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| C:\Users\aziolkovska\Desktop\cluster_nutrition_100px.png**Cluster Performance Monitoring** | | | |
| ***Final Report*** | | | |
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| Group work NCC training – English language | |  |  |
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| **Cluster:** | **Nutrition** | |  |
| **Country:** | **Yemen** | |  |
| **Level:** | **National** | |  |
| **Survey completed on:** | **2015** | |  |

CCPM evaluated the core functions of the Cluster with 50 partners:

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

**B:** **Results of the Cluster Coordination Performance Monitoring (CCPM) and follow up actions – The Cluster Coordination Performance Evaluation Report**

The chart below describes the meaning of the various colors that represents the classification of the performance of the cluster according in the six functional areas.

**Chart 1: Classification of performance status**

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| Green = Good | Yellow = Satisfactory; needs minor improvements | Orange – Unsatisfactory; needs major improvements | Red = Weak |

**Results of the Cluster Coordination Performance Monitoring (CCPM) without action plans**

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| **IASC core functions** | **Indicative characteristics**  **of functions** | **Performance status** | **Performance status** | **Follow-up action** | **Who/lead** | **Timeline/**  **Commence** |
| **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 recognizing national systems, subnational and co-lead aspects; stakeholders participating*  *regularly and effectively; cluster coordinator active in inter-cluster and related meetings.* | Good | Weekly cluster meetings commenced  Information flow between MoH and Nutrition Cluster is weak  Cluster approach not well understood by some partners  National level Cluster Coordination teams does not adequately support state level; information flow between the two levels is low.  SAG and TWGs do not actively support the needs of the cluster |  |  |  |
| 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.* | Good | Set of standard IM products recently developed (3Ws, weekly & monthly reporting, capacity mapping, maps etc.)  3Ws mapping of partner activities conducted weekly and monthly using the new templates.    Needs, gaps and duplication of services and coverage identified by the Cluster Coordination team, but communication to partners and wider stakeholders is weak, as are the actions taken to ameliorate gaps and duplication  Nutrition proposals only reviewed and vetted by the NCC team  Capacity mapping completed in March 2014 |  |  |  |
| **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.* | Good | There is a need to strengthen situation analysis based on sound nutrition information  SMART and Rapid Nutrition Assessment guideline tool developed but not endorsed by MoH.  Survey proposals reviewed by Survey TWG.  Supervision / validation of surveys and RNAs lacking; compromising accountability for quality data  Lack of capacity in-country for conducting and supervising surveys/assessments.  Nutrition integrated into IRNA but often lacking in other sectoral assessments (especially FSL, Health, WASH) |  |  |  |
| 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 | Reporting tools, assessment data and inter-sectoral collaboration lacking, to enable adequate analysis and identification of anticipated risks, needs, gaps, duplications, constraints and cross-cutting issues.  Tools recently developed.  Cross-cutting issues of age and gender are included in reporting tools and disaggregated in analysis.  Nutrition data is not analysed with consideration of that from other relevant sectors |  |  |  |
| 2.3 Prioritization, grounded in response analysis | *Joint analysis supporting response planning and prioritisation in short and medium term* | Unsatisfactory | Prioritization of key locations and activities for response planning not grounded in strong analysis, as there was limited assessment information available and lack of consultation with partners and other sectors  Information sharing, joint analysis and prioritization for response, with partners and other clusters, is weak |  |  |  |
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| 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.* | Good | The CRP strategic planning was not widely consultative, limited to a few SAG members, which resulted in some important strategic directions (including wider inter-sectoral linkages) being omitted, and the cross cutting issues of elderly, HIV/AIDS, disabilities, protection and the exit strategy not being well addressed  Method for prioritization of counties for the crisis response not done in consultation with nor well understood by partners |  |  |  |
| 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.* | Good | Technical guidance and standards documents are available through the Nutrition Cluster website  International standards and guidelines have been contextualised where Problemistan’s guidelines have not been finalized and approved (e.g. IYCF)  Draft MAM guidelines/ready-packs being used in field by partners  Cluster partners initiated discussions on the content of the minimum package of nutrition interventions to be implemented by all partners in the current crisis response (CRP) |  |  |  |
| 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 | Project Review Team (PRT) is established  Donors are not adequately sensitized on the need to consult the Cluster when dispersing funds  Some partners expressed concerns on criteria for funding allocation |  |  |  |

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| **4. Advocacy** | | | | | | |
| 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action | *Concerns for advocacy identified with partners, including gaps, access, resource needs.* | Weak | Issues requiring advocacy are not discussed comprehensively within the cluster or proactively taken forward when identified |  |  |  |
| 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population | *Common advocacy campaign agreed and delivered across partners.* | Weak |

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| **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 | Targets for the January – June Crisis Response Plan were not appropriately calculated or well-defined (i.e. populations)  Implementation of the strategic plan has not been well monitored, associated with: lack of supervision in the field; lack of tools and information collection processes; insufficient reporting back to partners and other stakeholders on progress towards the CRP targets.  New reporting tools/indicators for information management were recently been developed, in consultation with partners  Field monitoring visits by Cluster Coordination team is too infrequent.  Mechanisms for submitting reporting between UNICEF, WFP and the Cluster needs to be better managed in order to avoid gaps and duplications in provision of information  The DHIS system may be more useful than the current excel reporting tool used by the Cluster  Bi-monthly Bulletin is produced by cluster |  |  |  |
| **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 | Contingency planning scenarios were identified by OCHA, without consultation of cluster partners, nor shared with partners |  |  |  |
| **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 | No review done of cluster accountability to affected populations |  |  |  |

**ANNEX 1.**

Criteria considered when evaluating the performance of the Cluster

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| 1. Supporting service delivery |
| 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities |
| List of partners regularly updated |
| Regular cluster meetings organised |
| Attendance of cluster partners to cluster meetings |
| Level of decision making power of staff attending cluster meetings |
| Conditions for optimal participation of national and international stakeholders |
| Writing of minutes of cluster meetings with action points |
| Usefulness of cluster meetings for discussing needs, gaps and priorities |
| Useful strategic decision taken within the cluster |
| Attendance of cluster coordinator to HCT and ICC meetings |
| Support/engagement of cluster with national coordination mechanisms |
| 1.2 Develop mechanisms to eliminate duplication of service delivery |
| Mapping of partner geographic presence and programme activities updated as needed |
| Inputs of partners into mapping of partner geographic presence and programme activities |
| Involvement of partners into analysis of gaps and overlaps based on mapping |
| Analysis of gaps and overlaps based on mapping useful for decision-making |

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| 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 cluster agreed tools and guidance for needs assessments |
| Involvement of partners in joint needs assessments |
| Sharing by partners of their assessment reports |
| 2.2 Needs assessment and gap analysis (across other sectors and within the sector) |
| Analyses of situations done together with cluster partners |
| Analyses of situations identified risk |
| Analyses of situations identified needs |
| Analyses of situations identified gaps in response |
| Analyses of situations identified capacity in response |
| Analyses of situations identified constraints to respond |
| Age (cross-cutting issue) considered in analyses |
| Gender (cross-cutting issue) considered in analyses |
| Diversity – other than age and gender- (cross-cutting issue) considered in analyses |
| Human rights (cross-cutting issue) considered in analyses |
| Protection, including gender-based violence (cross-cutting issue) considered in analyses |
| Environment (cross-cutting issue) considered in analyses |
| HIV/AIDS (cross-cutting issue) considered in analyses |
| Disability (cross-cutting issue) considered in analyses |
| 2.3 Prioritization, grounded in response analysis |
| Joint analyses supporting response planning |

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| 3. Planning and strategy development |
| 3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT  strategic priorities |
| Strategic plan developed |
| Partners involved in the development of strategic plan |
| Sectoral strategic plan includes objectives, activities and indicators |
| Sectoral strategic plan reviewed against host government strategy |
| Age (cross-cutting issue) considered in strategic plan |
| Gender (cross-cutting issue) considered in strategic plan |
| Diversity – other than age and gender- (cross-cutting issue) considered in strategic plan |
| Human rights (cross-cutting issue) considered in strategic plan |
| Protection, including gender-based violence (cross-cutting issue) considered in strategic plan |
| Environment (cross-cutting issue) considered in strategic plan |
| HIV/AIDS (cross-cutting issue) considered in strategic plan |
| Disability (cross-cutting issue) considered in strategic plan |
| Strategic plan shows synergies from with other sectors |
| Strategic plan guided response from partners |
| Deactivation criteria and phasing out strategy formulated together with partners |
| 3.2 Application and adherence to existing standards and guidelines |
| National and international standards and guidance identified and adapted as required |
| Technical standards and guidance agreed upon and used by partners |
| 3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian  funding considerations |
| Prioritisation of proposals against the strategic plan jointly determined with partners based on agreed transparent criteria |
| Prioritisation of proposals against strategic plan reflected interest of partners |
| Cluster supported and facilitated access to funding sources by partners |
| Regular reporting on funding status |

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| 4. Advocacy |
| 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action issues requiring  advocacy identified and discussed together with partners |
| 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population |
| Advocacy activities agreed upon and undertaken with partners |

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| 5. Monitoring and reporting |
| Programme monitoring formats agreed upon and used by cluster partners |
| Reports shared by partners taken into account in cluster reports |
| Regular publication of progress reports based on agreed indicators for monitoring humanitarian response |
| Regular publication of cluster bulletins |
| Changes in needs, risk and gaps highlighted in cluster reports and used for decision-making |
| Monitoring and response of the cluster taking into account the needs, contributions and capacities of  women, girls, men and boys |

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| 6. Contingency planning/preparedness for recurrent disasters whenever feasible and relevant |
| National contingency plans identified and shared |
| Partners contributed to risk assessments and analysis |
| Partners involved in development of preparedness plan |
| Partners committed staff and/or resources towards preparedness plans |
| Early warning reports shared with partners |

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| 7. Accountability to affected population |
| Mechanisms to consult and involve population in decision-making agreed upon and used by partners |
| Mechanisms to receive, investigate and act upon complaints on the assistance received agreed upon and used by partners |

