

GNC BULLETIN

September 2015

Issue: 8



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FROM THE GLOBAL NUTRITION CLUSTER COORDINATOR

Dear Global Nutrition Cluster partners,

I am pleased to share with you the eighth issue of the GNC News Bulletin, which provides key updates on the work of the GNC. This issue mainly features some update on the GNC interaction with SUN, a summary of the finding of the recent Cluster Coordination Performance Monitoring exercises conducted in South Sudan and Afghanistan and updates on other relevant GNC work.

The GNC Annual Meeting being around the corner, I would also like to take this opportunity to invite all partners, nutrition cluster coordinators and information management officers to the 9th Annual meeting which will take place on 13-15 October 2015, in Nairobi, Kenya, hosted by the Save the Children International.

Josephine Ippe, Global Nutrition Cluster Coordinator

GNC UPDATES

WORKING TOGETHER TO ACHIEVE A STRONG LINKAGE BETWEEN THE NUTRITION CLUSTER AND THE SUN AT BOTH GLOBAL AND COUNTRY LEVELS



The **Scaling Up Nutrition (SUN)** Movement is a renewed effort to eliminate all forms of malnutrition, based on the principle that everyone has a right to food and good nutrition. The Movement is unique, and focuses on bringing different groups of stakeholder together – governments, civil society, the United Nations, donors, businesses and scientists – in a collective action to improve nutrition. The GNC and the SUN Movement being exploring to best complement each other work at the country level. This initiative aims to strengthen coordination between the cluster or the NiE work and the coordination platforms in countries where SUN and nutrition cluster both exists. To-date, 55 countries worldwide have joined the SUN movement and in 14 of these countries, nutrition cluster has been activated and some nutrition in emergencies (NiE) coordination mechanisms have been established.

In order to promote a better understanding between the SUN countries and the cluster countries, the GNC and the SUN Secretariat has developed a three page document which outlines issues the need to promote together and this include, ensuring that the National Nutrition plans of action developed by the SUN countries include emergency preparedness and capacity building, in order to better response to NiE. The document also acknowledged the need for enhancement of existing technical capacity in SUN countries on Nutrition in Emergency (NiE). The need to collectively advocate for and support government leadership at national and sub-national level to coordinate the humanitarian response, by building upon existing structures and mechanisms (wherever possible) has also been emphasized. While the promotion of dialogue among all stakeholders with responsibility to ensure that populations can better endure emergencies and conflicts through the enhancement of community resilience and by reducing risk to disaster was also emphasized. The two entities also agreed to promote the engagement of humanitarian agencies in the SUN Movement at both global and country level and it also encouraged the participation of both entities in *technical* forums that enable multiple stakeholders to share experience on nutrition in development and in emergency. This document was presented to the NCCs jointly by the GNC and the SUN secretariat and there was an overwhelming support from the NCC on this initiative.

For more information on the SUN Movement, please visit the SUN website:

UPCOMING EVENTS:

- **28 September—02 October 2015: Bangkok, Thailand.** Regional Training on Nutrition Cluster Coordination organised jointly by the GNC, UNICEF Regional Office for East Asia and Pacific and RedR-UK.
- **13-15 October 2015: Nairobi, Kenya.** The Annual Meeting of the Global Nutrition Cluster
- **16 October 2015: Nairobi, Kenya.** The Annual Meeting of Nutrition Cluster Coordinators and Information Management Officers.

GLOBAL CLUSTERS' RAPID RESPONSE TEAMS RETREAT, VILLARS-SUR-OLLON, SWITZERLAND, 22-26 JUNE 2015

Following the success of the 2013 Rapid Response Teams (RRT) Retreat and the need to further expand inter-cluster coordination among clusters and RRTs, a second retreat was convened in 2015. This second RRT Retreat took place on 22-26 June 2015, in Villars-sur-Ollon, Switzerland and brought together 20 RRT-members of the UNICEF led/co-led global Clusters/AoRs: Education, Nutrition and WASH Clusters, Child Protection AoR. The aim of the retreat was to review the achievements and challenges of the RRT system to date, explore possible improvements, and how to make the RRT mechanism more sustainable and adaptable to future needs. .

The RRT retreat resulted in the following recommendations which require a follow up from the RRTs, RRT host agencies and the CLA:

- Agreeing on a common defining framework for RRTs, and advocate with donors and partners on the RRT mechanism and their added value.
- Harmonization of deployment procedures and enhance communication tools and mechanisms to fit RRT needs,
- Strengthening of the understanding of UNICEF Country Office accountability for coordination and the role RRTs play in building capacity of Country Offices, including through dissemination of *Cluster Guidance for Country Offices*.
- Continued work in ensuring good succession plan when a RRT deployments ends and a good handing over and continuity of what has been achieved.
- Define and build on RRTs' roles in building capacity of fellow RRTs and those of the wider coordination systems which they support.
- Define and strengthen the role of Regional Offices to support coordination (including capacity development for non-cluster countries) and national clusters.
- Review and address challenges that arise within IASC/ OCHA led guidance documents and that are raised by the RRTs and field based CC.
- Further explore the added value of Cash Transfer Programs and the possibility of applying them across clusters.
- Better document good examples of integration activities, provide support to the Inter Cluster Coordination Group at a country level and share inter-cluster coordination best practices with the global level
- Improve information exchange and develop strategy for exploring opportunities for virtual support.
- Building on existing good practices, find a common agreement on the definition of advocacy, and better define RRTS role in advocacy and how to package on-going advocacy efforts (both at cluster and inter-cluster level).
- Increase capacities within RRTs on data analysis, secondary data review and needs assessments
- Ensure AAP is included in strategic programming and enhance engagement with traditional actors.

Majority of these recommendations are in line with the recommendations that were outline in the GNC RRT evaluation report which was shared in March 2015.

For the full report, please visit: www.nutritioncluster.net

This meeting was followed by the webinar organized by GCCU for all RRT host agencies and standby partners that took place on 17th September 2015, with very good attendance and participation from the Nutrition cluster RRT host agencies. The RRT host agencies were updated on the proceedings of the RRT retreat, the key recommendation and the rest of the webinar discussions produced the following action points:

- Map good practices and ask RRTs on what work works well to keep RRTs grounded in host agency and mitigate the difficulties of home-based arrangements. Include in this overview: how impact of non-deployment time could be measured and examples/suggestions of how the 25% could be used best.
- The Global Cluster Coordination Unit (GCCU), EMOPS Geneva to continue with review of different options for tracking impact in RRTs, including improvement in response. Currently a light survey is developed and will be shared with partners.
- Overview of how the Global Clusters measure non-deployment time of RRTs (25% to the Global Cluster and 25% to the Host Agency) to be collected.
- Standby requests, if we can't fill coordination requests through standby we could go to host agencies as long as they could support with own funds. However, how this works will have to be explored with other host agencies, especially whether or not this arrangement would be of interest to all host agencies.
- Discussion on how to enhance programme quality in cluster response was started but I was agreed that this discussion be picked at a later stages, so that the role of RRTs in technical capacity building could be held as a stand-alone discussion for later.

CLUSTER COORDINATION PERFORMANCE MONITORING: AFGHANISTAN

AFGHANISTAN NUTRITION CLUSTER

The Afghanistan Nutrition Cluster was created in 2008 after the country adopted the IASC cluster system following recommendations by the Humanitarian Country Team (HCT) when the global food price crisis led to increased food insecurity at household level in many vulnerable Afghan communities.

The Nutrition Cluster membership is composed of government, National Non-Governmental Organizations (NNGOs), International Non-governmental Organization (INGOs), United Nations (UN) agencies, civil society, donors, and observers. The National Nutrition Cluster Coordination Team (NC-CT) is currently made up of a Nutrition Cluster coordinator (UNICEF), Co-chair– from Public Nutrition Department (PND), a Deputy chair (ACF) and Nutrition information management specialist (UNICEF). The Emergency nutrition activities are coordinated through a monthly cluster coordination meetings held in UN OCHA as well as *ad hoc* meetings as needed.

The vision and strategic direction of the nutrition cluster is driven by a Strategic Advisory Group (SAG) established in 2014. The SAG is chaired by the cluster coordinator and co-chaired by WFP. A number of thematic working groups have been established for 1) Integrated management of Acute Malnutrition (IMAMWG), 2) Infant and Young Child Feeding (IYCFWG), 3) Micronutrient (MNWG), 4) Capacity Development (CDWG) to coordinate specific technical areas. The working groups are chaired by the Public Nutrition Department (PND) and co-chaired by NGOs. As and when necessary, small time and task bound taskforces are formed. Currently there are five taskforces and there are 1) Advocacy Taskforce (ATT), 2) Humanitarian Response Plan (HRP) Taskforce, 3) Common Humanitarian Fund (CHF) Strategic Review Committee (SRC), and 5) CHF Technical Review Committee (TRC).

The government has established the National Programme Coordination Committee (NPHCC) meeting as a regular sector coordination mechanism in the country. The cluster reports to the Di-

rector of Public Nutrition Department (PND). The NC-CT also provides updates to PND on emergency nutrition situation, assessment and coverage of nutrition responses through 4Ws (who, what where, when) updated on a quarterly basis. The NC-CT also reports to UNOCHA through the inter-cluster working group coordination meetings (ICWG), Humanitarian Country Team (HCT) through monthly situation reports and through the quarterly 4Ws update.

At sub-national level, there are cluster focal points in Herat (Western Region), Kandahar (Southern Region), Mazar (Northern region), Jalalabad (Eastern Region) and in Gardez (South–Eastern Region). The central region cluster coordination is combined with the national cluster coordination as most central region partners have presence in the capital.

AFGHANISTAN CLUSTER COORDINATION PERFORMANCE MONITORING

This was the third CCPM exercise for the Afghanistan Nutrition Cluster with two previous CCPMs conducted in June-July 2013 and July-August 2014 respectively. After each CCPM, an Action Plan was developed and integrated into the cluster workplan and its implementation was monitored on a regular basis. Outstanding action points from previous CCPMs were also discussed and taken into account during the 2015 CCPM.

In April 2015, the cluster coordination team initiated a discussion with UN OCHA office and agreed to conduct the third Nutrition Cluster Coordination Performance Monitoring exercise in order to identify and address coordination gaps that could affect the performance of the Nutrition Cluster and also to identify issues that might not have been fulfilled following the first two CCPM exercises in 2013-14. Following an agreement with UN OCHA and the CLA, the cluster coordination team conducted an orientation on the CCPM exercise for all partners during the cluster meeting in April in Kabul. The date for the launch of the questionnaire was communicated, as well as the date for presenting the CCPM results for partners feedback and action plan meeting.

The CCPM online survey was sent out to 62 cluster partners and observers, comprising of local NGOs, International NGOs, UN agencies, National authorities (including the MoPH) and donors, with a detailed explanatory email on 13 April 2015. The online survey questionnaires, whose responses were anonymous were completed on 30 April 2015 by 41 cluster partners and a cluster coordinator –an overall response rate of 66%,

From the responses provided during the online survey, scores were assigned to each key cluster function. These scores were compiled into an automatically-generated report summarizing the performance for each of the core cluster function. A descriptive report of the cluster and its outputs was also automatically generated. Both reports were shared with all cluster partners and the Global Nutrition Cluster (GNC) on 1 May 2015 for review



CLUSTER COORDINATION PERFORMANCE MONITORING: AFGHANISTAN

and further analysis. The median score for each sub-function was calculated, and then further classified into a performance status.

Both reports (results of the survey and descriptive report of the cluster and its outputs) were then presented to the cluster partners during a workshop held on 17 June 2015 in Kabul, organized by the National Cluster Coordination Team with facilitation support from the UNICEF GCCU and the GNC-Coordination Team. The workshop was officiated by the Director of PND and UNICEF Deputy Representative (OIC Representative at the time of the workshop) on behalf of cluster leads. The workshop provided cluster partners the opportunity to review and discuss the findings of the online survey. This process was guided by the criteria developed by the IASC for evaluating the performance of the cluster, where the partners jointly agreed on actions needed to improve the performance of the cluster. This was done through self-reflection and by identifying areas that are working well and those that required increased attention from the nutrition cluster coordination team, cluster lead agency, partners, and/or global clusters and others. This participatory process contributed to strengthening transparency and partnership within the cluster. The different action points proposed by the working groups were then consolidated into one cohesive action plan for the Afghanistan National Nutrition Cluster, and this report was then shared with the cluster-lead agency (UNICEF) and the SAG for review and endorsement. Following the Cluster Coordination Performance Monitoring (CCPM) validation workshop, an extraordinary session to review the CCPM process was held with Nutrition Cluster to validate the final report and the action plan. The outcome of this consultative process, with collectively agreed actions on areas of support and area that needed improvement, by whom and by when, were presented to the heads of partner agencies and the Inter-cluster group.

MAIN FINDING OF THE AFGHANISTAN CCPM EXERCISE AND PLAN OF ACTION

The overall performance of the was rated as “Good” with 4 of the core cluster functions rated as good and three rated as “Satisfactory”, this marked a significant overall improvement as compared to the previous CCPM scores from 2013 and 2014.

Supporting service delivery: (rating: GOOD): Afghanistan’s Nutrition Cluster is well established, led by the PND/MoPH and co-led by UNICEF. Starting 2015 ACF also seconding a deputy to the cluster coordinator. Meetings take place on a monthly basis. Minutes with agreed action points are posted on a website and shared among the cluster partners. New staff of partner agencies require an orientation on cluster approach. The partners concluded that better linkages with regional nutrition cluster focal points would benefit partners at national and regional level. As an improvement from the last year CCPM, partners noticed that all cluster partners regularly engaged in the update of 4W on a quarterly basis. However, some partners’ inputs were



below agreed quality standards. Updated 4Ws are posted on HR.info website and shared with partners on a quarterly basis.

It was agreed that a regular information sharing mechanism between the national and sub-national clusters should be established. Additionally, an orientation to new partners on cluster approach will be organised by the CT. To improve the quality of partners’ input into the cluster 4Ws, partners agreed that the cluster IMO conduct regular quality checks and provide feedback to partners if quality concerns are consistent.

Informing strategic decision-making of the HC/HCT for the humanitarian response (rating: SATISFACTORY): Partners noticed significant improvement from the last CCPM. SMART methodology is being used. CHF funds were allocated to ACF to conduct standard nutrition surveys in collaboration with other agencies. Survey reports and results shared by email regularly and at cluster meetings. Rapid Nutrition Assessment (RNA) tool is standardized, all partners are using the same tool. However, emergency assessments are *ad hoc*, no pre-determined teams in place, which delays assessments. Cluster 4W are updated and distributed regularly to identifying gaps/ duplication. The process of prioritization is in place for the cluster: assessments are shared with cluster and prioritization of needs are based on findings. While sharing of finding with field partners and actions are re-prioritizes based on field partners’ capacity. Results of assessments/surveys are also communicated with BPHS implementers and cluster partners, response depends on capacity of local partners/presence. Some assessments take place late and reports shared late, possibly due to ad hoc arrangement of the assessment teams and late designation of team members for assessments.

Among other recommendations, the partners agreed to establish and maintain the rapid response teams to swiftly address emergencies. A capacity building initiative to address gaps in assessments was also proposed. The partners have also tasked the cluster SAG with the responsibility of establishing a clearer process to communicate priorities with partners in field, according to capacity.

Planning and strategy development (rating GOOD): Again, part-

CLUSTER COORDINATION PERFORMANCE MONITORING: AFGHANISTAN

Partners noted significant improvement from the 2014 CCPM. The partners stated that some NGOs, both national and international, do not regularly participate in cluster discussions on HRP. No cross-cutting issues (apart from gender, age) and the “exit/transition strategy” were incorporated in the 2015 HRP. Partners noted that national standards are up-to-date and used by all cluster partners. All partners have agreed that all funding proposals for CHF or any pool fund are reviewed by the Strategic Review Committee and the Technical Review Committee as per agreed criteria and based on cluster plan and priorities.

Partners proposed to establish a small task force/group to review/mainstream the cross cutting issues in HRP and update it.

A force/group will be established to conduct capacity mapping of partners identifying gaps and solutions to close those gaps. The cluster partners in consultation with the GNC and OCHA, agree to develop transition plan in order to transfer coordination roles to the national nutrition coordination architecture.

Advocacy (rating GOOD): The rating slightly improved compared to 2014 CCPM. Cluster’s Advocacy Task Team (ATT) was formed in January 2015 and a cluster advocacy strategy is being drafted with full consultation and consensus and the draft strategy will be shared with partners for validation soon.

Partners agreed to participate in the process of validation of Advocacy Strategy and present the strategy to all partners and donors as it requires donor and partner commitments. It was also agreed that following endorsement, partners will monitor the implementation of strategy activities and integrate where possible activities across Clusters (WASH, Health, FSL, ERM, Protection) and sub-national nutrition Clusters.

Monitoring and reporting (rating GOOD) - Partners noted the improvement of performance under this cluster function compared to the results of the 2014 CCPM. Partners stated that monitoring formats were agreed and used for IMAM, Surveys and the reports that were shared by partners were reflected in cluster reports. Monthly reports are systematically discussed in monthly cluster meetings and data is used by cluster to report to donors. Regular publication of progress in implementation is also done while risk and gap analysis is also conducted and rep-

resented and discussed during cluster meetings and the cluster team continuously advocates for the responses and scale up, while all reports have being disaggregated by sex/age.

The need for improvement in reporting and monitoring was emphasized and the partner agreed that continued reminder and re-circulation of existing reporting format, in agreement with PND. Monthly reports are discussed in monthly cluster meetings and data are being used by cluster to report to donors while regular publication of progress is also being done.

Contingency planning/preparedness (rating SATISFACTORY): No changes occurred since the last CCPM in 2014, which resulted in partners to propose a set of recommendations for improvement. Only two consultations with partners on contingency planning took place at the regional level, with Cluster contingency plan (CP) development is in progress.

Partners agreed to urgently complete the consultations in other regions with involvement of partners and clusters (FSAC and Health) and ANDMA and to finalize the CP. Partners have also recommended the need to enhance the partners capacity to prepare the CP. They have tasked the NCC to reach out to partners on availability of capacity and resources for CP. Additionally, partners agreed to open the discussion at the SAG on the establishment of the Early warning mechanism/ update.

Accountability to affected population (rating SATISFACTORY): For AAP, partners agreed that little has been done since 2014 CCPM, thus leaving the same rating. The cluster lacks a guidance on feedback mechanism (insisting on having a complete feedback cycle and going through from receiving feedback, analysing feedback, recording and giving information on the outcome of the process back to the affected population).

To correct the above, partners agreed to establish an AAP Task-force to develop the AAP guidance. The AAP guidance should be accompanied by an annex which can guide partners and can be adapt for use as necessary.

For detailed CCPM report, please visit: www.nutritioncluster.net.

NEW AND UPCOMING NUTRITION CLUSTER PERFORMANCE MONITORING EXERCISES IN 2015 –2016

The following country nutrition clusters are in the process of conducting the CCPM or are planning to conduct the CCPM exercise:

- Chad
- Central African Republic
- Mali
- Nepal
- Sudan
- Nigeria
- Somalia

If you country cluster is planning to conduct the CCPM, please contact the GNC Coordination team.

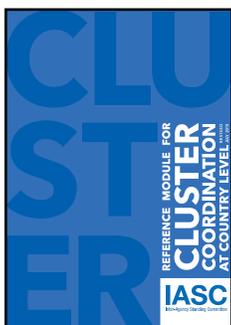
THE NEW IASC REFERENCE DOCUMENTS RELEASED

The Humanitarian Programme Cycle, Version 2.0, IASC (July 2015)



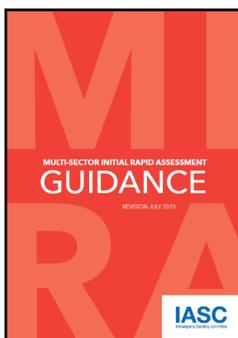
This Reference Module is about a new way of working, building on what the humanitarian system has learned. The document consists of a set of inter-linked tools to assist the Humanitarian Coordinator and Humanitarian Country Team to improve the delivery of humanitarian assistance and protection through better preparing, prioritizing, steering and monitoring the collective response through informed decision-making. This requires each organization to change its practices, but also its mind-set and institutional culture to focus on the collective response and not simply on the individual organization's corporate priorities, mandate or fundraising concerns.

Cluster Coordination at Country Level, IASC (Revised July 2015)



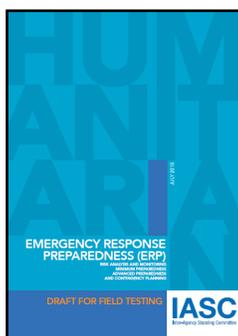
The Cluster Coordination Reference Module outlines the basic elements of cluster coordination, including in L3 emergencies. The document outlines key concepts, looking at eleven critical areas: cluster and sector-coordination; cluster activation; cluster transition and deactivation; cluster functions; cluster management arrangements; subnational coordination; inter-cluster coordination; role of clusters in preparedness; the minimum commitments for cluster participation; sharing leadership; and monitoring cluster coordination, including the cluster coordination performance monitoring tool. It encourages coordination arrangements tailored to the context and based on existing capacity.

Multi-Sector Initial Rapid Assessment (MIRA): Guidance, IASC (Revised July 2015)



When a sudden onset disaster strikes, a joint needs assessment process, the Multi-Sector Initial Rapid Assessment (MIRA), is one of the first steps the Humanitarian Country Team undertakes. The MIRA is an inter-agency process enabling actors to reach, from the outset, a common understanding of the situation and its likely evolution. Based on its findings, humanitarian actors can develop a joint plan, mobilize resources and monitor the situation. The Reference Module is a revised version of the 2012 MIRA guidance incorporating lessons learned from its application in new emergencies.

Emergency Response Preparedness (ERP), Draft for Field Testing, IASC (July 2015)



The IASC Task Team on Preparedness and Resilience has developed the 'Emergency Response Preparedness' (ERP) approach to enable the international humanitarian system to apply a proactive approach to emergency preparedness. The ERP approach can be complementary to development action, e.g. through an UNDAF, that seeks to build national and local resilience, including preparedness capacity – especially where international and national capacity can be closely coordinated. The ERP replaces the 'Inter-Agency Contingency Planning Guidelines for Humanitarian Assistance' as developed in 2001 and updated in 2007.

All these reference materials are available here: <http://nutritioncluster.net/topics/cluster-coordination/>

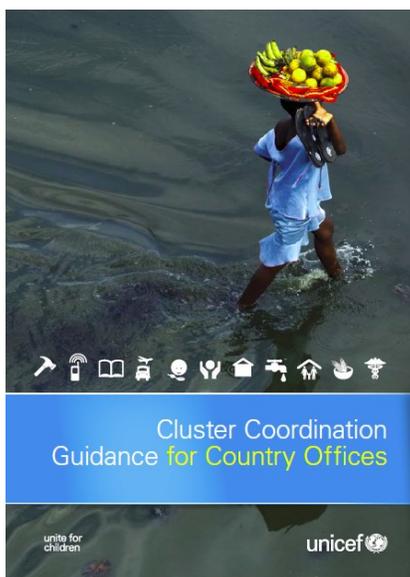
GNC RRT HIGHLIGHTS

The GNC's Rapid Response Team (RRT) is a partnership between the GNC-CT and five GNC partners: ACF-International, IMC, UNICEF, SC-UK and WVI with funding from ECHO and DFID. In this issue, we give you the following update on RRT deployments:

- **Anna Ziolkovska (IMO RRT, UNICEF)** was deployed to Yemen as the Nutrition Cluster Coordinator (NCC) for eight weeks which she completed on 22nd August 2015. Previously, Anna has been deployed to Somalia, Philippines, South Sudan and Ukraine.
- **Simon Karanja (IMO RRT, WVI)** was deployed to Nepal to support the nutrition cluster response to the devastating earthquake in Nepal for a period of 4 weeks in May 2015. Simon previously has done deployments in South Sudan, Somalia and Malawi
- **Grace Omondi (NCC RRT, IMC)** was deployed to Malawi Cluster for 8 weeks (March to June) where she supported the newly established cluster/sector mechanism. Grace is

in Sanaa supporting the Yemen cluster where she will continue to support the coordination for 8 weeks.

- **Mohammad Faisal (NCC RRT, ACF-UK)** completed his first deployment in Nepal as the NCC. During his 8 weeks deployment in Nepal, he successfully reactivated the country nutrition cluster mechanism for the coordination of the nutrition response to the earthquake emergency in Nepal.
- **Hannoa Guillaume (IMO RRT, ACF-UK)** has just completed his first deployment in Nepal which last for 8 weeks (23rd May to 22nd August 2015) where he successfully supported the establishment of the cluster information management system.
- **Jemal Seid Mohammed (NCC RRT, SC-UK)** was on his first deployment in Nepal as the NCC for 5 weeks, which ended last week of August. Since then, Jemal resigned from the Rapid Response Team and joined UNICEF Yemen as the nutrition cluster coordinator.



UNICEF ISSUES CLUSTER COORDINATION GUIDANCE FOR COUNTRY OFFICES

UNICEF EMOPS Global Cluster Coordination Unit developed the guidance to assist UNICEF country offices to better fulfill cluster-lead agency responsibilities in level-3 (L3) and other emergencies. The guidance draws heavily on the relevant IASC protocols and guidance and relevant internal UNICEF reviews and evaluations. The guidance is available in **English and French**.

You can find this document on the GNC website: <http://nutritioncluster.net/cluster-coordination-guidance-country-offices-final-report-2015/>

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