GTAM

GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION

Baseline Technical Needs Assessment Report 2019

GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION

This document provides a summary of the various technical needs assessment activities undertaken to inform the establishment and work plan of the GTAM.

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ACRONYMS

AM	Acute Malnutrition
BMI	Body Mass Index
BMS	Breastmilk Substitute
BSFP	Blanket Supplementary Feeding Programme
CORTASAM	Council of Research and Technical Advice on Acute Malnutrition
CMAM	Community Based Management of Acute Malnutrition
CSB	Corn Soy Blend
CTWG	Country Technical Working Group
ENN	Emergency Nutrition Network
FSL	Food Security and Livelihoods
GAM	Global Acute Malnutrition
GNC	Global Nutrition Cluster
GTAM	Global Technical Assistance Mechanism for Nutrition
GTAM-CT	Global Technical Assistance Mechanism for Nutrition – Core Team
IMO	Information Management Officer
IUGR	Intrauterine Growth Restriction
IYCF-E	Infant and Young Child Feeding in Emergencies
KAP	Knowledge Attitudes and Practices
MAM	Moderate Acute Malnutrition
MBA	Mother Baby Area
MUAC	Mid Upper Arm Circumference
NCC	Nutrition Cluster Coordinator
NiE	Nutrition in Emergencies
ORS	Oral Rehydration Salts
OTP	Outpatient Therapeutic Programme
PIF	Powdered Infant Formula
PLW	Pregnant and Lactating Women
RUIF	Ready to Use Infant Formula
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transition
SC	Stabilisation Centre
SFP	Supplementary Feeding Programme
SGA	Small for Gestational Age
Tech RRT	Technical Rapid Response Team
TSFP	Targeted Supplementary Feeding Programme
WASH	Water Sanitation and Hygiene
WFH	Weight For Height
WHZ	Weight for Height Z Score

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BACKGROUND

Global Technical Assistance Mechanism for Nutrition (GTAM)

BACKGROUND

In recent years, it has become clear that leadership and coordination among global partners providing technical support to countries on nutrition in emergencies (NiE) is inadequate. Two recent studies[1,2], confirmed this, highlighting a profusion of different models for linking country, regional and global level technical expertise resulting in duplication of efforts, limited technical coherence, and delayed and inadequate response to country level nutrition technical needs. To date, the humanitarian nutrition sector has not had a global modality for providing systematic nutrition technical support to countries in emergencies in a timely, coherent, collaborative and equitable manner.

In 2016, the Global Nutrition Cluster (GNC) constituted a Technical Task Force to propose a mechanism for addressing technical gaps in humanitarian contexts. Following an analysis of various approaches and experiences from other clusters, the concept of the Global Technical Assistance Mechanisms for Nutrition (GTAM) was developed, endorsed during the 2017 GNC Annual Meeting and is due to go live this year.

The three main functions of the GTAM are to:
1. **Provide technical advice:** Provide timely signposting and advice based on existing guidance.

2. **Facilitate consensus driven guidance:** Identify urgent needs for operational guidance and facilitate the process of developing such guidance, based on consensus among experts, for priority questions where existing guidance is not sufficient or doesn't exist.

3. **Provide specialised technical expertise:** Facilitate provision of specific technical expertise (deployment, remote technical support or capacity building) required by a country to deliver results for nutrition.

In order to do this effectively, it was necessary to first take stock of the type of technical requests for support that commonly arise and to identify any gaps in technical knowledge or guidance for the GTAM to potentially address within its initial work plan. This was achieved through a number of different initiatives, the processes and findings of which this report aims to summarise.

OBJECTIVES

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To summarise the findings of the various technical needs assessment exercises conducted for the GTAM to date by answering the following questions:

1. What were the **key processes** undertaken for the GTAM to identify and prioritise NiE technical needs?

2. What are the **key technical areas** where advice is sought by NiE practitioners?

3. What are the **priority technical gaps** identified under different thematic areas?

METHODOLOGY

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What were the key processes undertaken for the GTAM to identify and prioritise NiE technical needs?

Various technical needs assessment activities were undertaken by members of the GTAM between 2018 and 2019 (see Figure 1 on the next page). These include:

• **EN-NET REVIEW (2018):** Advisers from the Tech RRT[3] mechanism analysed a total of **984 questions** posted on **en-net**[4] from 2009 onwards under the **four most commonly used thematic areas** on the forum (1. Assessment 2. Prevention and Treatment of Severe Acute Malnutrition (SAM) 3. Prevention and Treatment of Moderate Acute Malnutrition (MAM) 4. Infant and Young Child Feeding in Emergencies (IYCF-E) Interventions). En-net posts not requiring a response (e.g. announcements) have been excluded from the analysis.

• **NCC Survey (2018):** UNICEF HQ contacted Nutrition Cluster Coordinators (NCCs) to request their inputs on priorities and technical gaps by means of feedback through email. Feedback was received from **five NCCs** covering a total of **22 issues.**

• **CTWG Review**[5] **(2018):** An online survey was sent out by the GNC Technical Helpdesk to all GNC Country Technical Working Groups (CTWGs). It received **33 responses** from national NCCs, Information Management Officers (IMOs) and CTWG leads/members who were located in **12 countries** and from **18 different agencies.**

In addition, **22 key informants** were consulted. The review's main objectives were to understand the current functioning of, and challenges faced by, nutrition cluster CTWGs. As part of the questionnaire, respondents were also asked whether there were any unanswered technical issues that required urgent attention; findings of this section of the survey are included within this report. (See Annexe A)

• **GNC Groupwork**[6] **(2018):** Outputs from the en-net review as well as the NCC and CTWG consultations were summarised and shared during the 2018 GNC annual meeting for review and prioritisation by all meeting participants. **8 groups** (made up of 5 – 8 participants per group) were asked to review both the NCC Survey and CTWG Review findings, as well as 1 of 3 technical areas from the en-net review (i.e. either Assessment, IYCF or CMAM – SAM and MAM were combined) with the aim of agreeing upon **key technical priorities** that needed to be addressed in the next 1-2 years under each thematic area.

The groups identified a total of **24 priority areas** under the **three thematic areas** of Assessment, IYCF-E and CMAM. For groups that worked on the same thematic areas, areas of overlap were identified and combined resulting in a final total of **20 priority gaps.**

• **GNC Partner Survey (2019):** The priority gaps identified during the above mentioned groupwork were then circulated in a survey to GNC Partners; **32 respondents** then further refined priorities by indicating what they considered to be the **top three technical priorities** under each thematic area. Participants were also given the option to indicate "other" and describe what they considered to be a technical priority – where "other" was mentioned, a verification was made (as part of this report) whether this gap had been mentioned and deprioritised during earlier phases of the process, or whether this was a previously unidentified issue requiring examination – the latter are listed in Annex F.

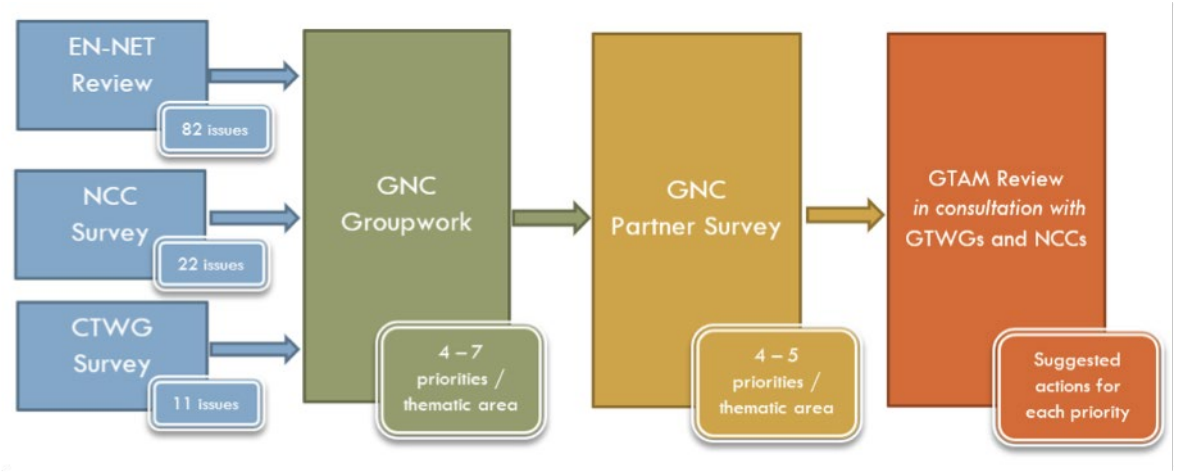


Figure 1 - *Process flow for the technical needs assessment activities undertaken for the GTAM.*
NB: *Final steps to arrive at suggested actions for the identified priorities is underway.*

Limitations

• **En-net Review:** findings were not presented in a standardised manner for each of the 4 thematic areas investigated[7], therefore the type and level of detail of information available for each theme varies.

• **CTWG Review:** The list of technical issues / questions faced by CTWGs as identified during the CTWG survey, as well as the question whether unanswered technical issues existed in the first place, may not reflect true needs as a reluctance to publicly voice a need for support may have existed, or a lack of technical expertise at country level may have prevented a need for technical assistance from being recognised.

• **GNC Partner Survey –** As there is a rapid turnover of members within the GNC partner list and as emails are often forwarded, it is difficult to establish an accurate response rate based on the initial 107 contacts the survey was sent to. It is also not possible to establish how representative the findings of the survey are of the GNC collective as a whole because answers were provided anonymously, without indicating which agency the respondent represented.

• **CTWG Review and NCC Survey:** views of nutrition cluster coordinators may be over-represented as they were targeted with both surveys. However, the NCC Survey response rate was very low (n = 5).

• **GNC Meeting Groupwork Process –** Four groups chose to work on IYCF-E and another three worked on CMAM. However, just one group opted to work on identifying priorities under the thematic area of nutrition assessment. To a certain degree, the outputs of groups working on the same thematic area could be validated through comparison with one another. This was not possible for the group working on assessment.

The fact that more groups worked on IYCF-E and CMAM also resulted in a greater number of priorities being identified under these thematic areas. However, this is not necessarily a limitation; members of the group who worked on assessment commented that for the majority of the issues listed guidance or other resources are already in place. Information on the composition of the assessment group is not available to confirm the likely validity of this statement.

• **General -** An overall limitation of this report is that it focuses on just four thematic areas: Assessment, IYCF-E, SAM and MAM. These areas were initially prioritised for the en-net review as they are the most frequently used forums; this choice was carried forward for the GNC groupwork and GNC Partner Survey. (Note that the NCC Survey and CTWG Review asked open questions which could cover any area of NiE.)

• **General -** It is also important to note that findings of the needs assessment activities reflect both historical and current issues; the en-net review spans back to 2009 and it is likely that some of the gaps identified have by now been addressed. It is also recognised that new issues will have emerged since the technical needs assessment activities described in this review were carried out.

FINDINGS

FINDINGS

What are the key technical areas where advice is sought?

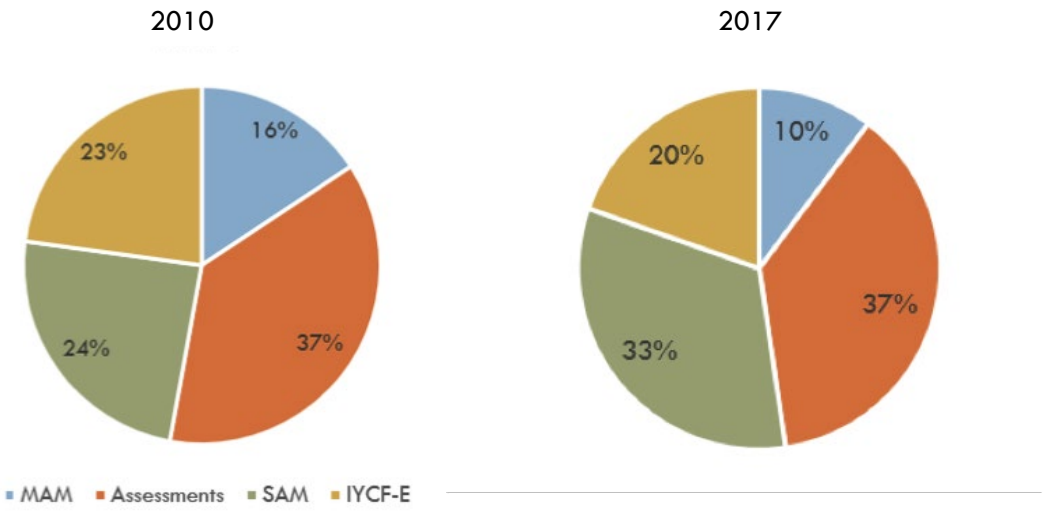


Figure 2 - Use of En-net Forums, by investigated thematic area, in 2010 and 2017

As shown in Figure 2, of the four thematic areas investigated during the **en-net review,** NiE practitioners most commonly sought online, peer support for questions related to **Assessment** (total 376, average 42 post/year) and **Prevention and Treatment of SAM** (total 316, average 34 posts per year).[8]

Technical Working Groups (TWGs) are commonly established during emergencies at country level from GNC partner representatives when technical needs (questions, issues, gaps) arise under a certain thematic area which are best discussed and addressed by a smaller, more specialised group of nutrition partners. The CTWG Review found, out of 12 types of TWGs listed, the most common type of TWGs present at country level are **Assessment TWGs** (76%) followed by **CMAM** (71%) and **IYCF-E** (68%), indicating that these are key technical areas where advice / discussion is commonly required at country level.

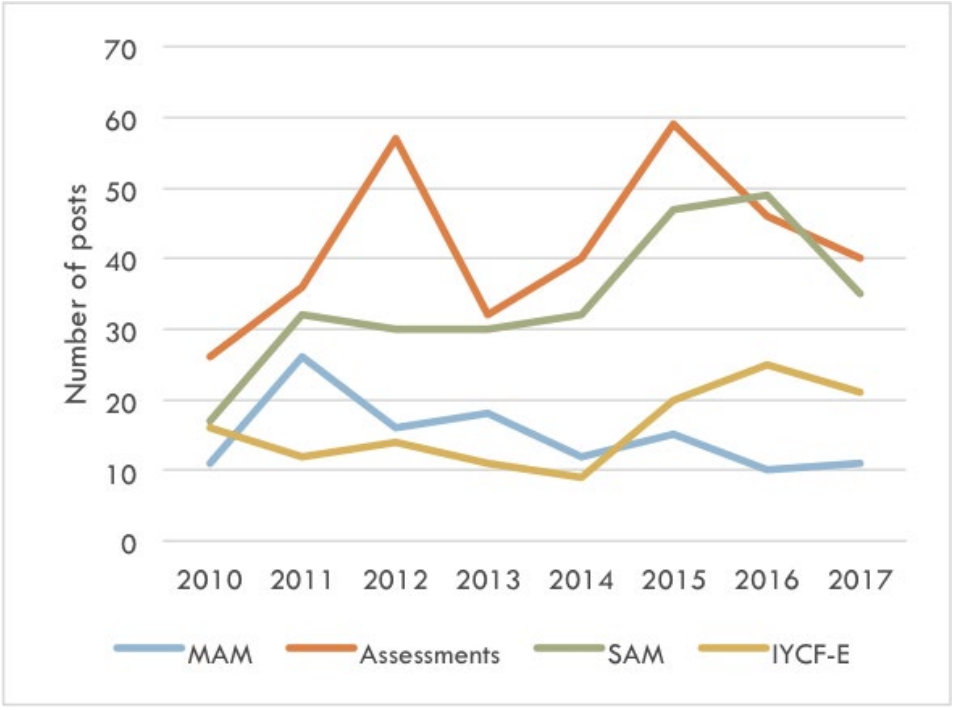


Figure 3 - En-net Discussion Trends, per thematic area

As noted above and also illustrated here in Figure 3, en-net posts on **Assessments** and **SAM** are most common. Posts related to **assessments** rose from **26 in 2010** to **40 in 2017** with **peaks in 2012** (57) and **2015** (59).

The numerous posts related to Mid Upper Arm Circumference (MUAC) indicate that the rise in traffic seen between 2011 and 2012 may be partially attributed to the Weight for Height (WHZ) MUAC debate, which came to a head in 2012 during a meeting convened by ENN. 2012 also saw the launch of coverage survey methods alongside a user-friendly SMART website which included updated sampling methods, all of which are likely to have generated an increased number of posts as countries discussed how to interpret and apply new guidance.

Posts related to **SAM** gradually rose from **17 in 2010 to 35 in 2017**. In contrast, discussion on **MAM peaked in 2011** (26) and then gradually declined to just 11 posts in 2017. Popular issues around the 2011 peak included a WHO consultation on the programmatic aspect of MAM management (Feb 2010) and supercereal formulation, which fed into the WHO technical note on the composition of supplementary foods (released 2012).

The number of posts on **IYCF-E** stayed relatively low between 2010 and 2014; from 2014 onwards the number of discussions on en-net around IYCF-E has risen, likely a reflection of the growth of IYCF-E programming seen in recent years. The en-net review noted that the European Refugee and Migrant Crisis generated significant debate on IYCF-E programming from 2015 onwards which this trend may also reflect. These trends seem to demonstrate that a critical mass of questions can lead up to actions aimed at addressing the technical gaps raised in discussions on en-net and elsewhere (such as the convening of a meeting to gain consensus, or the development of guidance and that the introduction or modification of programming (e.g. the release of new guidance) is often following by an increased volume of technical questions.

1. Assessment

As shown in Figure 4, the en-net review found that half the discussions were related to survey specific questions indicating that application/ translation of existing survey guidance into a more practical form, or for its adaptation to a particular context, was often required. (e.g. how to interpret the findings of a mass screening that was conducted in 11 villages using MUAC and WFH). The findings of the CTWG survey align with the above in that the most frequent activity carried out by Assessment TWGs at country level reportedly revolves around reviewing and validating the various steps involved in surveys. 20.7% (n=78) of posts were non-specific survey methodology questions i.e. not related to a particular survey (e.g. "what determines the choice of the 'length of the recall period' in measuring mortality when undertaking SMART assessments?") while 29.2 % (n=110) were general questions or discussions related to assessment (e.g. a discussion on use of Weight-for-Height versus MUAC in targeting and assessments)

Figure 4 - En-net Assessment Forum, by topic

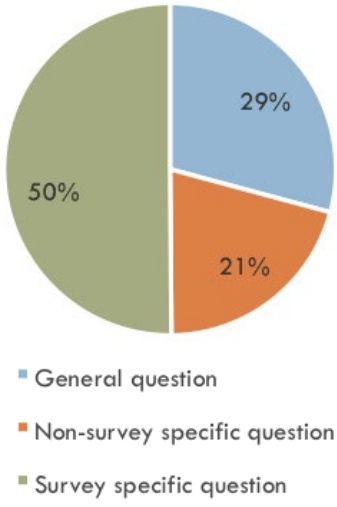
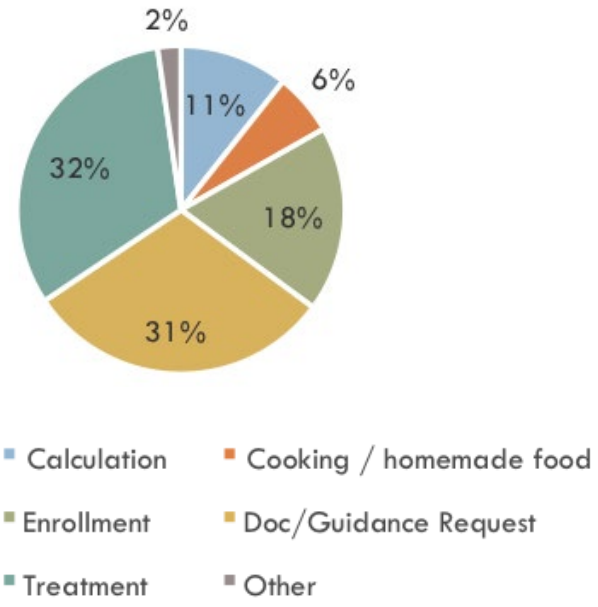


Figure 5 - MAM Forum, by topic



2. Treatment and Prevention of MAM

As shown in Figure 5, technical questions most commonly (29.4% of posts) related to aspects of specific treatment protocols (e.g. use of RUSF for PLWs with Hepatitis A; nutritional support for adult patients with Ebola Virus Disease) or involved a request for specific document / guideline (27.9%). Discussions relating to enrolment / admission and discharge criteria were also fairly common (16.8%) (e.g. how to report the uncured, registered cases at the end of a programme; discussion on using only MUAC as an admission and discharge criterion.)

3. Treatment and Prevention of SAM

More than a third of posts (38%, n = 106) in en-net's SAM forum were programmatic questions (e.g. estimated unit costs for the establishment of a stabilisation centre.) En-net posts relating to products were also fairly common (23% of posts, n = 64 — e.g. request for evidence on the efficacy of RUTF made from locally available products.) 18% (n = 50) of posts requested general advice on what should be done in a specific situation or requested evidence or experiences to be shared by peers. Clinical questions on specific treatment protocols and

questions on research methodology/ request for background information to inform research made up 11% and 5% of posts respectively. An analysis of specific topics / sub-thematic areas is not available. As part of the CTWG survey, CMAM TWGs reported that they most commonly are involved in harmonising CMAM tools across CMAM partners and developing or updating national CMAM protocols or guidelines.

Given the low proportion of protocol-related questions on en-net, this suggests that sufficient capacity exists at country level to answer the majority of questions related to protocols and guidelines.

4. Infant and Young Child Feeding

Three quarters of all posts on en-net's IYCF forum were requests for "advice" (25%, n = 38), "guidance / resource requests or clarifications" (25%, n = 38) and "evidence / experience sharing" (25%, n = 37). An example of a request for advice is "what to do with expired infant formula?" Examples under "evidence/experience sharing" included requests for photographs of baby tents and for the sharing of experiences and evidence on wet nursing in HIV prevalent areas where replacement feeding is not safe but there is no HIV testing available.

Responses on the latter, from peers and from expert moderators for that thematic area, were subsequently fed into the WHO Operational Guidance on HIV and Infant Feeding in Emergencies (2018). An analysis of common sub-thematic areas is not available for this thematic area.

According to the CTWG survey, IYCF-E TWGs are most commonly involved in developing, validating and disseminating standardised tools and resources, as well as updating or developing IYCF-E related policies and guidelines.

What are the identified priority technical gaps?

1. Assessment

The en-net review found that the vast majority (88%) of questions were successfully answered, whilst 7% were not successfully answered and 5% only partially answered[9]. This indicates that sufficient knowledge and guidance seems to largely be available from en-net users and expert moderators for the type of questions asked on en-net about assessments.

Possible gaps in knowledge or guidance were most commonly identified during the en-net review under the themes "different types / methodology of assessment" (n=14) and "planning, sampling, questionnaire / indicators and analysis" (n=12). The full list of issues identified through the review of en-net's Assessment forum by the Tech RRT can be found in Annexe C.

The outputs of the CTWG and NCC Surveys (Annexes A and B respectively) as well as the en-net review (Annexe C – E) were reviewed during groupwork at the 2018 Annual GNC Meeting. The issues that were identified during GNC groupwork as priorities are highlighted in blue within Annexes A - E and are listed in the left hand column below. Issues that were identified as priorities by more than a third of respondents (≥ 10 respondents) to the GNC Partner Survey are listed in the right hand column.

Table 1 - Technical priority gaps in Assessment

2018 GNC Groupwork: Identified Priorities	2018 GNC Partner Survey: Identified Priorities
Sampling among pastoral areas and the influence of body shape	Influence of body shape on anthropometric status (n = 19)
	How to do sampling among pastoral areas (n = 18)
Estimating dietary intake among households eating from a common plate	Estimating dietary intake among households eating from a common plate (n = 13)
Estimating feeding practices in children older than 2	Estimating feeding practices in children older than 2 (n = 10)
Measuring dietary diversity in surveys	

2. Community Management of Acute Malnutrition (CMAM)

En-net Review: Prevention and treatment of SAM
The en-net review found that requests for sharing of practical knowledge and / or guidance on programming in the absence of therapeutic products were the most common (e.g. questions on what to do in the absence of one or both therapeutic milks in a stabilisation centre) "Many issues" related to linking SAM and MAM programmes were also identified (e.g. how to address concerns over double dosage of systematic treatment for those referred from SAM to MAM programmes; global strengthening of referral systems and programme overlap between inpatient, OTP and SFP.) An analysis of the percentage of fully/partially/unanswered posts was not done for this thematic area.

En-net Review: Prevention and treatment of MAM
The en-net review found that the majority (72.4%) of questions were successfully answered, whilst 17.2% of queries were not resolved and 10.4% only partially so.

The review therefore revealed a gap in this thematic area in comparison to the assessment theme, whereby en-net users and moderators did not adequately answer over a quarter (27.6%) of questions posed on en-net relating to MAM. The reasons for this need to be better understood but may reflect a lack of global agreement, guidance or knowledge in this area.

Alternatively it could illustrate a decreased desire by users to reply to anonymously posed questions (more common on the MAM forum than others) and/ or a lack of moderator follow-up (23 posts between 2009 and 2018 received zero replies e.g. what is the meaningful difference between BP5 and NRG high energy biscuits? ; what is the definition of balanced protein energy supplementation and how was the term formed?)

Based on questions that were not fully answered or where there were differences of opinion, the en-net review identified possible gaps in knowledge or consolidated guidance.

Challenges faced by practitioners fell mostly within the categories of "enrolment / admission and discharge criteria" (n=7, e.g. clear definition on why PLW with MAM should or should not be admitted during the first trimester of pregnancy; using MUAC only for admission and discharge) and "specific treatment/special cases" (n=6, e.g. what is the efficacy of treating diarrhoea with ORS/Zinc in children with MAM entering into a SFP that is providing RUSF?). The full list of issues identified through the review of en-net's MAM forum can be found in Annexe D.

All processes: CMAM
During the CTWG review, the major recurring question that emerged was how best to calculate the number of children affected by MAM and SAM (potential caseload) and the main area of support required was for standardising or updating national nutrition protocols.

CMAM-related issues identified during the CTWG and NCC Surveys (Annexes A and B respectively) as well as during the en-net review of both the MAM and SAM forums were analysed during groupwork at the 2018 Annual GNC Meeting; the issues that were identified as priorities by the various groups are highlighted in green within Annexes A - E and are listed in the left hand column below. Out of these issues, those that were identified as a priority by more than a third of survey respondents (≥ 10 respondents) are listed in the left-hand column of Table 2 on the next page.

Table 2 - Technical Priority Gaps in CMAM

2018 GNC Groupwork: Identified Priorities	2018 GNC Partner Survey: Identified Priorities
Alternative MAM Management	Alternative MAM management (n = 21)[a]
Procedures in the absence of a therapeutic product	Clear guidelines on what to do in the absence of a therapeutic product (n=18)[b]
Evidence on the implementation of a simplified protocol, including guidance on stock management	Clarity / guidance on simplified protocols / combined protocols / expanded criteria with RUTF / RUSF for SAM and MAM (n=17)
Improving the integration of infants < 6 months into CMAM	Better integration of SAM screening for infants < 6 months for community volunteers (n=16)[c]
Calculating the MAM and SAM Caseload	How to best calculate the SAM and MAM caseload? What is the correct incidence correlation factor that needs to be used to estimate caseload? (n = 15)
Guidance on the treatment of SAM and Cholera[d]	
Guidance on CMAM Coverage Surveys	
The process for CMAM national protocol revision	

a. A proposed solution included within the GNC Partner Survey was to develop a list of context-specific interventions and evidence based packages (IYCF, nutrition sensitive interventions, cash/voucher or food baskets).

b. The GNC Partner Survey noted the importance of this question given frequent issues with stock outs and stock shortages causing programme interruptions and noted the related need for better guidance on when to activate simplified/combined protocols using a single product.

c. During the GNC Partner Survey respondents had the option to describe "other" issues which they considered a priority. Related to the need for better integration of screening for SAM amongst infants under 6 months old by community volunteers, the following (not previously mentioned) issues were raised:

- Nutrition status using anthropometrics of children below 6 months
- Measurement of acute malnutrition in infants <6 months
- Differentiations of SAM from Small for Gestational Age / Intrauterine Growth Retardation

d. It is worth noting that cholera (+ malnutrition / IYCF) was a frequently mentioned issue (n = 5) within the NCC Survey and en-net review and was also identified as a priority during the 2018 GNC Groupwork. It is possible that this was not selected by GNC Partner Survey respondents as a priority area to address either because respondents were aware that this issue was already being addressed at the time of the survey[10], or because the issue is only pressing in certain contexts and therefore a priority for a smaller proportion of respondents (n = 5 for clear guidance on treatment of SAM and Cholera)

3. Infant and Young Child Feeding in Emergencies

The en-net review found that "most of" (quantitative analysis not available) the questions posted on en-net's IYCF forum had been adequately answered. The full list of issues identified through the review of en-net's IYCF-E forum can be found in Annexe E.

IYCF-related issues identified during the CTWG and NCC Surveys (Annexes A and B respectively) as well as during the en-net review were analysed during groupwork at the 2018 Annual GNC Meeting; the issues that were identified as priorities within IYCF-E are highlighted in pink within Annexes A - E and are listed in the left hand column below. Issues subsequently identified as a priority by more than a third of respondents (≥ 10 respondents) of the GNC Partner Survey are listed in the left hand column of Table 3 on the next page.

Table 3 - Technical Priority Gaps in IYCF-E

2018 GNC Groupwork: Identified Priorities	2018 GNC Partner Survey: Identified Priorities
Clear guidance on M&E tools for IYCF-E	Clear guidance on M&E for IYCF-E[e] (n = 21)
Feeding non-breastfed infants in emergencies, including questions around sourcing and disposal of RUIF and upholding of The Code	Strong global guidance on the management of non-BF infants in emergencies using RUIF[f] (n=20)
The impact of cash-based interventions on IYCF practices[g]	Impact of cash-based programmes on IYCF practices (n=18)
The impact of IYCF interventions on stunting and wasting	Direct impact of IYCF programmes on stunting and wasting (n=12)
Effective interventions for preventing stunting at scale	
Difference between IYCF corners and MBAs and clearer global guidance on setting them up (or more widely available/distributed evidence	Review of current guidance on IYCF Corners and MBAs to streamline and widely disseminate (n=12)
Guidance on how to effectively run an IYCF support group discussion	

e. Within the GNC Partner Survey a number of gaps were listed under the need for clearer guidance on monitoring and evaluation for IYCF-E, including "measuring IYCF-E intervention outcomes, moving from process oriented indicators to output and outcome oriented indicators, M&E guidance on training follow-up, how to implement M&E tools and evidence-based practices on implementation of M&E frameworks." It should be noted that these are separate issues that are likely to require a number of different actions.

f. The following issues were specified under the need for strong global guidance on the management of non-breastfed infants in emergencies, including sourcing/supply chain management for RUIF, market availability of RUIF, balancing between do no harm and protection, disposal of donated or expired RUIF. Note that some of these issues are not specific to RUIF alone but are also applicable to Powdered Infant Formula (PIF).

g. This issue was not identified during the en-net and CTWG reviews not the NCC survey, however it was raised by at least 2 groups during groupwork at the GNC Annual Meeting. During the GNC Partner Survey respondents had the option to describe "other" issues which they considered a priority; suggestions were made to revisit the priorities outlined in a paper by Prudhon et al. (2016) on "Research priorities for improving infant and young child feeding in humanitarian emergencies."

RECOMMENDATIONS & CONCLUSION

RECOMMENDATIONS AND CONCLUSION

Next Steps: Addressing priority gaps

It is recognised that the findings of the processes described in this report reflect both historical and current issues – it is also acknowledged that new issues emerge regularly. Issues identified in this report are **solely intended to be a baseline** to inform the GTAM on issues which partners consider as important to be addressed, in order to improve the quality of nutrition response in emergencies.

This baseline will inform the initial work plan and direction for the GTAM and the Global Thematic Working Groups (GTWGs)[11] 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.

In addition to the priority actions under GTAM, the full list of identified gaps can be viewed in the annexes by partners and GTWGs for consideration in their respective work plans.

The current priority technical gaps in Assessment, CMAM and IYCF-E (as determined through a multi-step process with multiple inputs from GNC Partners) are listed in the tables under each thematic area in the section above.
The **planned next steps** of the process are as follows:

1. Share identified technical priority gaps with relevant GTWGs to obtain recommendations on the best way forward in promptly addressing these issues.[12] Possible actions are suggested in Box 1 on the next page.

2. Once solutions have been proposed, obtain feedback from NCCs on whether suggested outputs are practical solutions which are likely to be effective in answering country-level technical needs.

3. Identify who will move forward the suggestion actions. It is likely that more straightforward actions (such as summarising of existing guidance) can be addressed by the GTAM Coordination Team (GTAM-CT)[13] whilst more nuanced issues where current guidance is unclear or not existing will benefit from the experience and expertise available from GTWGs and their networks (for example, within academia).

It is recommended that agreed upon actions are included in a costed GTWG work plan. As noted under the limitations described earlier in this report, only four thematic areas were examined. Therefore, when developing the GTAM's ongoing work plan, technical gaps that exist outside of these areas and perhaps even particularly in other areas (i.e. where less technical normative guidance exists or less expertise is available and the GTAM can therefore play a significant role) will also be considered and acted upon through the formation of relevant GTWGs.

For example, the 2015 GNC paper[14] examined 13 categories and found that whilst 74% and 70% of CMAM and Assessment issues respectively could reportedly be addressed in country, NiE issues such as transitioning from emergency to recovery, cash transfer programmes and joint ways of working with other sectors were technical areas that could typically not be addressed in country.

In response to this, GTAM plans to have GTWGs on both Cash and Nutrition and on Nutrition Sensitive Programming. These groups will have an important role to play in identifying additional technical priorities once they are established.

Box 1: Possible actions planned / available under the GTAM to address identified technical gaps

a. Provision of Technical Advice

- Signposting to / summarising of existing guidance/resources and / or evidence
- Translation of existing guidance into a more practical/specific form for a particular question/context
- Exchange of country experiences of implementing existing guidance
- Development of brief "how to" guidance to address a specific need.

b. Facilitation of Consensus Driven Guidance

- Expert group review / analysis of available evidence / experiences
- Development of consensus driven interim operational guidance[15]
- Development of formal or interim guidance (by WHO)
- Call for generation of further evidence / experience

c. Provision of Specialised Technical Expertise

- Deployment of technical human resources
- Remote support
- Capacity Building
- Access to pre-qualified consultant rosters

CONCLUSION

With the aim of taking stock of the type of requests for technical support that commonly arise from countries in crisis and to identify technical NiE gaps which the GTAM in its initial phase can potentially facilitate the resolution of, a number of technical needs assessment activities were undertaken by various GTAM-CT members, including the GNC Coordination Team, the Tech RRT and UNICEF HQ.

While these exercises have been valuable in establishing a baseline which will inform the GTAM's initial work plan and engagement with the GTWGs, the process has admittedly been time and labour intensive, given that it's the first time such an exercise has been undertaken.

Moving forward, the funnelling of 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, systematic analysis of challenges faced by a broad range of NiE practitioners, with the potential to result in greater efficiencies and a more rapid response to technical gaps at global level.

As an example, the trends observed in en-net discussions under a certain thematic area (Figure 3) demonstrate that a rise in the volume of technical discussions can eventually lead to an action (such as development of guidance or a meeting) to address the issue at hand.

Through regularly and systematically monitoring questions and discussions, the GTAM offers a promising opportunity to more rapidly detect and respond to emerging issues.

It also offers an opportunity to develop a stronger and more widely communicated global level understanding of country level challenges requiring technical advice and expertise (e.g. when concerns or questions following the release of new global guidance are detected).

Through the GTAM, emerging issues such as those detected on en-net can now be consolidated with other ports of call (i.e. the GNC Helpdesk, Tech RRT and UNICEF HQ) for greater sensitivity in detecting and reacting to technical NiE gaps during emergencies.

ANNEXES

ANNEXES - BASELINE TECHNICAL NEEDS ASSESSMENT REPORT

KEY

During the 2018 GNC Annual Meeting groupwork was carried out to review the below lists.

- **Assessment-related issues identified as priorities during GNC Groupwork are highlighted in blue**
- **CMAM-related issues identified as priorities during GNC Groupwork are highlighted in green**
- **IYCF-related issues identified as priorities during GNC Groupwork are highlighted in pink**

ANNEX A: COUNTRY TECHNICAL WORKING GROUPS REVIEW

Questions from CTWG Review:

63. Are there currently technical questions or issues that are unanswered and require urgent attention?

- Yes
- No
- Other

64. If Yes, please specify in details all technical issues or questions unanswered and that require immediate attention

1. **How to best calculate the SAM and MAM caseload**
2. **What is the correct incidence correction factor that needs to be used to estimate SAM and MAM caseload?**
3. Operational research to define the proportion of kwashiorkor amongst SAM
4. A request for support for a **CMAM Coverage Survey**
5. Is it right to be avoiding Folic Acid provision as a routine drug for SAM cases when the SMART survey results indicated prevalence of anaemia in U5 children is more than 40%?
6. **What is the direction of the GNC for children without prospect of breastfeeding** after ex hausting the option of wet nurses?
7. Is it possible to use Domperidone to increase breast milk production?
8. Standardization of national nutrition protocols
9. Support in standardizing or updating the national nutrition CMAM protocol
10. Developing capacity of Implementing Partners
11. How to deal with SAM and MAM defaulter cases
12. **Put in place the simplified CMAM protocol with the use of Plumpy'nut for MAM and SAM**

ANNEX B: NCC SURVEY

1. Management of acute malnutrition among adults and older persons
2. Assessments, CMAM and malnutrition prevention (IYCF, BSFP, MN supplementation)
3. A focus on management of SAM & co-infections such as HIV/AIDS – how to strengthen the pro grammatic linkages
4. HIV, cholera, other diseases and malnutrition
5. **Cholera and malnutrition**
6. **Define further cholera and IYCF and CMAM guidance**
7. **Guidance on Nutritional care and rehabilitation of children with Cholera or AWD**

8. **Clear global guidance on the use of expanded criteria for SAM/MAM in emergencies**
9. **Harmonization of global estimation of burden/caseload of acute malnutrition with country level generation of estimates**
10. **Management of MAM and SAM using one protocol and product [COMPASS]**
11. Implications of the RAMOP: as being rolled out by Help Age and implications to the programmes
12. **Specific IYCF guidance for each intervention, i.e. mother to mother support groups, IYCF corners in HFs, baby-mother friendly spaces, etc.**
13. Guidance on integration of nutrition with other sectors
14. SBCC
15. Bottleneck analysis
16. Assessments/surveillance, CMAM and IYCF Advocacy
17. Training facilitation by country typologies (MIC, HIC & LIC)
18. Peer to peer coaching, structure talent pools for NiE , develop & share structured briefs on new guidance, promote technical info exchanges & cross –country learning
19. Define minimum NiE competency requirements for staff in "normal development oriented programmes
20. Find mechanisms for soliciting greater engagement of national staff on nutrition in humanitarian settings including non-technical competencies and role of non-nutritionist are important for an enhanced NiE preparedness and response
21. Technical review of Care of Acute malnutrition in MICs
22. Document lessons on nutrition preparedness, response and recovery

ANNEX C: EN-NET REVIEW – ASSESSMENT

Under 5 years

1. The UNISEX weight for height table created by Michael Golden uses boys z-scores because as he suggests the 'girls' are discriminated against (must lose more weight) and as a result are at more risk of death before admitting into programs. It is recommended to write a doc that provides the background and research for the UNISEX table, along with the table itself so that organizations can decide whether or not to use it for admissions criteria into a treatment program. This will help alleviate some of the confusion that currently exists.

2. Conduct research or use existing information to determine **which indicators can be used to determine feeding practices and diet quality for children over 2 years.** ICFI could be one example.

3. There appears to be a gap in research that explains why it is common to find a higher prevalence of undernutrition in boys compared to girls.

4. Conduct research to determine a global estimate (or even country specific if useful for some countries) specific country of prevalence of malnutrition when comparing 6-24months to 25-59 months. For example, if a survey finds 10% GAM, what is the expected % prevalence of GAM for 6-24 months compared to 25-59 months? This can help with interpreting results.

5. It has become more common now for nutrition surveys (especially those that include IYCF) to include 0-59 months as opposed to the recommended 6-59 months. A document can be created that discusses the pros and cons of both options, when it could be appropriate to include 0-59 along with additional information to be aware of when measuring children 0-5 months.

Over 5 Years

1. Consolidate available information or conduct research to determine the most effective way to take anthropometry measurements for pre- adolescents and adolescents to determine nutrition status. There is currently not a consensus on the proper method to use (BMI for age, MUAC etc)

2. Review available research regarding measurements currently used to **determine the nutrition status of women and PLW's** such as MUAC, BMI, **body shape-** sitting height to standing height ratio (SSR) etc and outline the pro's and cons of each method. Also, develop a gold standard for measuring women and PLW's

3. There is currently not a global threshold the MUAC classifications for PLW's to be used for admittance into nutrition programs. It could be interesting to map what each country uses for cut-offs (21cm,22cm,23cm, other)

4. Consolidate available information or conduct research pertaining to how nutrition status is determined for older individuals (<50yrs).

5. More research is needed to **determine the nutrition status of adults** (BMI, **body shape,** sitting height etc) and the anthro equipment required

Software, Tablets

1. Advocate for Epi Info (free software created by CDC) software to have an option to round z-scores several decimal places like ENA for SMART as opposed to only 2 decimal places. Also, have an option to use SMART flags (based on observed mean) and include edema. Basically, have an option for Epi Info to conduct analysis based on z-scores and flags the same as SMART so that users can use the analyzing features in Epi Info that goes beyond the intention of ENA for SMART.

2. Advocate to have EPI ENA (a combination of Epi Info 3.5.4 and an older version of ENA for SMART) upgraded to include the most recent version EPI INFO and ENA for SMART. This would be very beneficial as additional indicators (non anthro and mortality) can also be analyzed in the program.

3. Create a document that includes updated information regarding data collection using tablets. The document can have a short overview of each method, pros and cons, automatically calculate z-scores, what software is suited for different types (and length in terms of number of questions and length of each question) of survey questionnaires

Different Types/ Methodology of Assessment

1. There appears to be a lack of guidance on how to implement a vulnerability assessment with a primary focus on socio-economic indicators. Another area to consider is implementing this type of assessment in areas where there are acceptable levels of acute malnutrition but high levels stunting.

2. Create a document that illustrates when it is appropriate to conduct a KAP survey. There are some existing KAP guidelines but they do not go into enough detail as to when to conduct a KAP survey (objectives). When is it appropriate to use a different type of survey methodology. Also, the document must include various sectors (and indicators/questions) that are appropriate for KAP surveys as well as how to determine the sample size and specific indicators/questions.
   Can also discuss when/if it is possible to combine KAP with SMART methodology for stage 1 and stage 2 cluster sampling, or if it is appropriate to use a KAP survey as part of an Impact survey.

3. The IYCF practices 2010 document created by SAVE does a great job at explaining how to calcu late sample size for various IYCF indicators. It is common for IYCF indicators to be included into SMART surveys. A document can be created that discusses how to properly include IYCF indicators into a SMART survey that achieves a high enough level of precision of IYCF indicators so that the results can be used for programmatic decisions. Conversely, the number of households should be appropriate for nutrition indicators (anthropometry) so that resources are not wasted. IYCF indica tors will require more households; therefore, the number of households for anthropometry will be significantly less to achieve the desired level of precision needed for programming.

4. Advocate for a global data base of SMART surveys that is similar to what CRED used to have (CE DAT).

5. There appears to be a lack of guidance on how to conduct a program impact evaluation as well as a globally recognized reduction level of GAM, SAM, MAM (over a given period of time) for a program deemed to being successful based on various starting prevalence level of GAM.

6. Their appears to not be a lot of information regarding capture-recapture nutrition coverage surveys.

7. Create a document that addresses the cost-benefit of comprehensive programming including methodologies that are sensitive to CMAM. Specifically, the analysis must be able to define 'bene fit' and connect it to 'impact'.

8. Consolidate available information and create a guideline on how to set up a nutrition surveillance program including how often screening should take place to be effective, examples of various contexts, questions to be asked during the planning phase etc.

9. Create a document that discusses coverage surveys and the different types of methodologies that are available such as CSAS, SLEAC etc. The document can provide the objectives of performing a coverage survey, which method is best suited for different contexts, timing of coverage survey etc. Is there currently a guideline for CSAS coverage assessments?

10. **There appears to be a lack of information regarding sampling in pastoral areas.** Research can be conducted and interim guidelines can be developed with examples of various contexts and availability of up to date population figures (or different ways to obtain it). SMART can be adapted to pastoral but may not always be the most efficient. Perhaps SMART can be combined with other type of sampling methodologies such as special sampling, LQAS, etc. Examples of exis ting methods can also be included along with the pros and cons.

11. Create a document that explores different types of survey options to implement in an emergen cy (MIRA, SMART, SQUEAC, etc). The document can explain what type of survey should be imple mented depending on the objectives (including nutrition), context, timing after the onset of the emergency etc. A decision tree could be included as well.

12. Create a document that explores available information regarding retrospective mortality and acute malnutrition. Is some contexts is there an expected positive linear relationship? This informa tion can be used by organizations to interpret the success of programs, assuming baseline and pe riodic surveys are taking place.

13. Create a folder that will be available to the public that includes survey methodology that has been used in urban sampling. The ACF SMART team has created an urban sampling document in 2016 I believe. Perhaps more field examples can be added to this document as urban sampling is becoming more frequent. In addition, a section(s) on how to use GPS, google earth, or other mapping techniques could be added.

14. Create an exhaustive checklist for organizational programing with a main focus on CMAM but could also include IYCF, WASH, etc (depending on programs being implemented). The checklist will be used to monitor programs and help identify areas of support. From the exhaustive checklist organization will choose items that are relevant to their programs. It is recommended as a start to obtain existing checklists that organizations are currently using.

Planning, Sampling, Questionnaire/ Indicators, Analysis

1. Create a document that explains when it is appropriate to stratify clusters (weight factor) in one survey or conduct separate survey in the planning phase of a survey(s). Provide examples of diffe rent contexts such as counties that are close versus far apart, different livelihood zones, along with heterogeneity etc. Also, include how to properly compare different survey results. The CDC calcu lator can be used to easily compare indicators from different surveys. The document should also include the purpose of comparing survey results, when it is appropriate to compare surveys, the type of survey methodologies that can be compared etc.

2. Create a document that addresses the need of how to determine population size for a sampling frame if information is not available at village level. The document can give specific examples in various contexts.

3. Create a document that explains the steps to take and considerations when creating a national level assessment questionnaire. Also included as a toolbox could be standardized questions along with livelihood zone, geographical information about different areas of the country where certain sections or type of questions in the questionnaire may be different.
   Examples of high quality national level questionnaires can also be included.

4. A tool kit can be developed that includes additional variables/indicators and sections that are com monly included in nutrition and retrospective mortality surveys. Sections could include IYCF, WASH, FSL, education etc. A lot of indicators have been standardized such as IYCF and FSL indicators. The goal of the tool kit is to be user friendly and help stakeholders determine appropriate fea sible sections and indicators to be included in the survey questionnaire. For each standardized indi cator it should state the context (emergency, protracted emergency, monitoring etc) the indicator is best suited along with the accompanying question for each indicator, objective of the indicator, the specific programmatic activity that is related to the indicator, and whether or not there is capa city to implement the activity if results conclude that it is needed.

5. Create a document that discusses when, if ever, it is appropriate to do cross tabulations in nutrition surveys. Specifically looking at wasting, stunting, underweight compared to age, gender, morbidity, etc. Also include the analysis method to conduct the cross tabulations including confidence intervals.

6. Create a document that explains how to implement weight factor for survey results. The document must include different contexts and scenarios when it is appropriate to conduct one survey and weight results at the end and in other circumstances when multiple surveys should be conducted. A standardized method to applying weight factor to survey results should be included (and any varia

tions with context examples) as well as appropriate software.

7. There appears to be a lack of consensus of extreme values (flags) to be used for analysis of MUAC data.

8. There were many questions debating on which method is best used for determining acute malnutri tion MUAC vs weight for height. It would be beneficial to create a document that summarizes (perhaps bullet points) the pros and cons of each method and provide article links for each method. The main part of the document should be to discuss how this affects programming. Some items to consider are the capacity of the organization implementing the nutrition program in terms of training, human resources, financial etc. Examples of different contexts can be discussed **such as long limbed populations and how this effects number of admission depending on the method used,** size of the catchment area in terms of geography and population, as well as options of using both methods in the admission criteria. For example, MUAC in the field and weight for height at health facilities.

9. Create a document that includes **all standardized versions of dietary diversity or similar Food Security related indicators** such as HDDS, IDDS, FCS etc. The document can identify the objective of each indicator and when it is appropriate to apply. Also, some UN organizations and NGO's have adapted these standardized indicators. The reason for adapting the indicators can be included in the document.

10. Create a document that discusses **how to estimate dietary intake in households where families share all of the food as opposed to individual plates.** Can include the most useful indicators that would be used in this situation.

11. Create a document that pertains to conducting assessments during extended holidays such as Ramadan etc. The document must discuss objectives of surveys that are conducted during these times as well and relating them to the objectives of the survey or monitoring of a program. The main objective of the document is to determine whether or not is appropriate to conduct and assessment during an extended holiday and if so what modifications to the survey questionnaire (and any other changes) must be implemented.

12. Using existing information create a document that explains how to calculate the number of benefi ciaries that are expected to be included in a CMAM program (SAM/MAM). Note that in most cir cumstances it is difficult to achieve SHERE level of coverage.

Other

- Research alternative diagnostics such as finger prick, handgrip strength, gut microbial, genetics, envi ronment, etc in combination with current anthro pometric measurements to further understand how these indices can affect nutrition status
- Create a document that includes the gold standard for weight, height, and MUAC equipment (brands) and links with where to purchase the equipment. In addition, a part of the document can discuss emerging technologies that will be implemented in the future to take anthropometric measure ments.
- Create a document that addresses using the WHO growth standards in countries that have shorter or taller populations. There is a lot of debate over this issue even though the WHO 2006 standards were developed from several different countries and continents.

ANNEX D : EN-NET REVIEW – CMAM

Treatment and Prevention of MAM

Cooking

1. There appears to be a need for a lessons learned or proper recipes for cooking demonstrations for food in a BSFP along with preparing home made therapeutic food (ex CSB). Some additional comments are CSB is runny, flour settled at the bottom, recipes for soup (wheat flour, iodized salt, edible oil, powder milk), problem with creating supplementary food (WHO guideline) for women and there is not enough moisture (oil) without going over the % of fat.

2. Plumpy nut is very firm in the package. Is this okay to eat even though it is well before the expiry date?

3. Video cooking demonstrations can also be recommended

4. Conduct research on the impact that frying or gilling CSB+ or CSB++ has on the integrity of vitamins and minerals in the product.

Enrollment Special circumstances

1. Gap to clearly define why MAM PLW's should or should not admitted into programs during first trimester

2. Appears to be some confusion about why classes of beneficiaries in the following two scenarios are treated differently. 1 children who exited and SFP program due to non-response are treated as new admissions when they return 2. Children who exited as cured or defaults are treated as continuing admissions when they return.

3. Standardize definitions and timeline for different exit types from a program

4. There was a lot of discussion about using MUAC only for admission and discharge

5. Implement a pilot project that looks the expansion of admission criteria for SAM treatment up to MUAC<120 mm in order to save resources for implementing nutrition prevention activities at an acceptable scale targeting non malnourished children (MUAC >120 mm) aged from 6 to 23/59 months.

6. Create a database template (with formulas) that can be used to determine the expected case load for TSFP beneficiaries over a longer period of time (ex 5 years) taking into account factors such as estimated change in population, coverage, prevalence etc.

7. Conduct research to determine if GAM:SAM ratios can be used in evaluating the effectiveness of SFP programs based on the « assumption» that in an effective SFP (high recovery rate and high coverage), most children with moderate malnutrition recover, and therefore will not develop severe malnutrition.

Specific treatment Special Cases

1. Protocol to treat patient with chylothorax that is prescribed skimmed milk due to unavailability of specialized formula. Also include how to calculate the amount of protein the patient will receive.

2. In an emergency IPC 4 situation is it okay to include Plumpy doz for <2 years children as part of a general food distribution regardless of their anthropometric measurement status.

3. Create a document that states the costs/benefits of using RUTF in MAM HIV positive individuals.

4. Research if goat milk can be used as a part of a therapeutic substitute in areas where therapeutic milk is not available

5. Conduct research on the efficacy of treating diarrhea with ORS/zinc in children with MAM entering into a SFP that is providing RUSF

6. Conduct research on the expected increase of MUAC per day when provided appropriate supple mentary feeding based on bodyweight.

Other

1. Conduct research to determine whether or not the impact of the size of packaging (family vs indivi dual) has an impact of sharing practices within a household.

Treatment and Prevention of SAM

1. Management of MAM and SAM using one protocol and product [COMPASS]

2. **Clear global guidance (discussed with WFP) on the use of expanded criteria for SAM/MAM in emergencies**

3. Management of acute malnutrition among adults and older persons

4. Clear guidelines on what to do in stock shortages for existing programs (SC, OTP and SFP)

5. Develop a global procurement tool for all products based on caseload estimation

6. Best way to target pastoral/nomadic communities for CMAM

7. Research on the impact of nutrition education and counselling on a child's nutrition status

8. Clear guidance on CMAM exit strategy (when a partner leaves, what should be in place and how to effectively phase out partner support)

9. Clear guidelines and outcomes of using MUAC only admission criteria

10. Clear guidelines on the treatment of SAM and Cholera cases

11. Guidelines for countries wanting to locally produce therapeutic products (RUTF and Milk)- Should look at experiences from India to create

12. **Better integration of screening for SAM among <6 months for community volunteers**

Gaps:

- **Therapeutic products (RUTF, milks) and Logistics**
  - **What to do in the absence of therapeutic products (milks, RUTF, RUSF) in terms of stock**

shortage that creates gaps in treatment
- When no products are available in country
- During stock shortages (ie a CMAM program is running but there is a known upcoming stock shortage). Do they reduce the amount of RUTF given to each child in the interim? Do they use all the RUTF and alert patients that they will be contacted when they have the products?

  - RUTF ration
    - Guidelines on provision of monthly or longer-term supply of RUTF in hard to reach or insecure areas
  - Lots of debate on the thread discussing putting therapeutic foods on the list of essential medicines
  - How to categorize discharges when there are stock ruptures? Doesn't really fall under 'default' or absent. But what about those you can't find once supply has returned?
  - What to do in the absence of one or both therapeutic milk in the SC?
  - Does a global procurement tool exist for all therapeutic products? Calculating caseload for SC, OTP and SFP. MANY questions. Know there are lots from various countries and programs, but not sure if a global one exists.
- **Discharge**
  - Clear guidance/recommendation on discharge ration
  - How to categorize defaulters (see above for an example)
- **Lots of MUAC talk:**
  - Should the midpoint be taken? From research it looks like it's not necessary, but this information has not been well disseminated at field level
  - Cutoff points

- **Linking SAM and MAM programs (MANY ISSUES)**
  - Referral systems and program overlap between Inpatient, OTP and SFP need to be stronger globally. Agencies leading these respective programs need to be aware of this and make all attempts possible to overlap and communicate in countries where all services are present
  - For those referred from SAM to MAM programs, concern over double dosage of systematic treatment
    - Best way to target pastoral communities for CMAM (maybe use Ethiopia as a case study or to pilot something)
    - Better integration of screening for SAM among <6 months for community volunteers
    - Need a global map of all CMAM programs

Research

- Research on the impact of nutrition education and counselling on a child's nutrition status
- Research: What does untreated MAM do to SAM rates?
- research on the # of children admitted at various MUAC cutoff points (<100, between 100-114)
- Possible to link with PHD students to address research gaps?

Guidelines

- Clear guidance on CMAM exit strategy (when a partner leaves, what should be in place and how to effectively phase out partner support)
- Clear guidelines and outcomes of using MUAC only admission criteria
- Clear guidance is needed on CMAM program set up as it varies from country to country. For example, how many staff is recommended for the number of cases expected (if this is in the CMAM tool kit, it should be better marketed). Particularly for SC as well
- Clear guidance and recommendations that are practical at field level on what to do in the

absence of a MAM or SAM program. Have expanded criteria for SAM, but at what dose of RUTF? What about MAM in absence of SAM? How to handle that?

- Guidelines for countries wanting to locally produce therapeutic products (RUTF and Milk) : Should look at experiences from India to create
- Need clear guidelines on the treatment of SAM and Cholera cases
- Guidance to treating malnourished pregnant women in the absence of CSB

ANNEX E : EN-NET REVIEW – IYCF

1. **Difference between IYCF Corners and MBA's and clearer global guidance on setting them up (or more widely available/distributed existing evidence)**

2. **Mother to mother support groups vs. care group model: Does anything exist on how to effectively run a support group discussion?**

3. **Clear guidance on M&E tools for IYCF, measuring IYCF intervention outcomes and also M&E guidance on training follow-up**
4. Wet nursing

5. Cooking demonstrations/kitchen gardens/recipes: Common topics-may be interesting to create some sort of guideline on garden, food interventions and IYCF. Also case studies linking these types of interventions to outcomes.

6. RUIF/BMS and the code: A couple of questions on sourcing RUIF, asking if something is a code violation, feeding non-breastfed infants in emergencies/use of RUIF in emergencies and disposal of RUIF (donations that have been intercepted or expired product). May be useful to create clear global channels on how to report code violations or specific things to do in country if someone identifies a violation. Possibility to create strong global guidance on non-breastfed infants and using RUIF?

7. Many questions on **dietary diversity,** how to improve it, **how to measure it in surveys**

8. Stunting: quite a few questions on how to address or prevent stunting and what interventions are effective

9. KAP and impact evaluation guidance for IYCF

10. Guidelines for women who believe they are not producing enough milk, need more than 'frequent suckling' for recommendations.

Potential research or case study gaps

1. **Direct impact of IYCF programs and interventions on the reduction of stunting and wasting**

2. Cultural reasons or barriers behind inappropriate breastfeeding practices and how to address these barriers specifically: more research/case studies linking interventions to behavior change

3. Impact of IYCF interventions on IYCF practices

4. Research or case studies on using technology (smart phones/phones) with IYCF programming

5. Case studies or research on relactation specifics (number of times to suckle during the day, how long it takes on average for an infant to be independently fed from a relactating mother etc.)

ANNEX F: 'OTHER' ISSUES RAISED DURING GNC PARTNER SURVEY

As part of the GNC Partner Survey, respondents were given the option to submit "other" issues which they considered to be priority issues. As part of the review, suggestions were cross referenced against the lists in Annexes A – E. Issues that were not previously mentioned are listed here.

Assessment

- Estimate dietary intake among children and household beneficiaries of unconditional cash programs
- Impact of new malnutrition thresholds
- Coverage assessment in order to identify barriers and boosters
- SQUEAC and other coverage methods
- Use of digital data gathering tools to optimize remote management of surveys
- Nutrition status using anthropometrics of children below 6 months
- Measurement of AM in infants <6 months
- Differentiations of SAM from SGA/IUGR
- MUAC versus WHZ among children 6-59 months
- Standardized Multi-sectoral assessments.

CMAM

- Clear Guidance on harmonizing discharge criteria
- Guidance on SAM management and EBOLA virus disease
- Issues around targeting from the overall needs, should we still use sphere 50% rural,70% urban and 90 camp in relation to estimation of requirements
- Estimation of how many children will die if not received CMAM programs
- Alternative diagnosis methods for SAM and MAM cases - Use of innovation and Technology

IYCF-E

- The management of the non-breastfed: including guidance for wet nursing, re-lactation and as last resort the use of BMS or RUIF

END NOTES

Note 1: Richardson, L. and Ververs, M. (2015) Evaluation of the support provided by the GNC to National Coordination Platforms. Global Nutrition Cluster and UNICEF. - P.7

Note 2: Le Cuziat, G. and Frize, J. (2015) Position of the GNC on Providing Technical Support to Country Clusters. Save the Children USA, GNC and UNICEF. - P.7

Note 3: The Tech RRT deploys technical surge, provides remote support and builds capacity of nutrition partners. - P.11

Note 4: En-net is an open, online resource where practitioners can post technical questions and receive inputs from peers and technical experts around the world. Questions on en-net often relate to issues where no firm guidance exists, or where assistance is needed in translating existing guidance into a more practical or specific form for a particular issue or context. - P.11

Note 5: The survey and interview report can be accessed via: http://nutritioncluster.net/?get=007818|2019/03/Review-TWGs-27-March-2019-Final.pdf - P.11

Note 6: http://nutritioncluster.net/wp-content/uploads/sites/4/2018/10/2018-October-Annual-GNC-meeting-report-FINAL.pdf - P.11

Note 7: A standardised approach was initially agreed upon, however it was adapted per theme due to the varying nature of questions and responses in different forums. Advisers performed reviews at different times (dependent upon deployment downtime) and therefore had limited opportunity for discussion and coordination. - P.13

Note 8: En-net discussions posted between 2009 and 2018 were analysed; however not all four forums were active in 2009 and the en-net review ended during different months for different thematic areas in 2018. - P.15

Note 9: "Partially answered" is defined as a post where responses were provided but they didn't fully answer the question or people stated that they also had the same question (within their organization) but did not have a definitive answer for it – thus indicating that a knowledge or guidance gap is likely to be present. - P.20

Note 10: CDC presented on the issue at the 2018 GNC Annual Meeting; subsequently a Yemen-specific meeting was held and a group was formed to address the issue. - P.22

Note 11: These are existing or new groups of experts in a particular thematic area who are available to address key identified gaps where guidance is lacking or inadequate. Examples of GTWGs with which the GTAM engages include the Infant Feeding in Emergencies (IFE) Core Group, No Wasted Lives, Cash Learning Partnership (CaLP), The Council for Research and Technical Advice on Acute Malnutrition (COR-TISAM), Standardized Monitoring and Assessment of Relief and Transitions (SMART) Initiative, CashCap of Norwegian Refugee Council (NORCAP) - P.26

Note 12: NB: Due to the limitations noted with the groupwork carried out at the GNC Annual Meeting to identify priorities under the thematic area of Assessment, it is recommended that the longer list of potential gaps is shared with the NIS GTWG for review and possible reprioritisation. - P.26

Note 13: Includes UNICEF, World Vision, the Emergency Nutrition Network, Technical Rapid Response Team, and the Global Nutrition Cluster Coordinating Team - P.26

Note 14: Le Cuziat, G. and Frize, J. (2015) Position of the GNC on Providing Technical Support to Country Clusters. Save the Children USA, GNC and UNICEF. - P.26

Note 15: Given that evidence is limited and / or formal guidance is not finalised but guidance to address operational grey zones is urgently needed - P.27

GLOBAL TECHNICAL ASSISTANCE MECHANISM FOR NUTRITION

Designed By NIYEL