

21, January 2016

Nutrition Cluster - Bangladesh

Cluster Performance Monitoring

Final Report



Cluster:

Country:

Level:

Workshop held on:

Nutrition

Bangladesh

National

21/1/2016

This report provides the findings of the Cluster Performance Monitoring and allows the reporting of good practices, constraints and action points that are identified and agreed upon by the cluster during the revision of the preliminary report.

Table 1 Response rate among partners			
Partner type	Number partners responding	Total number of partners	Response rate (%)
International NGOs	7	12	58
National NGOs	0	5	0
UN organisations	3	4	75
National authority	1	1	100
Donors	0	3	0
Others	1	1	100
Total	12	26	46

Number of participants attended the CCPM workshop: 26

IASC core functions	Indicative characteristics of functions	Performance status	Performance status Constraints: unexpected circumstances and/or success factors and/or good practice identified	Follow-up action	Responsible agency/person for the follow up action	Timeline for the follow –up action
1.Supporting service delivery						
1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	<i>Established, relevant coordination mechanism recognizing national systems, subnational and co-lead aspects; stakeholders participating regularly and effectively; cluster coordinator active in inter-cluster and related meetings.</i>	Good	No agreed strategic priorities	To form a SAG (one of the tasks to agree on the cluster strategic priorities) To prepare guidelines on IYCF in emergency and disseminate among cluster partners.	NCC, cluster partners (CPs) IYCF-E working group	Next cluster meeting (March 16) July 2016
1.2 Develop mechanisms to eliminate duplication of service delivery	<i>Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.</i>	Satisfactory	Not all CPs know how to fill the 4W matrix	Training/orientation of partners on 4W & mapping Update the 4W Produce dashboard (fact sheet) based on an analysis of humanitarian needs.	IMWG with follow up of NCC Nutrition Cluster IMO. IMO GNC	Starting ASAP Starting ASAP April
2. Informing strategic decision-making of the HC/HCT for the humanitarian response						
2.1 Needs assessment and gap analysis (across other sectors and within the sector)	<i>Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.</i>	Satisfactory	Lack of baseline info	Create a nutrition information (survey) database at national level	NC IMO	By Jun 2016
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.	<i>Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.</i>	Good	Lack of cross sectoral gap analysis	Identify gaps for joint preparedness or planning for coordinated response Analysis of undernutrition in disaster prone districts compared to none emergency districts.	Cluster partners; initial compilation work done by IMO. NC IMO	May 2016 March 2016
2.3 Prioritization, grounded in response analysis	<i>Joint analysis supporting response planning and prioritisation in short and medium term</i>	Unsatisfactory	Lack of all partners involvement on the ground; no joint analysis;	Conduct joint analysis and prioritization Undertake a field based assessment of Leda camp to inform decision making on response.	SAG NCC through external partner or otherwise	Mar 2016 July 2016

			lack of strategic alignment with national guidance/strategy			
3. Planning and strategy development						
3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities	<i>Strategic plan based on identified priorities, shows synergies with other sectors against strategic objectives, addresses cross cutting issues, incorporates exit strategy discussion and is developed jointly with partners. Plan is updated regularly and guides response.</i>	Satisfactory	Objectives and indicators for nutrition sectors' response are lacking	Develop a new WP/strategy for the nutrition cluster. Develop input/output/process/result indicators for humanitarian response and preparedness	NCC; SAG; Cluster partners NCC; SAG; Cluster partners	By Mar 2016 By April 2016
3.2 Application and adherence to existing standards and guidelines	<i>Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.</i>	Satisfactory	Lack of awareness of the partners about existing in-country standards and guidelines	Sharing existing nutrition related guidelines/protocols with all partners involved (SAM, Survey, CMAM) Develop cluster webpage/website and update it regularly with nutrition cluster related documents.	NCC, GoB, Cluster partners; IMO	By Feb 2016 By March 2016
3.3 Clarify funding requirements, prioritization, and cluster contributions to HC's overall humanitarian funding considerations	<i>Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.</i>	Unsatisfactory	Lack of clarity or transparency in sharing information related to fund allocation	Analyze funding status of NiE status.	IMO NCC + SAG to lead;	By April 2016
4. Advocacy						
4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action	<i>Concerns for advocacy identified with partners, including gaps, access, resource needs.</i>	Satisfactory	Actions are not being followed up on advocacy issues (RUTF, Rohingyas, access)	Define nutrition cluster advocacy concerns. Advocate to include a specific agenda item on Nutrition advocacy issues during HCTT	SAG / cluster partners NCC	April Next HCTT meeting
4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population	<i>Common advocacy campaign agreed and delivered across partners.</i>	Good	No common advocacy actions Lack of coordination of clusters (outside the HCTT)	Develop key advocacy messages for the cluster and/or cluster positioning paper. Advocate to HCTT to establish a mechanism for inter-cluster coordination (outside the HCTT)	NGO (TdH or ACF). NCC, humanitarian affairs specialist	April 2016 Next HCTT meeting

5. Monitoring and reporting						
Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary	<i>Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.</i>	Satisfactory	No cluster bulletin Many IM-related action points require strong IM expertise	Prepare and share nutrition cluster bulletin. Advocate to the GNC to provide on-ground IM support for establishment of the IM systems.	NC IMO NCC to prepare TOR and engage Geneva	Twice yearly March 2016
6. Contingency planning/preparedness						
Contingency planning/preparedness for recurrent disasters whenever feasible and relevant <i>(Note: only those actions that are not included elsewhere)</i>	<i>National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.</i>	Good	District level involvement in development of preparedness planning is low Lack of specific guideline for buffer stock of emergency nutrition supplies in contingency planning. Lack of consistent knowledge on priority district for emergency intervention.	Prepare contingency plans for disaster prone districts. Orientation and accountability of cluster partners at national level on their roles and responsibilities Ensure contingency/buffer stock that can cover NiE needs for at least 100,000 for at least 2 month Update cluster contingency stock levels at least twice a year. Conduct capacity mapping of the cluster partners.	NCC, SAG CPs IPHN/ UNICEF CPs IPHN, SAG, NCC	July 2016 May 2016 May 2016 From April 2016 June 2016
7. Accountability to affected population						
	<i>Disaster-affected people conduct or actively participate in regular meetings on how to organise and implement the response; agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided</i>	Satisfactory	No formal mechanism at NC level. SADD data lacking	Develop tools/mechanisms to follow up on AAP by all partners.	SAG	June-2016