**ANNUAL CLUSTER EVALUATION REPORT**



Nutrition cluster partner Coverage assessment workshop in Kabul 11-13 August 2014

**AUGUST 2014**

**Acronyms:**

BPHS Basic Package for Health Services

CHAP Common Humanitarian Action Plan

CPM Cluster Performance Monitoring

GNC Global Nutrition Cluster

EPRP Emergency Preparedness and Response Plans

HCT Humanitarian Country Team

IASC Inter-Agency Standing Committee

ICCT Intecluster Coordination Team

IM Information Management

IMO Information Management Officer

IMAM Integrated Management of Acute Malnutrition

INGO International Non-Governmental Organization

IPD-SAM In-Patient Department for Severe Acute malnutrition

IYCF Infant and Young Child Feeding

LNGO Local Non-Governmental Organization

MoPH Ministry of Public Health

NIE Nutrition in Emergencies

OPD-SAM Out-Patient Department for Severe Acute Malnutrition

OPD-MAM Out-Patient Department for Moderate Acute Malnutrition

PND Public Nutrition Department

ToR Terms of Reference

TRC Technical Review Committee

UNICEF United Nations Children’s Fund

UNOCHA United Nations Office for the Coordination of Humanitarian Affairs

WFP World Food Programme

3Ws Who is doing What and Where

**Acknowledgement:**

The Afghanistan Nutrition Cluster coordination Team greatly acknowledges the efforts made by all cluster partners and members (LNGOs & INGOs), UN agencies, inter-clusters teams, donors, government ministries and observers who actively participated in the 2014 cluster evaluation process. The team also appreciate coordination support given by sub-national focal points in encouraging partners to fill in the questionnaires. Special thanks to the GNC Information management (IM) team for providing IM support through-out the process.

1. **Background**

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 there global food price crisis led to increased food insecurity at household level in many vulnerable Afghan communities. The cluster system was established in order to strengthen humanitarian coordination and ensure a predictable and accountable response as part of the humanitarian reform.

The Afghanistan Nutrition Cluster has clearly defined Terms of Reference, cluster response plans, and IMAM, IYCF and Micronutrient guidelines/strategies implemented by Basic Package of Health Services (BPHS) and non-BPHS partners in the country. The Nutrition Cluster is striving to scale up interventions to increase access to nutrition services in the country following the National Nutrition Survey (NNS) 2013. Findings showed that there is an estimated burden of global acute malnutrition of approximately 500,000 children aged 6-59 months, and an estimated stunting burden of more than 2.2 million children aged birth to under five years of age. This burden of malnutrition has not led to a corresponding increase funding for nutrition response and this is worrisome for the cluster. There is also a general lack of capacity of available partners to expand interventions at scale to address the needs in the country. The Nutrition Cluster membership is composed of government, LNGOs, INGOs, 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 (INGO-ACF-to be hired), Nutrition information management specialist (UNICEF). At sub-national level, there are cluster focal points in Herat (Western Region), Kandahar (southern Region), Mazar (northern region), and Jalalabad (Eastern region). The central region cluster coordination is combined with that national cluster coordination as most central region partners have presence in the capital. These sub-national coordination mechanisms have different frequency and are at different levels of development. UNICEF co-chairs the cluster coordination with NGOs and or government at the sub-national level.

The cluster has a strategic advisory group composed of UN, NGOs, government and meets once a month and has a mandate of overall oversight of the nutrition cluster work. The SAG is chaired by the cluster coordinator and co-chaired by WFP. Within the cluster there are thematic working groups namely:

* Integrated management of Acute Malnutrition (IMAM)
* Infant and Young Child Feeding (IYCF)
* Micronutrient (MN)
* Assessment and Information management (AIM)
* Capacity Development(CD)

The working group are chaired by the Public Nutrition Department (PND) and co-chaired by NGOs. As and when necessary small time bound taskforces are formed such as CHAP taskforce, Common Humanitarian Fund (CHF) strategic review committee (SRC).

There are ongoing efforts to have a regular sector coordination mechanism in the country to look at ways of addressing the nutrition development needs under the direction of the ministry of public health and overall stewardship of the vice president of the country. The nutrition cluster is part of this sector coordination to feed in the humanitarian aspects of the response into the development thinking.

1. **Objectives of the Nutrition Cluster Evaluation**

* To highlight nutrition cluster achievements and best practices in the cluster
* To identify constraints, challenges and key thematic areas where improvements can be made to ensure positive progression in 2015.
* To develop an action plan for addressing the challenges/constraints as part of the Annual Workplan of the cluster in 2014-2015.

1. **Methodology**

The Nutrition Cluster Evaluation was conducted in July 2014 through an on-line evaluation questionnaire that was directly circulated to all cluster members (UN, LNGOs, INGOs, Donors, Government Officials, observers, other cluster coordinators for related clusters such as WASH, Health, And food security) registered in the Nutrition Cluster. The cluster members were given two weeks to respond to the online survey. It was stressed that the responses had to be one response per partner so the partners had to select who among them would respond. Three reminders were done during the two week response period. An additional questionnaire for the cluster coordinator was also filled in within this period and shared with GNC. Once completed online, all the responses were analysed by the Global Nutrition Cluster, information management specialists and results tables shared with the Afghanistan cluster coordination team three days after the closure of the survey. The questions were based on the seven key tasks defined for the clusters as per the IASC cluster coordination reference module, as follows:

* Support to Service Delivery
* Informing strategic decision-making of the HC/HCT for the humanitarian response
* Planning and strategy development
* Advocacy
* Monitoring and reporting
* Contingency planning/preparedness
* Accountability to affected population

Response options to the different statements ranged from 1 to 5 (5-strongly agree, 4-partially agree, 3-neutral, 2-partially disagree and 1-strongly disagree). Furthermore, respondents were given the option to provide free-text comments on each statement. All responses were categorized as per the below performance status categorization.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Performance Status** | **Green=Good**  **>75%** | **Yellow= Satisfactory, needs minor improvements**  **50.1-75%** | **Orange= Unsatisfactory, needs major improvements**  **25.1-50%** | **Red=Weak needs a lot more major improvements**  **≤ 25%** |

1. **SUMMARY RESULTS**

|  |  |
| --- | --- |
| **Summary Performance status** |  |
| Green = **Good** | Yellow = **Satisfactory**, needs minor improvements |
| Orange = **Unsatisfactory**, needs major improvements | Red = **Weak** |
| **1.Supporting service delivery** |  |
| 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities | Good |
| 1.2 Develop mechanisms to eliminate duplication of service delivery | Satisfactory |
| **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) | Unsatisfactory |
| 2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues. | Satisfactory |
| 2.3 Prioritization, grounded in response analysis | Weak |
| **3. Planning and strategy development** |  |
| 3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities | Unsatisfactory |
| 3.2 Application and adherence to existing standards and guidelines | Satisfactory |
| 3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations | Satisfactory |
| **4. Advocacy** |  |
| 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action | Satisfactory |
| 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population | Satisfactory |
| **5. Monitoring and reporting** | Satisfactory |
| **6. Contingency planning/preparedness** | Satisfactory |
| **7. Accountability to affected population** | Satisfactory |
|  | |

1. **DETAILED RESULTS**

The results below are based on a 50% response rate. From the 50 partners expected to respond only 25 partners completed the questionnaire at the close of the survey. The table below shows the response rate amongst partners.

There was a response from PND, and also from MoPH which are essentially is the same entity, hence the 200% response rate. There was little response from LNGOs and the cluster looked into the reasons for limited participation in the survey by LNGOs which were mainly to do with the language of the survey. If the survey would have been also in the local languages then a lot more responses would have been made.

**Recommendations**

* + There is need to consider translation of the CPM survey monkey to ensure increased participation by local NGOS but also enhance subnational participation.
* There is need to consider not restricting answering the survey to one person per organization as opinions are different and if the cluster wants to grow there is need to listen to all voices however many.
  1. **Support to Service Delivery**
     1. **Provide a platform to ensure that service delivery is driven by the agreed strategic priorities**

The cluster was rated highly in this category. This was mainly due to the fact that the core areas all were scored at least 75% or higher. All respondents agreed 100% that the list of partners was being updated regularly, there were regular meetings, minutes shared as well as attendance to cluster meetings by partners as well as the clustercoordinator to the relevant ICCT meetings. The graph below shows the results.

* + 1. **Develop Mechanism of Eliminating Duplication**

This component of service delivery was rated as satisfactory as shown in the graph below:

The respondents agreed that even though there is minor improvement needed in involvement of partners in gaps analysis most were generally happy with the way nutrition services are being provided in the country. This is also largely due to the fact that as part of the BPHS there are already agreed partners to provide a service by province/district. Through mapping of ongoing activities by partner and sharing with all partners has also enabled partners to understand who is who and where in the country.

**Recommendations**

* Maintain regular cluster coordination at national level.
* Consider a 3 days session on cluster coordination/roles and responsibilities for all cluster partners to benefit new staff members.
* Enhance cluster coordination at sub-national level.
* Enhance involvement of partners in gap analysis across the country.
  1. **Informing strategic decision-making of the HC/HCT for the humanitarian response**

The cluster performs a role in shaping the humanitarian decision making through informing the Humanitarian coordinator on what is happening in the nutrition cluster across the country. Respondents felt that the cluster was performing better taking cognisant of all the crosscutting issues into considerations but was weak on the joint prioritization of the needs as well as not so good on the involvement of partners in joint needs assessment and gap analysis as well as use of agreed assessment tools by all partners.

* + 1. **Needs assessment and gap analysis (across other sectors and within the sector)**

The respondents felt frustrated that there were no joint needs assessment undertaken with the involvement of partners. Some respondents mentioned the 2013 National Nutrition Survey and how little partners contributed. Respondents also highlighted the lack of agreed tools and guidance on needs assessment especially the Rapid Needs Assessment (RNA) tool. The cluster RNA tools are with the government for endorsement and use afterwards. Respondents were frustrated that the development/adaptation of the tools had taken too long to finalize.

* + 1. **Needs assessment and gap analysis (across other sectors and within the sector)**

The respondents general felt that even though the cluster was doing well in this task more was needed in terms of in addressing crosscutting issues such as disability, HIV/AIDS, protection in the nutrition response. The cluster partners generally felt that analyses of gaps, capacity and constraints was generally carried out well and issues such as age sex, gender was generally well taken care of in the nutrition response.

* + 1. **Prioritization, grounded in response analysis**

Respondents generally felt that this was a weak area (25%) for the cluster as most of the prioritization was done by a few partners at the national level. A lot of partners felt that even though prioritization could be done by the technical review committee of the cluster, there was need to have a larger cluster discussions around the criteria used in the prioritization and the final results. This could then be endorsed by all cluster partners. Previous practice, especially for CHAP and CHF was felt not to have been transparent and all inclusive.

**Recommendations**

* Finalize the RNA tools as soon as possible, discuss in the cluster and share with partners for use.
* Enhance in incorporation of cross-cutting issues such as disability, protection, and HIV/AIDs in the nutrition response.
* Ensure that there is an agreed upon prioritization/selection criteria for response analysis when used for funding mechanisms such as CHAP and/or CHF. The criteria needs to be agreed and endorsed by the cluster.
  1. **Planning and strategy development**

Under the Planning and strategy development, the cluster partners were asked for opinions in three areas: development of sectoral plans, adherence to standards and guidelines, as well as clarification of funding requirements to the HC for humanitarian funding considerations. Overall the respondents were satisfied with cluster performance and see more detail below.

* + 1. **Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities**

The respondents were generally satisfied with the strategic plans, indicators, and development of activities for the cluster. They felt they were involved and the plan was realistic. About one-half of the respondents highlighted that they used the strategic response for their organizational planning and response. However there was no score for all the cross cutting issues as partners did not score these. On deactivation of the cluster, this scored zero as there is no deactivation or phase out strategy for the cluster at the moment. Even though there is no deactivation strategy there has been an initiation of the sector coordination mechanism under the government leadership with cluster participation that has been rolled out. This mechanism will be strengthened to take on overall coordination should the cluster coordination be phased out in the future.

* + 1. **Application and adherence to existing standards and guidelines**

The respondents were satisfied with the performance of the cluster on this issue. There was a general agreement that the cluster standards, national guidelines on IMAM, IYCF, MN were all in place and were being adhered to well. There were suggestions that the cluster should enhance guidelines/standards translations and dissemination to the facility level, as this would enhance quality.

* + 1. **Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations**

Cluster partners generally were satisfied with the advocacy and prioritization for funding for nutrition activities to the humanitarian coordinator. The cluster is relatively well funded in the CHAP. All respondents indicated that the cluster facilitated access to funding sources. This should be commended and maintained. At mid-year 2014 the nutrition cluster was 71% funded reflecting the overall satisfaction with funding levels for the cluster.

**Recommendations**

* Cluster deactivation strategy needs to be developed with cluster partner’s involvement.
* Seek GNC support in developing a cluster deactivation/ phase out strategy with all partners involvement
* Involve cluster partners in prioritization exercises for the cluster for joint ownership of the results and transparency.
* Continue to advocate for funding for the nutrition response.
  1. **Advocacy**

Generally, respondents were satisfied with overall advocacy performance of the cluster. However there was a general call to have an agreed advocacy strategy for the cluster.

* + 1. **Identify advocacy concerns to contribute to HC and HCT messaging and action**

Respondents generally agreed that nutrition cluster response was high on the agenda of the HC/HCT. This is also in line with the global trends of increased advocacy for nutrition. The cluster need to continue to use this opportunity to enhance the nutrition response in the country riding on the already high profile nutrition has within the HCT.

* + 1. **Undertaking advocacy activities on behalf of cluster participants and the affected population**

Three-quarters of respondents were satisfied with the cluster advocacy activities on behalf of the partners. The respondents highlighted that they felt the cluster was being able satisfactorily raise key nutrition issues on their behalf. **Recommendations**

* Develop a cluster wide advocacy strategy that is agreed and endorsed by all members. The strategy should highlight key cluster advocacy messages and be updated regularly as the context changes.
* Continue advocating for a strongly supported nutrition response so that it remains on the top of the agenda for the HC/HCT**.**
  1. **Monitoring and reporting**

The respondents were generally satisfied with the monitoring and reporting of the cluster activities. Surprisingly, monitoring and reporting formats agreed by all partners scored 50% and so was the regular publication of the cluster bulletins. The reporting formats were agreed to by all partners and are used by partners on a monthly basis although there is a challenge in getting all reports on a monthly basis. The reporting rates though they have increased they are still around 75% and usually late. Partners highlighted to the need to have regular nutrition response bulletins preferably on a quarterly basis as the current annual bulletin is not regular enough. PND informed partners that they had initiated a PND quarterly nutrition bulletin, and the cluster activities could be included; hence, there would be no need for a separate bulletin.

**Recommendations:**

* The cluster coordination team and PND should try and send monthly reminders for reports 5 days before due date to enhance timely reporting.
* There is need to increase focus on the quality of reports on a regular basis.
* The cluster/PND should provide feedback to cluster partners on the reports on a monthly basis in the cluster meeting at both national and subnational levels.
* It was agreed that there was no need to have a cluster specific bulletin but the cluster activities should be incorporated in the PND nutrition bulleting that will be published on a quarterly basis.
  1. **Contingency planning/preparedness**

The respondents were generally satisfied with contingency planning for the cluster. All of the respondents indicated that they were involved in preparation of contingency plans. Generally, one-half of the respondents highlighted that they contributed to risk assessments and analysis, nationally contingency planning as well as contribution of resources towards preparedness plans. All respondents said they received regular early warning reports through the cluster.

**Recommendations**

* Maintain involvement of partners in contingency plans development.
* Improve involvement of partners in risk assessments and analysis for contingency planning
* Regularly share contingency plans with partners
  1. **Accountability to affected population**

The nutrition cluster partners were satisfied with performance on accountability to affected population. About three-quarters of respondents indicated that they had mechanisms to consult and involve populations in decision making. There is no nutrition cluster adapted framework or guidance on the accountability to affected population per se except the general one that was shared with partners. A total of 63% of the respondents indicated that they had a mechanism to receive and investigate complaints from the community although there is no specific cluster specific format/guidance that has been developed for this.

**Recommendations.**

* For standardization purposes, and accountability, there is a need to develop a cluster complaints feedback mechanism to provide guidance for all partners. This guidance could be adapted from existing examples from cluster partners.
* Respondents agreed that there is need to strengthen community outreach work especially for screening for malnutrition and referral as well as for enhancement of IYCF through a variety of ways such as the family action groups, mother to mother support groups etc.

1. **Conclusion**

According to the respondents that cluster has generally being doing well though there are areas that need to be enhanced. Critical areas such as involvement of partners in prioritization of resources, consideration of cross cutting issues in response, improve monitoring and evaluation, regular nutrition response bulletins, advocacy strategy, guidance on community complains mechanism as well as deactivation of the cluster are key areas that need strengthening. The limited participation of the local NGOs in this survey requires that in future the CPM be translated into the local language if possible and that there is closer involvement of all partners, including those at subnational levels.

**ANNEXXES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AFGHANISTAN NUTRITION CLUSTER FOLLOW-UP ACTION MATRIX** | | | | |
| **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 ledgend:** | Green = **Good** | Yellow = **Satisfactory**, needs minor improvements | Orange = **Unsatisfactory**, needs major improvements | Red = **Weak** |
| **1.Supporting service delivery** |  |  |  |  |
| 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities | *Established, relevant coordination mechanism recognising national systems, subnational and co-lead aspects; stakeholders participating*  *regularly and effectively; cluster coordinator active in inter-cluster and related meetings.* | Good | Maintain regular cluster coordination at national level.  Consider a session on roles and responsibilities for all cluster partners to benefit new staff members.  Enhance cluster coordination at sub-national level. | NCC/Cluster focal points  NCC/Cluster focal points  NCC/Cluster focal points |
| 1.2 Develop mechanisms to eliminate duplication of service delivery | *Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.* | Satisfactory | Enhance involvement of partners in gap analysis across the country. | NCC/Cluster focal points |
| **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) | *Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.* | Unsatisfactory | Finalize the RNA tools as soon as possible, discuss in the cluster and share with partners for use.  Enhance in cooperation of cross-cutting issues such as disability, protection, and HIV/AIDs in the nutrition response. | NCC/PND  Partners/NCC/PND |
| 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 |  |  |
| 2.3 Prioritization, grounded in response analysis | *Joint analysis supporting response planning and prioritisation in short and medium term* | Weak | Ensure that there is an agreed upon prioritization/selection criteria for CHAP and or CHF. The criteria needs to be discussed and endorsed by the cluster. | NCC/PND |
| **3. Planning and strategy development** |  |  |  |  |
| 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 | Cluster deactivation strategy needs to be developed with cluster partners involvement.  Seek GNC support in developing a cluster deactivation/ phase out strategy with all partners involvement | NCC  NCC/GNC |
| 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 | Maintain the adherence to standards and guidelines | All partners |
| 3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations | *Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.* | Satisfactory | Continue to advocate for funding for the nutrition response. | NCC |
| **4. Advocacy** |  |  |  |  |
| 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 | Develop a cluster wide advocacy strategy and ensure its all understood by all. The strategy will highlight key cluster messages and will be updated regularly as the advocacy concerns change. | NCC |
| 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population | *Common advocacy campaign agreed and delivered across partners.* | Satisfactory | Continue advocating for nutrition response so that it remains on the top of the agenda for the HC/HCT**.** | NCC |
| **5. Monitoring and reporting** |  |  |  |  |
| 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 | The cluster coordination team and PND should try and send monthly reminders for reports 5 days before due date to enhance timely reporting.  There is need to increase focus on the quality of reports on a regular basis.  The cluster/PND should provide feedback to cluster partners on the reports on a monthly basis in the cluster meeting at both national and subnational levels.  It was agreed that there was no need to have a cluster specific bulletin but the cluster activities should be incorporated in the PND nutrition bulleting that will be published on a quarterly basis  Involve cluster partners in prioritization exercises for the cluster for joint ownership of the results and transparency. | NCC/IMO/PND  NCC/PND/Partners  NCC/IMO/PND  NCC/IMO/PND |
| **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 | Maintain involvement of partners in contingency plans development.  Involve partners in risk assessments and analysis for contingency planning  Regularly share contingency plans with partners | NCC  NCC  NCC |
| **7. Accountability to affected population** |  |  |  |  |
|  | *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 | For standardization purposes there is need to develop a complaints feedback mechanism for the cluster to act as guidance for all partners. This guidance could be adapted from some cluster partners organization specific one.  Partners agreed that there is need to strengthen community outreach work especially for screening for malnutrition and referral as well as for enhancement of IYCF through a variety of ways such as the family action groups, mother to mother support groups etc. | NCC/PND  All partners |
|  | | |  |  |

