mechanism formed in 2015, led by International Medical Corps in a consortium with Save the Children and Action Against Hunger, that aims to improve the quality and scale of nutrition humanitarian responses. It is funded by USAID/OFDA, Irish Aid and SIDA and works in close collaboration with the GNC and UNICEF Program Division and is part of the GTAM.
A total of 984 questions were analysed which generated 3,939 replies and 2,570,220 views between 2009 and 2018. Overall activity by theme is summarised in Table 1. ‘Assessment and surveillance’ was the most commonly used forum (40 posts, 2009-2018, 42 posts/year), followed by the ‘prevention and treatment of SAM’ forum (37% of posts, 34/year); see Figure 1. As shown in Figure 2, questions related to assessment and surveillance rose over time (from 26 in 2010 to 40 in 2017), with peaks in 2012 (57) and 2015 (59). The 2012 peak involved numerous questions related to mid-upper arm circumference (MUAC) that coincided with the 2012 launch of the SMART website. Questions related to SAM rose from 17 in 2010 to 35 in 2017. Questions on MAM peaked at 26 in 2011, which coincided with the introduction of Supercereals in 2010 (Annan, Web and Brown, 2014) (almost half the questions on the MAM forum in 2011 were on treatment), then gradually declined to 11 in 2017. The number of questions on IYCF remained relatively low between 2010 and 2014 but rose from 2014 onwards, with issues arising from the European refugee crisis (there was also a lot of activity around Ebola programming in West Africa during this period, but this was only generated from two questions). While the IYCF and MAM forums attracted equivalent numbers of questions and replies, the IYCF forum attracted many more ‘views’. Although there were fewer questions posted in some months, this is not necessarily indicative of a lack of activity as lively debate is often generated in the form of replies to individual questions and ‘old’ discussions continue to attract views over time.

### Findings

**Breastfeeding support:** A common topic (20% of questions) centred on the need for appropriate advice for women with low milk supply concerns, beyond advice on ‘frequent suckling’. While a wealth of global knowledge and guidance exists, it has not necessarily been adapted to clear global channels for reporting Code violations during an emergency, as well as a lack of ability to achieve in various stages of an emergency response.

**IYCF programs and interventions:** The IYCF forum was well used and most questions were adequately answered (74% fully and 6% partially). Common questions included: breastfeeding issues; management of non-breastfed infants; support for mothers; monitoring and evaluation for IYCF interventions; effective interventions to address or prevent stunting; dietary diversity; and complementary feeding practices. A discussion thread on IYCF in the context of the Ebola virus in 2014 generated 78 replies and 18,225 views and catalysed rapid, consensus-based interim guidance on this topic and subsequent World Health Organization (WHO) guidance (WHO, 2016). Several posts (n = 6) exposed potentially harmful IYCF practices in the media or in partner reports. When these involved reports by a non-governmental organisation (NGO) or United Nations (UN) agency, the IYCF community moved to communicate directly with them to resolve the issue. It appears that mainstream media/news outlets were not contacted directly. Key IYCF programming challenges reflected in en-net discussions are summarised in Table 2.

**Prevention and Treatment of MAM**

Questions on the MAM forum were commonly related to a specific treatment/approach (29%) (e.g. Can Plumpy’Sup be used for blanket supplementary feeding (BSFP) in the absence of Plumpy’Doz?); or involved a request for a specific document or guideline (28%). Discussions relating to admission and discharge criteria in special circumstances were also common (17%); for example, using MUAC-only for admission and discharge (see Figure 3). The majority (72.4%) of questions were successfully answered (17.3% were not resolved, 10.4% partially resolved). Disagreement was detected in 6% (n = 7) of questions.

**Support for non-breastfed infants:** Multiple questions were raised around the sourcing and stock management of ready-to-use infant formula (RUIF), on upholding the International Code of Marketing of Breast-milk Substitutes (the Code) while supplying breast-milk substitutes (BMS), and how to appropriately handle intercepted donations or expired products. Discussions on supporting non-breastfed infants indicate a lack of clarity in how to put the recommendations of Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) into practice in particular situations or contexts.

**Cultural reasons or barriers leading to inappropriate breastfeeding practices and how to address these during emergencies:** This also appeared to be a knowledge gap; evidence and case studies seemed to be lacking that link IYCF to behaviour change and that examine what is feasible to achieve in various stages of an emergency response.

**The difference between IYCF corners and mother-baby areas (MBAs)/baby-friendly spaces:** Several guidance documents exist on MBAs but are based on individual agencies’ programme designs and harmonisation is lacking. Confusion exists with regard to differences in terminology, functions and minimum requirements.

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**Monitoring and reporting Code violations in emergencies:** Discussion reflected a lack of clear global channels for reporting Code violations during an emergency, as well as a lack of clarity on specific actions to take in-country to prevent and act on Code violations.

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Table 3  Key programming challenges discussed on MAM en-net forum

| Unexpected caseload for targeted supplementary feeding programme (TSFP) recipients: Discussions raised the need for a standardised template to take account of factors such as estimated change in population, coverage and prevalence in order to estimate caseloads and forecast supply needs. |
| Exit types: Discord was detected on definitions and timelines for different exit types from a MAM programme. |
| Use of nutritional products for the prevention of MAM: The issue was whether there is a place for products in the prevention of MAM and if so, how, for how long and whether they should be reserved for humanitarian responses and/or specific groups of vulnerable persons. Discussions suggested the need for more evidence and clear guidance. |
| Changes in MUAC during supplementary feeding: In the case of MUAC-only admissions, questions were raised on how MUAC evolves over the course of MAM treatment to help benchmark progress and recovery of children. |
| Admission of pregnant and lactating women (PLW) with MAM: Discussion highlighted that pregnant women with MAM are often not admitted into treatment programmes during their first trimester of pregnancy, a critical phase of foetal development. |

Table 4  Key programming challenges discussed on SAM en-net forum

| MUAC: MUAC measurements were a common topic, including discussions on cut-off points and MUAC-only admission and discharge criteria. Calls were made for more sharing of evidence and experiences and the need for clear guidance on protocols for MUAC-only programming. |
| Programming where SAM and MAM treatment are not both in place: Discussions included the use of expanded criteria for therapeutic treatment in emergencies and combined protocols, such as MAM and SAM management using one protocol and product. Users sought practical recommendations on these new approaches and protocols for when MAM or SAM treatment are not in place.6 |
| Coverage: Practitioners regularly report difficulties in achieving levels of coverage to adhere to SPHERE standards, raising challenges related to programme quality and implementation. |
| Stock shortages of therapeutic products: Questions regarding appropriate responses to stock shortages in stabilisation centres (SCs), outpatient therapeutic programmes (OTPs) and supplementary feeding programmes (SFPs) were common, as well as questions on modified treatment protocols, rationing and reporting. Specific questions included how to treat malnourished pregnant women in the absence of corn-soy blend (CSB), what to do in the absence of therapeutic milks (stabilisation centres), and guidance on longer supply of ready-to-use therapeutic food (RUTF) in poorly accessible areas. |
| Procurement of therapeutic products based on caseload estimation: While procurement tools for various countries and programmes were shared on en-net, many questions remain around calculating the number of people affected by malnutrition for programme planning purposes. The need for a global procurement tool for all products was also raised. |
| Community-based management of acute malnutrition (CMAM) transition strategies: There was disagreement in discussions around how to handle closure of NGO-supported CMAM programmes (exit strategies). |
| Local production of therapeutic products for use in out-patient care: Several posts were made on this topic, with shared examples and recipes from India and Bangladesh; however, there is no global guidance on local production of RUTF. |
| SAM and cholera treatment guidance: While this is an area of attention and guidance development, appropriate nutritional care of cholera patients who are acutely malnourished continues to present significant challenges for practitioners. |

Technical gaps most commonly fell under the sub-themes of ‘enrolment’ (n=7) and ‘specific treatment/special cases’ (n=6). The main programming challenges discussed are summarised in Table 3.

Prevention and Treatment of SAM

The most popular question themes were on programme implementation and monitoring (38%) and products used to treat SAM (23%). Under these themes, the most common questions were on MUAC (cut-off points and MUAC-only admission and discharge) and incompatibility between SAM and MAM programmes (such as limited co-location of SAM and MAM programmes and ineffective referral systems between programmes). There was also a significant number of questions on stock procurement and shortages. Clinical questions on specific treatment protocols and questions on research methodology or requests for background information to inform research made up 11% and 5% of technical questions, respectively. Questions raised regarding community-based management of infants under six months old prompted the development of a dedicated en-net forum on management of at-risk mothers and infants less than six months old (MAMI). Prominent issues within the SAM forum area are listed in Table 4.

Assessment and surveillance

The assessment and surveillance forum was the most frequently used forum, with several posts generating significant debate. Half of the discussions were specific to surveys and how to put guidance into practice. Around one third of questions (29.2%; n=110) were general questions or discussions related to assessment; while 20.7% (n=78) were general survey questions (see Figure 4).

The most common themes discussed were anthropometric indicators (42.4%), assessment methodology/type of assessment (35%), and statistical tests, formulas, data and thresholds (27.9%). Prominent and recurring discussions have included when and how to use and interpret the various anthropometric indicators (MUAC, weight-for-height z-score (WHZ), weight-for-age z-score (WAZ) and MUAC-for-age); the pros and cons of knowledge, attitude and practice (KAP) surveys; how to achieve a sample large enough to examine IFYC indicators when conducting a nutrition/SMART survey; and how to evaluate programme impact (see Table 5). Additional and expanded recommendations included ones on software-based analysis, assessment in pastoralist populations, urban settings, nutrition surveillance, and assessment of adults and older people.

The vast majority (88%) of questions were successfully answered; 7% were not successfully answered and 5% only partially answered. Gaps in knowledge or guidance most commonly identified were those under the themes ‘different types/methodology of assessment’ (n=14) and ‘planning, sampling, questionnaire/indicators and analysis’ (n=12).

Recommendations and potential links with the GTAM

This analysis provides a valuable snapshot of technical challenges faced by practitioners in frontline nutrition programming. Questions on en-net often relate to issues where no firm guidance exists, where assistance is needed to translate or adapt existing guidance into practice on a country-specific context, or where there is a lack of awareness of what global/country-level guidance exists. Answers from en-net peers/moderators may provide practical illustrations of what is happening elsewhere or a steer that is based on respondents’ knowledge or the opinion of the technical expert moderating that area.8 It was beyond the scope of this review to comprehensively determine which of the outstanding/recurring questions on en-net are true evidence or guidance gaps and which reflect poor awareness/application/accessibility of what is available. However, the findings have identified key technical areas that warrant more scrutiny and insights into future ways of working for en-net and the GTAM.

Handling unresolved technical questions

A key challenge identified in this review is how to handle unresolved technical questions, both within en-net and, looking ahead, via the GTAM. Within en-net, questions are only escalated to technical moderators when there is contention or lack of resolution or if the question is critical or urgent. This is to make the most of the limited time that these committed individuals have. In general, unan-

5  www.who.int/nutrition/publications/code_english.pdf
6  Since the en-net review took place, a paper has been published, Considerations regarding the use of infant formula products in IPE programmes (Gribble & Fernandes, 2018), which could be used as a starting point.
7  A dedicated forum on simplified approaches to acute malnutrition that includes combined SAM/ MAM treatment approaches was launched on en-net in July 2019.
8  It is important to note that more straightforward questions to en-net are handled offline by the en-net moderator to retain the online forum for discussions regarding challenging issues benefiting from peer and technical expert inputs.
Research

Table 5 Key programming challenges discussed on assessment and surveillance en-net forum

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Description</th>
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<tbody>
<tr>
<td>Deciding on which measures or combination of measures (MUAC and WHZ to use for programme admission and discharge)</td>
<td>There were many questions on en-net debating which method is best used for determining acute malnutrition, particularly the influence that body shape has on these measures.</td>
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<tr>
<td>Inclusion of infants 0-5 months old in nutrition surveys</td>
<td>There is lack of clarity on when infants age 0-5 months should be included in surveys and methodological/practical implications.</td>
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<tr>
<td>Assessing nutritional status of pre-adolescents and adolescents</td>
<td>Discussions reflected a lack of consensus on the most appropriate anthropometric indicators to assess school-age children and adolescents.</td>
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<tr>
<td>Assessing nutrition status of PLW</td>
<td>Discussions debated the most appropriate approach to assess nutritional status and admit PLW into treatment programmes, given divergent measurement approaches and their interpretation (e.g., different countries use different MUAC cut-offs).</td>
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<tr>
<td>Inclusion of IYCF indicators in SMART surveys</td>
<td>Practitioners carrying out SMART surveys found it difficult to determine which additional IYCF indicators can be included while maintaining a sufficiently high degree of precision to inform programme decisions.</td>
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<tr>
<td>KAP surveys</td>
<td>Ten discussions were generated around this topic, particularly around the need for clarity on when it is appropriate to conduct a KAP survey (objectives) and how to do so (questions on sample-size calculations (n=4) and how to combine with SMART methodology). This indicates that available guidance may not be sufficiently detailed or practical and the need for indicators and standardised questions for various sectors.</td>
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<tr>
<td>Advanced analyses on nutrition surveys</td>
<td>Examples included issues on stratifying clusters, cross-tabulations when analysing nutrition surveys and how to implement weight factor for survey results. Frequent requests for SMART survey training were also noted.</td>
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<tr>
<td>Sampling frames where population-size information is unavailable</td>
<td>While the SMART methodology provides guidance, many questions were raised about sampling and determining population size in contexts where there is no reliable population-size data.</td>
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<tr>
<td>Flags (extreme values)</td>
<td>Discussions reflected a lack of consensus around what flags should be used for analysis of MUAC data, due to the lack of a MUAC reference population.</td>
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<tr>
<td>Gender considerations in measuring malnutrition</td>
<td>An unresolved debate remains on en-net on the apparent higher prevalence of undernutrition in boys, including whether the WHO Child Growth Standards themselves preferentially identify boys.</td>
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<tr>
<td>Measuring feeding practices and diet quality of children under two years of age</td>
<td>Questions remain on which indicators are appropriate (and in which contexts) for determining feeding practices and diet quality for children over two years of age (minimum acceptable diet (MAD) indicator focused on children under two years old).</td>
</tr>
<tr>
<td>Swerved or unresolved questions may be due to poorly phrased questions, lack of moderator availability, inability by users/moderators to answer the question, low relevance to other users, no need for a response (e.g., announcement), and/or users being less willing to reply to anonymous users (e.g., 41% of questions on the MAM forum). There may also be wider influences. For example, the prevention and treatment of MAM forum was the most underused thematic area on en-net and 17% of posts had no reply. This may reflect the lack of attention to and evidence on MAM programming more generally in the nutrition sector (Shoham and McGrath, 2019), or possibly a lack of moderator capacity on this particular forum.</td>
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</table>

Moving ahead, we propose that en-net questions that have not received a reply within a defined timeframe are systematically flagged to technical moderators for review and response. Where moderators or the en-net community are unable to provide an answer (definitive or otherwise) or moderators judge that further consultation and consensus-gathering on an issue would be beneficial, the GTAM may play a role through its interaction with global thematic working groups to formulate a response. The IYCF in the context of Ebola experience shared earlier is a good example of a working model for such escalation in order to develop consensus-driven guidance in collaboration with an expert group and country stakeholders.

While technical debates on en-net and experience and knowledge on forum moderators are highly valued, outstanding technical disagreement or uncertainty may confuse and not serve the immediate practical needs of programmers. To help address this, we suggest that ENN and the GTAM collaborate to summarise difficult discussions, identify gaps in knowledge and guidance, and provide interim direction to programmers where needed.

Knowledge management

A wealth of advice, knowledge and experiences are shared on en-net. Users often use the search function to find previous discussions pertaining to the technical issues they are interested in. When first established, it was anticipated that questions when answered would be ‘closed’; in practice, topics often remain current, are revisited and hence all discussion threads remain live. The GTAM could use en-net as an open-resource on an ongoing basis to identify key technical issues facing programmers and synthesise learning from them. The GTAM could also use en-net to identify potential country case studies to examine technical challenges in more depth and facilitate cross-country learning.

Figure 4 Challenging questions on the assessment and surveillance forum

Survey specific question, 50%

General question, 29%

Non-survey specific question, 21%

Challenging questions on the assessment and surveillance forum

The GTAM should only be used once country and regional capacities have been exhausted. en-net is used as a means to locate country-specific resources. For example, several Francophone and country-specific materials were provided in response to a request from the Democratic Republic of Congo for training materials. There is a potential role for the GTAM to play in strengthening this inter- and intra-country-level networking by directing country-specific questions to appropriate in-country contacts; this should help widen the en-net user base and the geographical spread of users. In other instances, country-specific questions are posed on en-net specifically because questions could not be answered in-country. An example of this is a request for assistance in interpreting the International Code of Marketing of Breast-milk Substitutes (the Code) in Bangladesh, where definitions are not aligned with global standards. In such cases, the GTAM could facilitate technical advice and expertise through (for ex- ample) escalating the issue to experts on the Code. An important area for ongoing examination by the GTAM will be how to determine if country and regional avenues have been explored and if there are gaps in technical assistance available at this level; whether due to evidence gaps or shortfalls in regional/country capacity. This raises the bigger question as to the role of GTAM and existing mechanisms in compensating for capacity shortfalls in the immediate and longer term.

Next steps

en-net is a well-used resource and has become the ‘go-to’ place for rapid, technical support. These findings substantiate the decision to integrate en-net within the GTAM service platform. Looking ahead, the authors recommend that the GTAM continues to monitor en-net to identify potential gaps and inconsistencies in knowledge and guidance and to help determine key challenges facing programmers.

Findings of this review should be triangulated with other reviews and existing knowledge and guidance to confirm whether a technical gap truly exists and to help inform initial priorities as the GTAM prepares to start providing technical advice, producing consensus-driven guidance and linking experts with implementers to ensure critical gaps are filled.

For more information, contact: Tamsin Walters, en-net moderator, tamsin@ennonline.net

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