2015 Afghanistan Nutrition Cluster Performance Monitoring Report

Nutrition cluster partner in CCPM workshop in Kabul Star Hotel, 17 JUNE 2015

JUNE 2015

For more information, please contact:
(1)Leo MATUNGA, Nutrition Cluster Coordinator, lmatunga@UNICEF.org, Tel: **+93(0)798507615 – (2) ZAKHRO DJABBAROVA, Deputy Nutrition Cluster Coordinator, email:** dyclusternut@af.missions-acf.org, **Tel: +93(0)729823145 – (3)** Alfred KANA, **Information Management Officer**, akana@UNICEF.org, Tel: **+93(0)798507616**
Website: **afg.humanitarianresponse.info**

1. INTRODUCTION

The Cluster Approach

The cluster approach was established in 2005 following an independent Humanitarian Response Review, to address gaps and to increase the effectiveness of humanitarian response by building partnerships. Thus, the cluster approach has been implemented for 10 years now.

Following the experience of the Humanitarian community in responding to the two L3s, the Haiti earthquake and the Pakistan floods in 2010, the IASC Principals "agreed there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results".[1] At the global level, the aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that there is predictable leadership and accountability in all the main sectors or areas of humanitarian response[2].

Similarly, at the country level the aim is to strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity. The cluster is about achieving more strategic responses and better prioritization of available resources by clarifying the division of labour among organizations, better defining the roles and responsibilities of humanitarian organizations within the cluster/sectors, and providing the Humanitarian Coordinator with both a first point of call and a provider of last resort in all the key sectors or areas of activity.

Afghanistan National Nutrition Cluster

Context and establishment of nutrition cluster in Afghanistan:

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 main objective of the cluster system establishment in the country was in order to strengthen humanitarian coordination and ensure a predictable and accountable nutrition response as part of the humanitarian reform that was started in 2005. The nutrition cluster has evolved since then providing more guidance on nutrition response to both man-made and natural hazards the country deals with constantly. The Afghanistan Nutrition Cluster has clearly defined Terms of Reference, guidelines/ protocols that guide the nutrition response and endorsed by the government.

Emergency nutrition humanitarian situation in 2015.

The nutrition cluster objectives for 2015 can be summarized as:

- Enhance access to treatment of acute malnutrition in boys and girls 0-59 months, pregnant and lactating women through expansion of nutrition services and enhanced community screening for malnutrition and referral.
- Increase access to integrated preventive nutrition specific programmes such as Micronutrient supplementation and promotion of infant and young child feeding and nutrition sensitive programming linking nutrition to health, WASH, food security, education and protection programmes.
- Ensure timely quality community and facility-based nutrition information is made available for programme monitoring and decision making through regular nutrition surveys, rapid assessments, coverage assessments, and operational research.
- Enhance the capacity of government and partners to respond and deliver quality programmes at scale including Nutrition in Emergencies, Assessments, Contingency Planning and Coordination.

According to the national nutrition survey (NNS) 2013, the cluster estimated that 1.2 million boys and girls 0-59 months (500,000 SAM and 700,000 MAM) are in need of treatment for acute malnutrition in 2015. However constricted by partner capacities, accessibility, and resource availability, the cluster's strategy for 2015 will focus on initial expansion of services to reach 499,615 beneficiaries (155, 279 SAM and 210,265 MAM children 0-59months and 134,071 PLW) approximately 30% of the need across the country ensuring at least 50% coverage in high burden provinces. The nutrition cluster will specifically target children 0-59 months, with treatment directed to provinces with SAM >1.5%. All children 6-59months will be targeted for vitamin A supplementation and children 6-23 months with micronutrient powders in provinces with a SAM >3%. Micronutrient supplementation will enhance the nutrition status of the targeted children hence reduce susceptibility to infections/ malnutrition and promote physical and mental growth. Pregnant and

[1] Recommendation 26, IASC, *Transformative Agenda: Chapeau and Compendium of Actions*, January 2012.
[2] Interagency Standing Committee (IASC). Nov. 2006. Guidance note on using the cluster approach to strengthen humanitarian response

lactating women will receive treatment of acute malnutrition, infant and young child feeding promotion messages, and micronutrient supplementation across the country as part of the IMAM. Interventions have been influenced by the need to address both the immediate and underlying causes of acute malnutrition in Afghanistan as highlighted in the NNS 2013 as well as the need to address current programme challenges and gaps.

The coordination arrangement in Afghanistan

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 is currently made up of a Nutrition Cluster coordinator (UNICEF), Co-chair- Public Nutrition Department (PND), Deputy chair (ACF), Nutrition information management specialist (UNICEF). The cluster has a strategic advisory group composed of UN, NGOs, government and meets once a Quarter and has a mandate of overall oversight of the nutrition cluster work.

The Emergency nutrition activities are coordinated through a monthly cluster coordination meetings held in UN OCHA as well as ad hoc meetings as needed. Special coordination meetings are also organized bringing partners operational in specific areas depending on the context whenever appropriate. Bi-lateral, tripartite, technical and consultative coordination meetings are held with partners on specific issues. The NCCT also participate in meetings that are initiated by specific partners or between two partners especially when nutrition cluster's guidance is needed or just for information.

The vision and strategic direction of the nutrition cluster is driven by a Strategic Advisory Group (SAG) established in 2014 with an agreed upon TOR. The SAG is chaired by the cluster coordinator and co-chaired by WFP. Apart from developing the strategic direction, the SAG is charged with developing fund raising strategy and overseeing the work of the cluster TWGs. The current membership of the SAG includes representatives of the following cluster partners: UNICEF, WFP, WHO, ACF, IMC, Save the Children, SAF, ACTD and AADA. The membership is rotational and the elected members serve for one year on a voluntary basis. Strategic issues that the Cluster SAG looks into include, but not limited to:

1. Prioritization of CHF funding
2. Humanitarian Response Planning
3. Thematic group set up.
5. Ensure adherence to guidelines and standards.
6. Provide guidance in assessments and reports.
7. Support cluster in developing advocacy messages

A number of thematic working groups were established to coordinate specific technical areas on behalf of the nutrition cluster partners namely:

- Integrated management of Acute Malnutrition (IMAMWG), responsible for IMAM technical issues, scale up and revision of guidelines, etc
- Infant and Young Child Feeding (IYCFWG); responsible for all IYCF issues in emergency including supporting the MoPH in development of IYCF national protocols and guidelines.
- Micronutrient (MNWG)
- Assessment and Information management (AIMWG),) responsible for coordinating emergency nutrition data collection based on SMART methodology, analysis, validation and dissemination to the cluster members through the fortnightly cluster meeting and other channels that have been approved by the cluster.
- Capacity Development (CDWG), tasked to develop the Training package for Nutrition, pictorials for IYCF programming, to integrate nutrition in Medical institutions curriculum for Doctors, midwives, nurses and to conduct Nutrition SOP review.

The working group are chaired by the Public Nutrition Department (PND) and co-chaired by NGOs. Once the TWGs finalizes its respective technical work or assignment, it is presented to the SAG and nutrition cluster partners for final comments or review. The final versions are then shared with all partners and those that need government approval, the nutrition cluster coordinator/NCCT consults Director of Public Nutrition Department and seek formal approval and provide feedback to partners accordingly.

As and when necessary small time and task bound taskforces are formed and currently we do have the Advocacy Taskforce (ATT) Humanitarian Response Plan (HRP) taskforce, Common Humanitarian Fund (CHF) Strategic Review Committee (SRC) and the 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. This NPCC is to look at ways of addressing the nutrition development needs under the direction of the public Nutrition Department (PND). The NPHCC is being reviewed for membership, frequency of meetings inorder to make sure it includes all development partners unlike its current form of very restricted/limited membership. The nutrition cluster is part of this NPCC coordination forum and provides feedback on the humanitarian aspects of the response.

Nutrition cluster reporting lines and information sharing:

With respect to the government (MoPH) the cluster reports to the Director of Public Nutrition Department (PND). The NCCT 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. Updates are also provided to the MoPH through specific technical working groups (IMAM, Capacity Building, IYCF and AIWG).

The NCCT 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. Updates and key/technical issues from the nutrition and other clusters are consolidated by OCHA and presented to the HCT chaired by the Humanitarian Coordinator (HC) for information and decision. Within the Cluster-lead agency, the NCC reports to UNICEF Chief of Nutrition and updates the nutrition section accordingly as the UN cluster lead on regular bases (nutrition situation updates, responses, funding, advocacy issues, challenges etc). Accordingly, the NCCT consolidates reports and updates from nutrition cluster partners and provides an overall updates of the nutrition situation at national level, response coverage assessments results etc to all nutrition cluster partners during the inter-cluster meetings held in OCHA. Technical updates are provided to all partners during the cluster meetings by the nutrition cluster's specific TWGs.

Regional level coordination arrangements:

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). The central region cluster coordination is combined with the national cluster coordination as most central region partners have presence in the capital. These sub-national coordination mechanisms have different frequency of meetings and are at different levels of functionality. UNICEF co-chairs the cluster coordination with NGOs and or government at the sub-national level. Cluster coordination capacity at sub-national level still needs to be enhanced through training of partners.

The National level NCCT follows up coordination issues and provides technical support through the state level focal point through e-mails, phone and skype and field supportive supervision visits to the regional level when appropriate. Similarly, the Regional level focal points provides updates to the NCCT if there are technical issues to be addressed or need the attention of the NCCT. Depending on the issue (s) and level that need to addressed, the NCCT may call national coordination meeting for partners operational in the regions to address the issue(s) raised. Note that all of the regional level focal points are funded by UNICEF and do double hatting and others by NGOs operational in the regions.

The Cluster Coordination Performance Monitoring

The purpose of a Cluster Coordination Performance Monitoring is to identify areas for support and improvement, to ensure that clusters are efficient and effective coordination mechanisms, which fulfill the core cluster functions, meet the needs of constituent members, and support delivery to affected people. It is also an effective way of demonstrating accountability and the added value of the cluster and to justify the cost of coordination. A Cluster Coordination Performance Monitoring provides an in-depth assessment based on the perceptions of partners and cluster coordinator about the functioning of the cluster in fulfilling its six specific core functions, which are:

1. Supporting service delivery
2. Informing strategic decision-making of HC/HCT for humanitarian response
3. Planning and strategy development
4. Advocacy
5. Monitoring and reporting
6. Contingency planning/preparedness
   + Accountability to affected populations

2. AFGHANISTAN CLUSTER COORDINATION PERFORMANCE MONITORING

Following reflections on the performance of the Afghanistan Nutrition Cluster, an agreement was reached amongst the OCHA, cluster partners and the Cluster-lead agency, UNICEF, to conduct and CCPM for the Afghanistan National Nutrition Cluster in the months of April - June 2015. 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. Outstanding action points from previous CCPMs were also discussed and taken into account during the 2015 CCPM.

A: Methodology:

The Nutrition Cluster Coordination Performance Monitoring (CCPM) process consisted of four components:

1. 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. The Action Plan was 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.
2. In April 2015, the cluster coordination team initiated a discussion with UN OCHA office and agreed to conduct the second Nutrition Cluster Coordination Performance Monitoring exercise to identify and address coordination gaps that might affect the performance of the Nutrition Cluster and that might not have been fulfilled following the first CCPM 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. During the presentation, nutrition cluster members were sensitized on the CCPM process, the objectives, its importance and methodology, as well as the online survey questionnaire. The date for the launch of the questionnaire was communicated, as well as the date for the CCPM results feedback and action plan meeting.
3. 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 Two questionnaires were submitted to the Nutrition Cluster Coordinator (one questionnaire describing the cluster and its outputs; a second questionnaire on the cluster performance). A third questionnaire on cluster performance was submitted to cluster members. The Inter-cluster information management focal point in EMOPS Geneva provided remote support for the launch and closure of the online survey, as well as regular feedback on the survey response rate. Two 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%, ***(see Table 1-Response rate among partners).***

Table 1 Response rate among partners

Partner type	Number partners responding	Total number of partners	Response rate (%)
International NGOs	21	32	66
National NGOs	7	17	41
UN organisations	10	5	200
National authority	1	1	100
Donors	2	5	40
Others	0	2	0
Total	41	62	66

4. From the responses that participants 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 and further analysis. The median score for each sub-function was calculated, and then further classified into a performance status.
5. 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. The outcome of this consultative process, with collectively agreed actions on areas of support and area that needed improvement, by whom and by when, are presented below *(see **Table 3 - Results of the cluster coordination performance monitoring and follow up actions**)*

The Global Nutrition Cluster Coordination Team and the Global Cluster Coordination Unit of UNICEF EMOPS supported facilitation of the process by managing the data from the questionnaire and compiling the responses into the preliminary report and facilitating the post-survey consultative workshop with partners. The Afghanistan Cluster Coordinator then prepared this final report.

B: Participation of partners in the Cluster Coordination Performance Evaluation:

In the CCP workshop, 23 nutrition cluster partners attended: ORCD, WVI, ACTD, GAIN, FAO, BDN, SAF, UNICEF, MEDAIR, WHO, ACF, AKHS, MI, PND/MoPH, OCHA, IMC, HN-TPO, AHDS, HADAAF, CAF, Caritas Germany, CORDAID and Islamic Relief

Table 2 CCPM Validation Workshop participation rate among partners

Partner type	Number partners participated	Total number of partners	Participation rate (%)
International NGOs	11	32	34
National NGOs	7	17	41
UN organizations	4	5	80
National authority	1	1	100
Donors	0	5	0
Others	0	2	0
Total	23	62	37

C: Afghanistan Nutrition Cluster Partners' Feedback on the CCPM Survey Process

Following the regular Cluster Coordination Performance Monitoring (CCPM) validation workshop, an extraordinary session to review the CCPM process was held with Nutrition Cluster. The purpose was to gather direct feedback from the partners to determine whether the CCPM process is deemed valuable; whether questions are understandable and avoid technical, specialist jargon; to ensure the core aspects of Cluster coordination are covered by the survey; and to see if critical questions should be added or removed. The survey instructions, time to complete and any internet access issues were also considered.

By far a majority opinion was that in many cases the questions were too complicated and need splitting into smaller, direct questions. There are many examples of coalescing 2-3 questions into one in the interest of limiting the number of questions, but this only leads to confusion and a false economy. Answering one long question might take longer to understand and answer than three shorter, clearer questions. The accuracy of the answers is also likely to improve if questions are clearer.

One example of the potential to split is on the 'monitoring and reporting' questions, and to split those two components; but there are also more subtle conflations: for instances, in joint analysis and planning, we could split planning and prioritization. Another example is advocacy: there is a question where the answer includes whether the partner was consulted and whether their views were used all in one answer; this can be split. Those are examples raised in the meeting, but it is recommended to review and split questions where appropriate following a more in-depth scrutiny –

and to also liaise with OCHA and other agencies beyond UNICEF to determine the extent to which we can harmonize and retain a common format of the CCPM.

In some cases specific terminology was highlighted as simply unclear or too open to interpretation and, therefore, misinterpretation. The recommendation was to explain key terminology and also to spell out acronyms, some examples include:

1. Advocacy: it should be made clear that this relates to ensuring cluster/sector issues are included in HCT level advocacy; it does not relate to advocacy (or messaging) at the field level or within the Cluster.
2. Advocacy: 'have issues…been discussed with your organization?". In this case, discussed by whom? The Cluster coordinator, CLA, HCT?
3. AAP mechanisms this could be made more specific – either in the question or the response options
4. Joint analysis; who needs to be involved and to what extent to qualify as a joint analysis. Can we capture who is joining?
5. Response analysis: is this 1) analysis of the ongoing response or 2) analysis of potential response options during the planning phase? It refers to the latter (2) but this was confused.

Further issues were raised on the process. Discussion included the potential to run through the questions before the survey period, e.g. in a Cluster meeting, to ensure better understanding of the process and that people understand the questions. The reaction to this was mixed, from being too much and too heavy, to suggesting that the survey is simply sent out as is (with the simplification of questions as suggested earlier.

Should we limit the CCPM to one person per organization? It was agreed this would be best practice but that this has to be done through an agreed focal point who is an active member of the Cluster. It cannot be done currently through the online system.

It was also suggested to be able to identify how many survey respondents are active members vs those who infrequently engage and to reflect this in the reporting.

In relation to the time take to complete the survey: 10 out of the 24 remaining participants actually completed the survey, so we asked them about the survey process and completion times. Of those 10 participants in the meeting, all took less than 1 hour to complete, 8 took less than 30 mins, and 1 took around 15 minutes. The majority easily understood the instructions provided to complete the survey, with only some reservations over wording of specific questions. There were no issues in accessing the online survey.

Finally, the discussion touched on the possibility to include subnational clusters. It was explained that the current approach would be to adopt the same survey but to run independent instances for each sub-national cluster. An alternative was considered: given that sub-national clusters may have reduced functions compared to a national cluster, a reduced version of the survey could be adopted. Options to reduce/alter questions will be considered.

Technically this can be integrated into a single survey link (web link) without the need for unique survey links per hub. The Afghanistan Nutrition Cluster indicated willingness to pilot such changes.

All this feedback will be included alongside the feedback from previous trips to Ethiopia and South Sudan, as well as from feedback surveys from 2014 and for the specifications for adapting the current CCPM tool. The overall format of the CCPM output will remain as is (except for considering translated versions of the report). Where questions are split the overall outcome will remain the same. If a sub-national variation is included, the format and content of the national CCPM report will also remain as-is.

D: Results of Afghanistan National Nutrition Cluster Coordination Performance Monitoring and Action Plan:

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, with timeline, (when status is orange or red) and/or support required
Performance status legend:	Green = **Good**	Yellow = **Satisfactory**, needs minor improvements		Orange = **Unsatisfactory**, needs major improvements	Red = **Weak**
1.Supporting service delivery		2014 Status	2015 Status		
1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	*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.*	Good	Good	**Agreed with the rating.** 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. Better linkages with regional nutrition cluster focal points would benefit partners at national and regional level. Partner agencies attendance and follow-up on the action points of the cluster meeting require some improvement. Cluster coordinator regularly attends inter-cluster meetings.	• Conduct regular orientation sessions on cluster approach for new cluster members. *NCCT, GNC HelpDesk, semi-annually.* • Regularly seek and share feedback with cluster partners from the regional level nutrition cluster focal points and vice-versa: *NCC, monthly;* • A summary of the discussions and main action points from the regular inter-cluster meetings to be shared with Nutrition cluster members. *NCC by 3rd quarter of 2015* • Encourage partners to regularly participate in the National nutrition cluster meetings at appropriate level for decision making. *All partners, regularly.*
1.2 Develop mechanisms	*Cluster partner engagement in*	Satisfactory	Good	**Agreed with the rating.** Cluster partners regularly	• Conduct regular quality checks and provide feedback

For more information, please contact:
(1)Leo MATUNGA, Nutrition Cluster Coordinator, lmatunga@UNICEF.org, Tel: **+93(0)798507615 – (2) ZAKHRO DJABBAROVA, Deputy Nutrition Cluster Coordinator, email:** dyclusternut@af.missions-acf.org, **Tel: +93(0)729823145 – (3)** Alfred KANA, **Information Management Officer**, akana@UNICEF.org, Tel: **+93(0)798507616**
Website: **afg.humanitarianresponse.info**

to eliminate duplication of service delivery	*dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.*			engaged in the update of 4W on a quarterly basis. However, some partners' inputs are below agreed quality standards. Updated 4Ws are posted on HR.info website and shared with partners on a quarterly basis.	to partners if quality concerns are consistent. *IMO, quarterly* • Conduct regular refresher trainings for staff of the agencies submitting inputs for 4W. *IMO, semi-annually*
2. Informing strategic decision-making of the HC/HCT for the humanitarian response		2014 Status	2015 Status		
2.1 Needs assessment and gap analysis (across other sectors and within the sector)	*Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.*	Unsatisfactory	Satisfactory	**Agreed with the rating.** 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 (can delay assessments).	• Establish rapid response team (RRT) at national level for emergency response; consider sustainability of team, regular meetings, trainings, ToR, integration with other/inter-sector teams, training on standard tools/RAF. *PND, NCC by Sep 2015*; • Conduct capacity building workshop of other partners in assessments (SMART, RNA, SQUEAC). *ACF by Dec 2015*; • Advocate with MoPH to approve rapid assessment tools. *NCC, PND by Dec 2015* • Regularly review CCPM recommendations/ ways for improvement and their completion status. *Assessment Information Management Technical*

					Working Group (ACF, PND) quarterly.
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.	*Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.*	Satisfactory	Good	**Agreed with the rating**. Cluster 4W updated and distributed regularly to identifying gaps/ duplication. Routine surveillance system is happening (nutrition implementers send routine data to PND and Cluster). Cluster is adequately reviewing, delegating to partners. Database for response to refugees updated regular. Trend analysis monthly including service gap analysis. NCC attends/ shares information with other clusters (e.g. obtaining refugee information from Protection). PND database including gender markers, and sex/age disaggregation is in place and regularly updated and maintained.	• Strengthen engagement with BPHS on analysis and advocacy/ recommendations to improve nutrition service gaps and solutions. *NCC by the end of 2015.*
2.3 Prioritization, grounded in response analysis	*Joint analysis supporting response planning and prioritisation in short and medium term*	Weak	Satisfactory	**Recommended to upgrade the rating from "Unsatisfactory" to "Satisfactory".** The process of prioritization is in place: assessments are shared with cluster which prioritizes based on findings, shares with field partners and re-prioritizes based on field partners' capacity. Results 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 (e.g. Panjishir avalanche), possibly due to ad hoc assessment teams and late designation of team members)	• Ensure faster sharing of assessments' results and priorities (within 1 week of completion). *NCC, regularly.* • Establish a clearer process to communicate priorities with partners in field, according to capacity, *SAG, by Dec 2015* • Conduct an assessment of other partners who are able to compliment (bolster response/ surge capacity based on priorities). *IMO, by Dec 2015.*

3. Planning and strategy development		2014 Status	2015 Status		
3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities	*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.*	Unsatisfactory	Satisfactory	**Agreed with the rating.** Partners noted 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. The HRP update is scheduled for July 2015.	• All partners are encouraged to participate in MYR of 2015 HRP development/update. *All partners.* • Establish a small task force/group to review/mainstream the cross cutting issues in SRP and update it. *NCCT, Sep 2015* • The task force/group to conduct capacity mapping of partners identifying gaps and solutions to close them (capacity building). TF by Dec 2015; • Continue discussions with partners, GNC and OCHA on development of the transition plan to the national coordination architecture. *NCC, on a need basis.*
3.2 Application and adherence to existing standards and guidelines	*Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.*	Satisfactory	Good	**Agreed with the rating.** National standards are up-to-date and used by all cluster partners.	N/A
3.3 Clarify funding requirements, prioritization, and cluster contributions to HC's overall	*Funding requirements determined with partners, allocation under jointly agreed criteria and*	Satisfactory	Good	**Agreed with the rating.** Funding proposal are reviewed by the Strategic Review Committee and the Technical Review Committee as per agreed	N/A

For more information, please contact:
(1)Leo MATUNGA, Nutrition Cluster Coordinator, lmatunga@UNICEF.org, Tel: +93(0)798507615 – (2) ZAKHRO DJABBAROVA, Deputy Nutrition Cluster Coordinator, email: dyclusternut@af.missions-acf.org, Tel: +93(0)729823145 – (3) Alfred KANA, Information Management Officer, akana@UNICEF.org, Tel: +93(0)798507616
Website: afg.humanitarianresponse.info

humanitarian funding considerations	*prioritisation, status tracked and information shared.*			criteria and based on cluster plan and priorities.	
4. Advocacy		2014 Status	2015 Status		
4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action	*Concerns for advocacy identied with partners, including gaps, access, resource needs.*	Satisfactory	Good	**Agreed with the rating.** Cluster's Advocacy Task Team (ATT) formed in January 2015, advocacy strategy drafted with full consultation and consensus. Survey monkey, group cluster consultation , ATT coordination and validation were conducted throughout process steps. ATT to draft the cluster advocacy strategy based on the partners' inputs.	• Continue with ATT workplan implementation. *ATT by June 2016.*
4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population	*Common advocacy campaign agreed and delivered across partners.*	Satisfactory	Satisfactory	**Agreed with the rating.** Advocacy strategy is being developed by the ATT and almost completed. Will be shared with partners for validation.	• Validation of Advocacy Strategy 2015-16, *ATT, end July 2015* • Present the strategy to all partners and donors as it requires donor and partner commitments (financial). *ATT, NCC, Aug 2015.* • Monitor the implementation of strategy activities, *ATT.* • Integrate where possible activities across Clusters (WASH, Health, FSL, ERM, Protection) and sub-national nutrition Clusters. • Evaluation and feedback mechanism (using evidence to inform programing, coordination, and direction of funding.

5. Monitoring and reporting		2014 Status	2015 Status		
Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary	*Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.*	Satisfactory	Good	**Agreed with rating.** Monitoring formats agreed and used for IMAM, Surveys. There is opportunity to improve: remind and re-circulate regularly formats for reporting and monitoring which exist and agreed with PND. Report shared by partners are taken into account in cluster reports. Monthly reports discussed in monthly cluster meetings and data used by cluster to report to donors. Regular publication of progress. Risk and gap analysis conducted with the cluster meetings discussions, assessments and the cluster is advocating for the responses. Reports are details on the population aggregation	• Remind and regularly discuss and re-share the reporting and monitoring formats with partners. *IMO, all partners by July 2015;* • Mapping of causes of low quality reporting and under-reporting and address them (Road map). *NCC, IMO by Aug 2015;* • Introduce "comments box" in cluster reporting templates for partners to raise their concerns/issues. *NCCT by July 2015.*
6. Contingency planning/preparedness					
Contingency planning/preparedness for recurrent disasters whenever feasible and relevant.	*National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.*	Satisfactory	Satisfactory	**Agreed to downgrade the rating from "Good" to "Satisfactory".** Only two consultations with partners at the regional level took place. Cluster contingency plan development is in progress.	• Urgently complete the consultations in other regions to finalize the CP • Ensure involvement of partners and clusters (FSAC and Health) and ANDMA. *NCCT by Oct 2015* • Enhance partners capacity to prepare the CP. *NCC to reach out to partners on availability of capacity and resources for CP by Sep 2015* • Establish an Early warning mechanism/

					update. *SAG by Nov 2015* • Advocate to partners on the commitment towards allocating resources. *NCC/SAG by Dec 2015.*
7. Accountability to affected population		2014 Status	2015 Status		
	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	Satisfactory	Satisfactory	**Agreed to downgrade the rating from "Good" to "Satisfactory".** The cluster should develop a guidance on feedback mechanism (insisting on having a complete feedback cycle and going through the receiving feedback, analyzing feedback recording and giving back the outcome of the process back to the people).	• Establish an AAP Taskforce to develop the AAP guidance. *NCC, partners by Oct 2015.* • Develop a standard AAP template as annex to the guidance for partners to adapt and use as necessary. *AAP TF by Nov 2015;* • Finalize the protection mainstreaming checklist and code of conduct and share with partners. *NCCT by Aug 2015.*

For more information, please contact:
(1)Leo MATUNGA, Nutrition Cluster Coordinator, lmatunga@UNICEF.org, Tel: **+93(0)798507615 – (2) ZAKHRO DJABBAROVA, Deputy Nutrition Cluster Coordinator, email:** dyclusternut@af.missions-acf.org, **Tel: +93(0)729823145 – (3)** Alfred KANA, **Information Management Officer**, akana@UNICEF.org, Tel: **+93(0)798507616**
Website: afg.humanitarianresponse.info

ANNEX 1: AGENDA

Time	Item	Responsible
08:30-08:35	Quran	Volunteer
08:30-08:40	Welcome remarks.	Dr Balaji, Deputy Representative, UNICEF Dr Luddin, PND
08:40-09:00	Registration and Introduction of participants	All
09:00-09:30	Introduction to CCPM?	GNC-Ayadil
09:30-10:00	Afghanistan CCPM Results	GNC-Ayadil
10:00-10:15	Tea Break	All
10:15-11:15	**Group Work on the 7 key cluster functions** (Divide participants into 7 groups and each work on 1 key task to review the results and focus on challenges and recommendations. SAG members to be distributed in each group)	All
11:15-12:15	**Presentation and discussion on the recommended actions in plenary** (Each group choose a rapporteur to report back to plenary on recommended actions and responsible body)	All groups
12:15-12:45	CCPM process and online tool review	Gavin
12:45-14:00	Lunch Break and Prayers	
14:00-15:00	Cluster Architecture Review presentation and Discussion	Leo
15:00-15:15	Tea Break	
15:15-16:30	Supply Chain Management evaluation report presentation and discussion	Consultant/Dr Nasiri

ANNEX 2: LIST OF PARTICIPANTS

S.N	Name	Title	Organization	Telephone	E-mail Signature
1	Dr. Sayed Abadiullah	PME Director	BDN	0700286456	Ob.sadat@bdn.org.af
2	Dr.Wahidurrahman	Nutrition Manager	BDN	0799193609	w.ayan.bdn@gmail.com
3	Dr. Fazlullah Popal	Senior Nutrition Officer	SAF	0766552231	Nutrition_officer@saf.org.af
4	Dr. Alaa Abou Zaid	Health Cluster	WHO	0780763601	abouzaida@who.int
5	Dr. Mohammad Akbar Sahristani	Nutrition Officer	FAO	0780020430	Mohammed.akbar@fao.org
6	Ahmadwali Amininee	Programme Officer	MI	0700050741	aaminee@micronutrient.org
7	Abdul Ghani	Health Director	HNTPO	078880497	ghani@healthnett
8	Mohammad Kabir	Health Coordinator	AHDS	0700300166	kabirgulal@gmail.com
9	Dr. Aria	H.C	AHDS	0700300115	ariazab@gmail.com
10	Dr.Baseer	Program Manager	CORDAID	0776363316	Baseer.quraishi@cordaid.net
11	Dr.Naqeebullah	Nut Coordinator	IMC	0778282136	nyaad@internationalmedicalcorps.org
12	Dr. Sayed mar	Nut.PM	IMC	0700861544	sniazi@InternationalMedicalCorps.org
13	Dr.Wahidi	Health Specialist	UNICEF	0798507262	awwahidi@unicef.org
14	Mofizur Rahman	CTA	FAO	0796879159	nafizur.rahman@fao.org
15	Shah Mahmood Nasiri	Nut.Officer	UNICEF	0798507607	snasiri@unicef.org
16	Dr.Qaher Mateen	Health Officer	WVI	0799412527	qaher_mateen@wvi.org
17	Dr.Qudria.Afzal	CMAM Specialist	WVI	0729049090	qudria_afzal@wvi.org
18	Rahmatullah	Program Advisor	Caritas Germany	0707077814	Rahmatullah_caritas@yahoo.com
19	Barat Sakhizada	Program Officer	Caritas Germany	0788062131	Po.caritas@gmail.com
20	Sidiqullah	Programme Manager	ORCD	0729802905	info@orcd.org.af
21	Laiqshah	Nutrition Officer	ORCD		laiqygift@gmail.com
22	Dr.Fatema Mafid Ayat	Health & Nut National Program Officer	AKHS	0797597578	Fatema.mofidayat@akdn.org
23	Alexis Stragakis	Advocacy	ACF	0766776332	advocacy.af-mission@acf.org
24	Jakhro Djdbdpova	Dep.Nut Cluster	ACF	0729823145	Dyelusternut.af-mission@acf.org
25	Ariaua	HOD	ACF	0708258847	nutlalod@af.misison-af.org

26	Kristin Pristpa	HAO	UNOCHA	0793001137	paritpae@un.org
27	Abdul Majid	FSAL Coordinator	FSC (FAO)		Abdul.majid@fao.org
28	Gavin Wood	IMO	UNICEF		gawood@unicef.org
29	Francois Tsafack	Health & Nut. Advisor	Medair	0 791789303	Healthnutadv-afg@medair.org
30	Alfred Kana	Inter Cluster-IMO	UNICEF	0798507616	akana@unicef.org
31	Ayadil Saparbekov	GNC- Deputy Cluster Coordinator	UNICEF		asparbekov@unicef.org
32	Dr.Ludin	Director PND	MoPH/PND	0700604649	Nutrition.moph@gmail.com
33	Dr. Said Jamaluddin	P.C	HADAAF	0799484899	dr_jamal2009@yahoo.com
34	Dr.wasiullah	D.M.F.F	GAIN	0797015855	wahsam@gainhealth.org
35	Dr. Zarmine Safi	P.M	GAIN	0793558790	zsafi@gainhealth.org
36	Dr.Shams	Nutrition Officer	WHO	0799375529	shamsm@who.int
37	Dr.Jabarkhail	CSO	UNICEF	0798507463	zjabarkhail@unicef.org
39	Dr.Khudadad	Nutrition Officer	PND-MoPH	0700196181	Khudadad33@yahoo.com
40	Sameuddin Sidiq	Senior Health Program Manager	ACTD	0 72076208	health.pm.actd@gmail.com
41	Dr. Nurullah	Nutrition Focal Point	ACTD	0 06363239	FP.nutrition.actd@gmail.com
42	Asef Ghyasi	Nutrition & community development program Manager	ACTD	0 99328062	nut.caf@gmail.com
43	Dr. Najeebullah Mahboob	Health & Nutrition Program Coordinator	IRA	0 00044857	drnajib@ir-afg.org