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| **Cluster Performance Monitoring*****Preliminary Report*** |

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| **Cluster:** |

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| **Nutrition** |

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| **South Sudan** |

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| **Completed on:** |

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| **15/01/2018** |

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| This report provides the findings of the Cluster Performance Monitoring to be reviewed by the cluster in order to identify best practices, constraints as well as actions points. |

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| **Table 1. Response rate among partners** |

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| **Partner Type** | **Number of responded partners** | **Total number of partners** | **Response Rate (%)** |
| **Donors** | 0 | 5 | 0.0% |
| **International NGOs** | 20 | 28 | 71.4% |
| **National Authority** | 1 | 1 | 100.0% |
| **National NGOs** | 11 | 17 | 64.7% |
| **ICRC/IFRC** | 0 | 1 | 0.0% |
| **UN Organizations** | 4 | 4 | 100.0% |
| **Total** | 36 | 56 | 64% |

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| **Table 2. Performance status** |

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| **Good** |

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| **Satisfactory** |

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| **Unsatisfactory** |

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| **Weak** |

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| **1. Supporting service delivery**  |
| 1.1 Providing a platform that ensures service delivery is driven by Humanitarian Response Plan and strategic priorities | **Good** |
| 1.2 Developing mechanisms to eliminate duplication of service delivery | **Good** |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** |
| 2.1 Preparing needs assessments and analysis of gaps (across and within Clusters, using information management tools as needed) to inform the setting of priorities  | **Good** |
| 2.2 Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues | **Good** |
| 2.3 Formulating priorities on the basis of analysis  | **Good** |
| **3. Planning and implementing Cluster strategies**  |
| 3.1 Developing sectoral plans, objectives and indicators that directly support realization of the overall response’s strategic objectives | **Good** |
| 3.2 Applying and adhering to common standards and guidelines  | **Good** |
| 3.3 Clarifying funding requirements, helping to set priorities, and agreeing Cluster contributions to the HC’s overall humanitarian funding proposals  | **Good** |
| **4. Monitoring and evaluating performance** |
| 4.1 Monitoring and reporting on activities and needs | **Good** |
| 4.2 Measuring progress against the Cluster strategy and agreed results | **Good** |
| 4.3 Recommending corrective action where necessary | **Good** |
| **5. Building national capacity in preparedness and contingency planning** |
| 5.1 National contingency plans identified, updated and shared | **Satisfactory** |
| 5.2 Cluster roles and responsibilities defined and understood | **Satisfactory** |
| 5.3 Early warning reports shared with partners | **Good** |
| **6. Advocacy** |
| 6.1 Identify concerns, and contributing key information and messages to HC and HCT messaging and action | **Satisfactory** |
| 6.2 Undertaking advocacy on behalf of Cluster, Cluster members and affected people | **Good** |
| **7 Accountability to affected people** |
| 7.1 Mechanisms to consult and involve affected people in decision-making agreed upon and used by partners | **Good** |
| 7.2 Mechanisms to receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | **Good** |
| 7.3 Key issues relating to protection from sexual exploitation and abuse have been raised and discussed | **Good** |

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| **Table 3. Scoring by question (the higher the percentage, the better the performance of this activity)** |

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| **1. Supporting service delivery**  | **Score** | **% Don't know** |
| 1.1 Providing a platform that ensures service delivery is driven by Humanitarian Response Plan and strategic priorities | Good |
| 1.1.1 List of partners regularly updated | 100% |  |
| 1.1.2 Regular cluster meetings organised | 100% |  |
| 1.1.3 Attendance of cluster partners to cluster meetings | 100% |  |
| 1.1.4 Level of decision making power of staff attending cluster meetings | 100% |  |
| 1.1.5A The venue of Cluster meetings is accessible | 100% |  |
| 1.1.5B The language of Cluster meetings is appropriate to enable participation of national and international stakeholders | 100% |  |
| 1.1.6 Writing of minutes of cluster meetings with action points | 100% |  |
| 1.1.7 Usefulness of cluster meetings for operational discussions. | 100% |  |
| 1.1.8 Useful strategic decision taken within the cluster | 100% |  |
| 1.1.9 Attendance of cluster coordinator to HCT and ICC meetings | 100% |  |
| 1.1.10 Support/engagement of cluster with national coordination mechanisms | 25% |  |
| 1.1.11 Cluster and its partners make good use of the Cluster website | 75% | 5% |
| 1.2 Developing mechanisms to eliminate duplication of service delivery | Good |
| 1.2.1 Mapping of partner geographic presence and programme activities updated as needed | 100% |  |
| 1.2.2 Inputs of partners into mapping of partner geographic presence and programme activities | 100% | 6% |
| 1.2.3 Involvement of partners into analysis of gaps and overlaps based on mapping | 100% | 3% |
| 1.2.4 Analysis of gaps and overlaps based on mapping useful for decision-making | 100% | 3% |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** | **Score** | **% Don't know** |
| 2.1 Preparing needs assessments and analysis of gaps (across and within Clusters, using information management tools as needed) to inform the setting of priorities  | Good |
| 2.1.1 Use of cluster agreed tools and guidance for needs assessments | 100% |  |
| 2.1.2 Involvement of partners in joint Cluster needs assessments | 75% | 3% |
| 2.1.3 Sharing by partners of their assessment reports | 100% | 3% |
| 2.2 Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues | Good |
| 2.2.1 Analyses of situations done together with cluster partners | 88% | 6% |
| 2.2.2 Analyses of situations identified risks | 75% |  |
| 2.2.3 Analyses of situations identified needs | 100% |  |
| 2.2.4 Analyses of situations identified gaps in response | 75% |  |
| 2.2.5 Analyses of situations identified capacity in response | 75% | 3% |
| 2.2.6 Analyses of situations identified constraints to respond | 75% | 6% |
| 2.2.7.1 Age (cross-cutting issue) considered in analyses | 100% |  |
| 2.2.7.2 Gender (cross-cutting issue) considered in analyses | 100% |  |
| 2.2.7.3 Diversity – other than age and gender- (cross-cutting issue) considered in analyses | 75% | 3% |
| 2.2.7.4 Human rights (cross-cutting issue) considered in analyses | 75% | 6% |
| 2.2.7.5 Protection, including gender-based violence (cross-cutting issue) considered in analyses | 75% | 6% |
| 2.2.7.6 Environment (cross-cutting issue) considered in analyses | 75% | 6% |
| 2.2.7.7 HIV/AIDS (cross-cutting issue) considered in analyses | 75% | 3% |
| 2.2.7.8 Disability (cross-cutting issue) considered in analyses | 75% | 9% |
| 2.3 Formulating priorities on the basis of analysis  | Good |
| 2.3.1 Joint analyses supporting response planning | 100% |  |
| **3. Planning and implementing Cluster strategies**  | **Score** | **% Don't know** |
| 3.1 Developing sectoral plans, objectives and indicators that directly support realization of the overall response’s strategic objectives | Good |
| 3.1.1 Cluster strategic plan developed | 100% | 5% |
| 3.1.2A Partners contributed to the development of the Cluster strategic plan | 100% |  |
| 3.1.2B Partners contributions are reflected in the Cluster strategic plan | 75% | 12% |
| 3.1.3A The Cluster strategic plan includes strategic objectives | 100% |  |
| 3.1.3B The Cluster strategic plan includes activities | 100% |  |
| 3.1.3C The Cluster strategic plan includes indicators | 100% |  |
| 3.1.4 Cluster strategic plan reviewed against host government strategy | 100% |  |
| 3.1.5A Age (cross-cutting issue) considered in strategic plan | 100% |  |
| 3.1.5B Gender (cross-cutting issue) considered in strategic plan | 100% |  |
| 3.1.5C Diversity – other than age and gender- (cross-cutting issue) considered in analyses | 75% | 3% |
| 3.1.5D Human rights (cross-cutting issue) considered in analyses | 75% |  |
| 3.1.5E Protection, including gender-based violence (cross-cutting issue) considered in strategic plan | 75% | 3% |
| 3.1.5F Environment (cross-cutting issue) considered in strategic plan | 75% | 3% |
| 3.1.5G HIV/AIDS (cross-cutting issue) considered in strategic plan | 75% |  |
| 3.1.5H Disability (cross-cutting issue) considered in analyses | 75% | 3% |
| 3.1.6 Strategic plan shows synergies from with other sectors | 100% |  |
| 3.1.7 Strategic plan guided the Partners' response. | 100% |  |
| 3.1.8 Deactivation criteria and phasing out strategy formulated together with partners | 25% | 8% |
| 3.1.9 The Cluster response plan addresses early recovery | 75% | 9% |
| 3.2 Applying and adhering to common standards and guidelines  | Good |
| 3.2.1 National and international standards and guidance identified and adapted as required | 100% |  |
| 3.2.2 Technical standards and guidance agreed upon by partners | 100% |  |
| 3.3 Clarifying funding requirements, helping to set priorities, and agreeing Cluster contributions to the HC’s overall humanitarian funding proposals  | Good |
| 3.3.1 Prioritisation of proposals against the strategic plan jointly determined with partners based on agreed transparent criteria | 100% |  |
| 3.3.2 Prioritisation of proposals against strategic plan reflected interest of partners | 100% |  |
| 3.3.3 Cluster supported and facilitated access to funding sources by partners | 75% | 3% |
| 3.3.4A Partners regularly report on funding status | 100% | 5% |
| 3.3.4B The Cluster regularly reports on overall funding status | 100% | 5% |
| **4. Monitoring and evaluating performance** | **Score** | **% Don't know** |
| 4.1 Monitoring and reporting on activities and needs | Good |
| 4.1.1 Formats for monitoring and reporting needs agreed upon and used by cluster partners | 100% | 9% |
| 4.1.2 Reports shared by partners on humanitarian needs are taken into account in cluster reports | 75% | 16% |
| 4.1.3 Formats for monitoring and reporting activities agreed upon and used by cluster partners | 100% | 10% |
| 4.1.4 Reports shared by partners on their activities are taken into account in cluster reports | 75% | 14% |
| 4.1.5 Cluster bulletins regularly highlight achievements, gaps and changing needs | 100% | 8% |
| 4.2 Measuring progress against the Cluster strategy and agreed results | Good |
| 4.2.1 Progress reports or bulletins report using agreed indicators for monitoring humanitarian response | 100% |  |
| 4.3 Recommending corrective action where necessary | Good |
| 4.3.1 Cluster bulletins and updates influence partners decisions | 75% | 8% |
| 4.3.2 Cluster has used information to recommend corrective action | 75% | 8% |
| **5. Building national capacity in preparedness and contingency planning** | **Score** | **% Don't know** |
| 5.1 National contingency plans identified, updated and shared | Satisfactory |
| 5.1.1 National contingency plans identified and shared | 100% | 14% |
| 5.1.2 Partners contributed to preparing or updating the contingency plan | 25% |  |
| 5.2 Cluster roles and responsibilities defined and understood | Satisfactory |
| 5.2.1 Role of the Cluster and partners are clearly defined and understood in the Contingency Plan | 75% |  |
| 5.2.2 The Cluster has discussed how to strengthen response capacity in country | 75% | 5% |
| 5.3 Early warning reports shared with partners | Good |
| 5.3.1 Early warning reports shared with partners | 100% | 3% |
| **6. Advocacy** | **Score** | **% Don't know** |
| 6.1 Identify concerns, and contributing key information and messages to HC and HCT messaging and action | Satisfactory |
| 6.1.1 Issues requiring advocacy identified and agreed together with partners | 75% | 6% |
| 6.1.2 Advocacy messages agreed within the Cluster | 75% | 5% |
| 6.2 Undertaking advocacy on behalf of Cluster, Cluster members and affected people | Good |
| 6.2.1 Advocacy activities agreed upon and undertaken with partners | 100% | 16% |
| 6.2.2 Advocacy activities undertaken with partners | 75% | 4% |
| **7 Accountability to affected people** | **Score** | **% Don't know** |
| 7.1 Mechanisms to consult and involve affected people in decision-making agreed upon and used by partners | Good |
| 7.1.1A The Cluster has discussed mechanisms to consult and involve affected population in preparedness | 100% | 8% |
| 7.1.1B The Cluster has discussed mechanisms to consult and involve affected population in Needs assessmentand analysis | 100% | 3% |
| 7.1.1C The Cluster has discussed mechanisms to consult and involve affected population in Strategic planning  | 100% | 11% |
| 7.1.1D The Cluster has discussed mechanisms to consult and involve affected population in Resource mobilization (project selection) | 100% | 8% |
| 7.1.1EThe Cluster has discussed mechanisms to consult and involve affected population in Implementation and monitoring  | 100% | 5% |
| 7.1.1F The Cluster has discussed mechanisms to consult and involve affected population in Operational review and evaluation | 100% | 16% |
| 7.2 Mechanisms to receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | Good |
| 7.2.1 Mechanisms to  receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | 100% | 11% |
| 7.3 Key issues relating to protection from sexual exploitation and abuse have been raised and discussed | Good |
| 7.3.1 The Cluster has discussed protection of the affected population from sexual expoiltation and abuse | 100% | 3% |
| 7.3.2 The Cluster discusses the key issues raised by affected people | 75% | 14% |

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| **Table 4a. Partner Comments** |

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| **Core Function** | **Comment** |
| **1. Supporting service delivery**  | The Nutrition cluster, in South Sudan during this year, has come up with a more detailed gap analysis matrix, piloting was done in WBeG and in Jonglei state, the cluster coordination team, has design it in a way that partners working in a particular location will fill it based on the true case scenario at the field level. This calls for transparency, credibility and been honest in order to increase coverage for prevent and treatment of malnutrition.We would also suggest that, that cluster coordination team staff are added or other partners to contribute to the staffing that will be dedicated fully in the field monitoring, providing technical support to the partners and providing feedback to the partners, cluster and even donors, in this way duplication or unfilled gaps will be brought to Zero. The Cluster coordination team is doing all its best and we have witnessed a lot of effort in ensuring that partners are accountable and maintain good level of service delivery. |
| A monthly 4W could be very beneficial, especially when partners are targeting new areas to operate.  |
| The cluster should look at scaling down work loads on IPs , because others IPs don't even had one catchment area while others area overwhelm and many catchment areas  |
| The cluster should support the national NGOs to identify the gaps in order to support service delivery sufficiently |
| We have been implementing Nutrition promotion activities though promotion of food production and training on healthy cooking and eating practices; Breastfeeding campaigns and Nutrition education. We have not been directly involved in Therapeutic Nutrition services till Nov 2017, with PCA from UNICEF starting operations in Yambio State Hospital. Amref works in Western Equatoria where intervention priorities has been low - given the fact that nutrition situations have been predicted to be fairly well than other regions. With increasing vulnerabilities, interventions are coming to Western Equatoria, and Amref is taking part. The 4W/5W becomes an important tool to support partner mapping and avoid duplications. We continue to work together with Nutrition cluster and partners. |
| Provision of Technical Support to National Organizations in terms of capacity building through supportive field monitoring visits |
| The Nutrition cluster has been active in coordination of monthly meetings and calling ad hoc meetings plus monitoring locations in need of more services and allocate biweekly meetings to stabilize services of the locations of special needs. The Cluster has been active in building capacities of partners in need and coordination with the logistic cluster with special request to deliver services and supplies to areas of hard to reach. I also attend other cluster meetings and feel the nutrition cluster is among the most organized clusters.  |
| 1. Need for UNHAs flights/ Prioritization to areas that are inaccessible by road like Jie, Nayita areas in Kapoeta East.2. Need to installation of radio call centres in the various areas which have no internet or telephone connectivity.3. Need for Satelite phones (Thuraya) for effective monitoring , follow ups in areas with no telephone and internet connectivity.4. Need for vehicle loans to partners so as to improve service delivery. |
| No comment |
| No comment |
| The cluster need to give realistic scope to the partners. dominance of some single partners in some geographical location can easily compromise quality of work. some partners takes too much assignments and in real essence cant deliver according to the required standard. there is thus need to regulate this system. secondly, regular monitoring of the partners at field level is needed. sport checks is important to ensure tasks are performed according to the required standards thirdly, the cluster should be keen enough to assign tasks to organisations with relevant nutrition professional back ground. fourth, Integration of Nutrition and Health intervention needs to be enhance to ensure, desired outcome is attained.  |
| Frequently the Cluster needs to share links for updated materials and literatures for implementations. |
| The Cluster broader orientation which can be updated from our organization following the available grants on use. |
| There is no visible use of the 4W in operational gap and overlaps discussion at the cluster meetings, but the cluster uses it to address overlaps between partners and when new partners express interest of going to an area |
| The cluster should be able to lead technical discussion and able to make to decisions both at coordination level and at field level. Sometimes, this is missing and or delayed. In addition, the cluster should conduct thorough gap analysis/mapping of availability of services in the all the counties. This has been missing for a while now. The cluster should regularly monitor nutrition services in all the counties in order to have better understanding of the nutrition services and gaps in the country rather than relying on the 4Ws reports.  |
|  Supplies delivery to hard to reach areas should be strengthened to prevent stock out that affect service delivery hence malnourished children's health condition deteriorate.  |
| Cluster operating well and the membership feel part and parcel of most of the decisions undertaken. |
| Cluster not to only depend on data or information shared by cluster partners for decision making but verify and confirm on partners activities on the ground. |
| cluster support on advice on how to fail l the caps  |
| We never submitted any proposal to the cluster for approval, but we benefit from the meeting discussing challenges and way forwards in response to situation in the country.There should be fairness in the allocation of project/approval of proposal more especially to the national NGOsProvision of capacity building to National and local CBOs for effective delivery of services. |
| De manière générale le déroulement des réunions et l’assistance du cluster est appréciable. Seulement qu'il arrive souvent de mentionner des noms des organisations participantes au cours des réunions en relation avec certains aspects jugés peu satisfaisants. Cela est peu appréciable. Dans ce cas il est souhaitable d’organiser des rencontres bilatérales avec les entités concernées.  |
| Cluster should form Monitoring and Evaluation team to follow up partners in the project implementation in the field locations. |
| The cluster usually supports through effective coordination, identifying gaps that need improvement and share the information with us. They also regularly communicate to we the partners informing us of the support available where we have gaps. |
| The nutrition cluster collates information on needs of beneficiaries in different locations which informs service delivery. Cluster prioritizes location where there is great needs hence coordinates response to service delivery while minimizing duplication of services .Cluster also guides on the package of services delivered to the beneficiaries based on strategic priorities. |
| The Nutrition Cluster in South Sudan is very active and dynamic. All the team members, led by the Cluster Coordinator, are very highly technical and provide good support to the partners for all issues raised. This is also benefiting the overall performance of the nutrition program in the country, ultimately bringing a change in the nutritional status of the children of South Sudan. |
| Mid this year there was an incident relating to duplication of services by implementing partners operating in the same state and the cluster was very instrumental in resolving the impasse through a series of meetings involving the said NGOs. I feel the cluster is doing well in controlling/eliminating duplication of services |
| South Sudan Cluster Use 5 W's and monthly base each partner update their respective area |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** | As a member of the nutrition cluster, we have fully been engaged by the cluster coordination team, in participating in emergency situational analysis, contributing to more than 40% of the country SMART surveys, MIYCN, SQUEAC and Barrier analysis. Also participated in joint OCHA and cluster organized nutrition assessment, in emergency areas. The nutrition cluster team is quick, timely and effective, even over the weekend, we have responded to the calls from the cluster coordination team, and even conducted assessment to ensure that HC is well informed, decision are made and more lives are saved. Cluster continue to lobby for more funds to be allocated for nutrition analysis, through OCHA, and among key donors in the country. We urge the nutrition cluster to continue lobbying for more funds to strengthen nutrition partners in conducting assessments. |
| Hard to reach ares were isolated and information not clear about it. need to prioritize in decision making and identify IPs for such location  |
| The cluster should absolutely involve the national NGOs in decisions of the HC/HCT |
| This process is basically consultative. The cluster shares with us whatever information is required, work through technical working groups and whatever conclusions come out of these consultative meetings they are shared with the HCT. We also work on the feedback sent |
| This is generally done through meeting with the partners and sharing of information on regular basis. |
| Most of the assessment done by cluster partners were presented and discussion were held usually. Gap identification need assessment is usually collected and prioritization and response plan is usually done based on the information. |
| The cluster work hard in coordinating efforts of partners in identification and analysis of the situation and bringing up issues identified for discussions in monthly and ad hoc meeting for a joint partners decision or endorsement. Cluster also works well with other clusters like health and donors to avail services and supplies. Recent coordination with PSI for supply of malaria test and treatment tolls for all OTP services is one example.  |
| more focus should be put on the vulnerable groups. the elderly, kalazar, HIV/AIDS , TB groups |
| No comment |
| No comment |
| Cluster should always go for gap verification when a new partner presents it own assessment report when there is an existing partner on ground to avoid duplication of resources before approving the results and issuing of PCAs/FLAs. |
| N/A |
| policy for smooth prosing  |
| Some times the priorities area are not reflected well because always the same people are the one who decide which area need intervention and which is notand same organizations who already have alot to do are still given more tasks to handle, this lead to lack reporting on the activities more especially those Organizations which Funding out the Cluster. We think the monitoring should not look at only the funding approved by the Cluster. It should go beyond that. |
| Je ne suis pas au courant de l’existence des outils d’évaluation mentionnés. S’ils existent, il serait appréciable de les faire encore circuler et de les expliquer aux participants.  |
| In case of any emergency humanitarian needs, the partners on ground alert the cluster, and the cluster analyze the situation context, can deploy additional teams on ground to work with the humanitarian implementing partners in place, and take decision for any emergency humanitarian response, which normally is done conjointly with all humanitarian actors or focusing on the specific identified needs with available potential humanitarian organizations. |
| **3. Planning and implementing Cluster strategies**  | The nutrition cluster, did contact several meetings with partners explaining the funding received, criteria for selection, Project review teams formed with participants from donors, INGO and NNGO, and using set criteria were able to support in the section of the projects. The cluster maintained high level of transparency and even after the process the partners that did not qualify due on one reason or another were invited for a meeting and explanation given, and supported on getting funds from other donors based on the needs in particular locations. |
| The Cluster provided many guidance meetings on the 2018 HRP and did encourage all potential partners to submit. However, the guidance was not as clear as other clusters, which slightly complicated the review period for project submissions. Apparently, many partners submitted projects that required revisions, which indicates that the guidance (while probably obvious to the Cluster) could have been more straightforward. |
| Scaling down work load on other IPs re distribution of location to others who had none. |
| The cluster should assist the national NGOs to secure funding in order to respond on the nutrition needs/ gaps that exist a cross the country |
| Most of our fundings are got directly from our Northern Offices (Europe and America). We use the cluster recommendations to support humanitarian responses too. We believe and trust in the support from the cluster, whenever, funding opportuity needs their support. We have not been on OPS database, and just registered recently. We will continue to work closely and follow the cluster report systems and FTS. |
| The cluster has tried to be as transparent as possible with all inclusive approach. |
| For 2018, HRP the nutrition cluster coordination unit, was the leading component to assist all humanitarian implementing partners (IPs) in South Sudan to assist for the initiation of concept notes, caseloads shared country wise with all IPs, and two days meetings held by selected International humanitarian organizations to analyze and select the organization which have competencies to achieve the assigned grant in each intervention area in needs. |
| The cluster should be able to give quick feedback on whether the organisation is selected for possible funding or not.  |
| 1. Building the capacity of partners in developing proposals |
| No comment |
| Cluster is doing well |
| There is need for the cluster to consider the new incoming partners and provide valuable information to them. the cluster need to support the new members to join the HRP but not to deny them. this makes resource mobilisation for new partners difficult once concept notes rejected by the cluster. |
| This is a joint process. Meeting is held with all the partners and issues related to planning and strategy development are discussed and finalized. |
| The process of selection and seting of criteria went well, However some times among the selecting members bias has been seen even the cluster . Hence partnership principles are not usually maintained ( competition is their rather than complementing) and the cluster did some thing about it but not enough and harder. |
| Not Applicable. |
| Non |
| time during planning |
| RAS |
| **4. Monitoring and evaluating performance** | This has been done well, on every bi-weekly nutrition cluster meeting, the cluster does provide updates on key performance on management of acute malnutrition including the stock reports analysis data collected on a monthly basis. Issues arising are discussed such as high admission rates, high default rates, key challenges and stock out issues. |
| The monitoring and reporting strategy and results is done excellent with the cluster |
| Our intervention in Nutrition therapeutic services is new (just a month) and we have not yet started reporting using the NIS. We will continue to collaborate for activity monitoring and reporting. |
| Cluster should monitor and evaluate projects on county basis to rule out partners not reporting. |
| We have monthly cluster meetings where we review reports and raise action Plans. Also gaps are addressed in these meetings with possible solutions.  |
| The cluster needs to scale up the way it monitors and reports prevention Nutrition activities in South Sudan especially IYCFand IYCF-e results  |
| The NIS is difficult since its not web based. It would be great if the cluster enhances the NIS and provides more training to partners moving forwardWould be good to have a standardized reporting tools across all partners  |
| The monitoring has been coordinated and Partner staffs fully involved in all the monitoring process and surveys and the end results shared with the cluster, partner, MOH and SMOH. |
| No comment |
| No comment |
| this is done regularly using the monthly reports submitted by various partners. |
| Cluster website is not regularly updated and most of cluster partners are not refereeing the site and use the infrmation |
| Non |
| accountablity |
| RAS |
| What I can highlight here is that each implementing partners has its own thematic area, guided by the UNICEF Nutrition cluster if implementing nutrition programmes. Then a part from the allocated funds through the PCA each cluster member has a responsibility to report their own potential donor following their guidance which normally fit with the country nutrition guidelines agreed by UNICEF and other UN-agencies.  |
| **5. Building national capacity in preparedness and contingency planning** | This Sector was well done, the cluster partners keep the cluster informed on any emerging nutrition situation and the response from the cluster to respond has been great, engaging donors, OCHA, main nutrition supplies UNICEF and WFP. |
| There is an attempt for increased capacity building efforts, but this could benefit from additional attention in 2018 |
| The cluster should ensure the national organizations are being build in terms of capacity |
| Cluster should strengthen response plan in the Country especially on locally recruited staffs.  |
| In the context of South Sudan this varies and changes depending on security and humanitarian access. However through the cluster, adjustments are made to address the issues that arise on a case by case basis |
| Cluster should have Emergency preparedness and response plans especially at the state level |
| Contrigency plan exists for Juba but not all other states |
| -Early assessment by partners before prioritization request.-Introduction and strengthening of joint monitoring of the project between the CPs.-Nutrition - Gender mainstreaming. Women in the Lead and men as force behind. |
| More information on contingency plan required |
| More information require on the contingency plan |
| The Cluster always insists on the preparedness and contingency planning and is discussed regularly with the partners. |
| Early warning and plan is usually reported in the cluster meeting but detail early warning report was not really shared.  |
| non |
| nile |
| RAS |
| In term of preparedness response the South Sudan nutrition cluster call even for the ad hoc meeting with all partners, to strategize the response plan. |
| **6. Advocacy** | Nutrition cluster to continue advocating for the emergency nutrition support for the elderly, this sector has not received a lot attention from donors community. |
| Advocacy should be carried out regularly |
| Cluster advocated through ICWG, Ministry of Health and other international support groups |
| Cluster should involved national NGOs in advocacy activities and plans. |
| Cluster to heighten advocacy especially on nutrition interventions that donors may not be willing to invest in especially prevention nutrition activities and national surveys. |
| The cluster has been a very good advocate to strengthen the nutrition program in South Sudan. |
| -Training and Capacity Building on advocacy in relation to gender equity.-Involvement of civil organizations, government officials, cultural leaders/ chiefs, religious leaders in promoting advocacy needs. |
| More information on advocacy required |
| No comment |
| Advocacy issues was discussed and agreed on it but mostly message were not shared rather idea were collected and cluster will do the rest. |
| Not Applicable |
| non |
| no |
| RAS |
| The cluster ToR is quiet exhaustive and comprehensive, but we would like to push the cluster to consider the ongoing research focusing on the management of acute malnutrition cases in the hard to reach areas, using the low literate people and simplified guidelines of acute malnutrition cases. |
| **7 Accountability to affected people** | The cluster and the partners are spearheading this, Quality, Accountability for the affected population working group formed, several presentation done at on AAP at the cluster level meetings, partners including AAP indicators in their proposal and now implementing in the field. |
| It would be interesting if partners submitted monthly or quarterly reports about the feedback mechanisms as related to Nutrition programming; in addition to sharing information, it could encourage more regular review and action in relationship to community feedback. |
| This is well covered by the cluster |
| Cluster has to develop accountability to affected population tool, and involve every actor to advocate for accountability to the affected population |
| The cluster emphasizes need for feedback mechanism in place where complaints are welcomed and addressed resulting in improved assistance particularly to the affected women and children and PLW |
| The accountability to affected population and feedback mechanism currently is implemented but at low scale ,therefore should be scaled up significatly |
| The cluster to take lead in ensuring partners conduct accountability to affected population and report on a monthly basis what has been done. |
| -Strengthening of referral pathways-Strengthening Linkages-More attention still needs to be put on GBV-Strengthening Joint monitoring processes.-Formation and strengthening the capacity of PMCs |
| Need to know how partners deal with issues raised by affected people.This has not been discussed in the cluster |
| Cluster to follow partners on issues raised by affected.This has not been discussed in the cluster |
| The issues related to accountability to affected population and feedback system is regularly discussed during the monthly meetings. Our organization has taken it up very seriously and is working strongly on the feedback mechanism. |
| I remember proposal from each partners should be revised against some indicators of AAP and indicators were shared to all parterres. The area of improvement is practical follow up and implementation is not done well need to be improved. |
| Cluster to continue to guide and ensure partners implement feedback mechanism  |
| no |
| Le nombre des personnes vulnérables ne cesse de s’accroitre au Sud Soudan dû aux vagues des déplacés et des réfugiés. Il est donc important que le cluster continue à assister les participants sur comment mieux les protéger.  |
| IRC is the partner leading the GBV cluster coordination forum in South Sudan and in all initiated project, GBV and protection components are integrated. Our recommendation for the cluster will be to make sure all nutrition implementing partners include the accountability measures and policies, counting all reported programme data continue to be presented following the gender balance (considering boys, girls and men and women if all targeted. The feedback from the assisted community remains the pivotal procedure to know how to re-adjust the programme objectives, activities, performance indicators and results.  |

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| **Table 4b. Coordinator Comments** |

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| **Core Function** | **Comment** |
| **1. Supporting service delivery**  | Discussion around the 5Ws is not done in the fortnightly cluster meetings, but rather they are done in bi-lateral or tripartite meetings, or state level special meetings aiming at addressing overlaps. There were many such meetings conducted in 2017.The 5Ws are updated on monthly basis  |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** | Note that in the South Sudan context, the the common assessment method is conducting SMART surveys in priority locations or ad hoc surveys are being conducted to clarify or to have indepth understanding of the nutrition situation, or monitor responses if making a difference or sometimes as end line. Partners get involved in their respective areas/operational areas.Initial Rapid Needs Assessment (IRNA) are also conducted coordinated by OCHA in which the nutrition cluster participate represented by the partner in respective locations. There are also multi-agency assessments that are conducted in some of the locations eg recently in Wau to understand the nutrition situation and respond accordingly.nutrition IPC analysis is very useful too, that prioritize counties based on severity of nutrition situation and guide where the nutrition cluster (partners and coordination team should focus). The IPC is done 3 times per year. The cluster is also involved in collaborative assessments that involve Food Security and Nutrition (FSNMS). This provide information at State level with respect to nutrition and at county level with respect to Food Security. Partners operational in areas where the assessments are conducted are involved. Their respect staff are trained and encouraged to participate.Trend analysis of routine admissions are also share with the HCT through the UNICEF representative. It is also shared with donors through the nutrition cluster-donor meeting that are held once in two months. Update are also shared with the ICWG as appropriate.Cluster bulletins are also prepared and posted on the nutrition cluster website in the OCHA one response website. |
| **3. Planning and implementing Cluster strategies**  | 1) The nutrition cluster response plan in South Sudan does not include activities- activities are normally reflected in the partners specific projects. The activities drafted by the cluster particularly for cross-cutting/integration interventions to ensure consistency among partners.2) The nutrition cluster response was discussed and reviewed by all partners.3) The MOH has annual work plan that is developed in collaboration with key stakeholders and State level DGs. The nutrition cluster response plan is consistent with most of the MOH annual work plan |
| **4. Monitoring and evaluating performance** | The cluster bulletin are posted on the inter-cluster website. We have not checked to see how many have are reading them. However, updates are provided to partners on fortnightly basis and actions are taken by some and other do not pass the corrective actions to their technical staff in the field. Field monitoring visits need to be conducted regularly. |
| **5. Building national capacity in preparedness and contingency planning** | Preparedness and contingency planning was prepared by Juba involving all Juba partners. Discussions on strengthening nutrition responses were conducted with partners operational in specific areas and done regularly under the coordination of the nutrition cluster coordination team. Early warning reports including the IPC projections are discussed with partners during the cluster meetings |
| **6. Advocacy** | SAG members were involved in reviewing advocacy messages provided to donors. UNICEF and WFP have been participating in the nutrition cluster-donor meeting where key advocacy messages are shared with donors. Unfortunately the donor meeting is normally attended by the cluster coordination team-where UNICEF and WFP are invited to clarify technical issues that might be raised by donors. The meeting is normally chaired by the cluster coordinator.Some of the issues that was discussed in the cluster was requesting the SMOH in preventing selling of RUTF/RUSF in local markets by enacting and reinforcing by-laws. Advocacy in revising the CMAM guideline to remove clause on minimum stay in the OTP services, advocating on donors for timely funding for timely response etc |
| **7 Accountability to affected people** | The cluster coordination team has discussed with leaders of the affected population in some of the locations who participated in meetings. Cluster also discussed with affected population during field monitoring visits. Some of the issues are collected by various stakeholders and passed to the cluster coordination team. In terms of discussions with partners, on a number of occasions, the issues from the affected population are discussed bilaterally by the respective partner and not necessarily during cluster meeting. Issues noted by the cluster coordination team from field visits are discussed in the cluster during the fortnightly meetings. More efforts need be done to gather more feedback from partners projects and how partners can learn from each other. |

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