**HRP Nutrition checklist v.2 (14 October 2020)**

Notes:

* This checklist was developed to support nutrition cluster/sector coordinators, SAG members, partners, and the GNC team with the HRP process.
* This checklist is streamlined with current guidance and addresses nutrition against each of the quality assessment criterion identified in the 2019 GPPi Quality Assessment Criteria.
* This tool can be used while drafting or reviewing the HRP to ensure that nutrition is adequately addressed in all sections of the HRP (sectoral and inter-sectoral). Specifically:
	+ The category column refers to the requirements of the 2021 HRPs.
	+ The Indicator column provides suggestions (italic text) on how nutrition can be potentially addressed against each quality criteria (regular text).
	+ The Comments column can be used to indicate whether nutrition has been adequately addressed against the respective indicator.
	+ The Source of Information column highlights the sections and sub-sections of the HRP where the indicator may be applicable.
* It is important to note that this checklist will be updated once the 2021 HRP Quality Assessment Criteria is released (estimated date: October 2020).
* This checklist supplements current HRP guidance including the Response Analysis, Formulation of strategic and Specific Objectives and Targeting, the HPC Step by Step Guide on Humanitarian response planning steps, GNC HRP Tips and the HRP annotated template. These guidance documents can be found at: [www.humanitarianresponse.info/en/programme-cycle/space](http://www.humanitarianresponse.info/en/programme-cycle/space)
* If you have questions about this tool or if you would like to provide feedback, please contact Anteneh Dobamo at adobamo@unicef.org

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| **CATEGORY** | **INDICATOR/ASSESSSMENT QUESTION** | **SOURCE OF INFORMATION (Refer to HRP template)** | **COMMENTS** |
| **Solid understanding of context and operational environment** | 1. The HRP and Cluster/Sector Plans identifies factors that drive needs and humanitarian consequences.
	* *Where applicable, the key underlying factors that contribute to malnutrition are identified in the HRP and align with the analysis results from the HNO.*
 | 0.1; 0.2; 1.0; 1.1; 3.1 |  |
| 1. The HRP Cluster/Sector Plans identifies which groups are particularly strongly affected by the crisis (for example women or men; children; Older people; people with disabilities; or displaced people).
	* *Sub-groups vulnerable to malnutrition should be considered, for example children 0-59 months, pregnant and lactating women, adolescents, people living with HIV, or Older People where relevant (UNAIDS fast track countries).*
	* *Persons with disabilities considered for each identified subgroup[[1]](#footnote-1).*
	* *Consequences of malnutrition on affected and vulnerable populations considered.*
 | 0.1; 0.5; 1.1; 3.1; 4 (where applicable) |  |
| 1. The HRP explains how operational constraints potentially affecting the delivery of the response will be addressed (for example access restrictions; legal or administrative barriers; capacity constraints).
	* *Where applicable, operational considerations that are specific to nutrition are identified. For example, impediments related to seasonal factors, climate, aid diversion and interference in the delivery of activities, attacks on activities, facilities and personnel, challenges linked with nutritional supplies, nutrition pipelines, nutrition product importation duties, local delivery of nutrition supplies (last mile considerations), nutrition/health worker availability (strikes/health worker flight) and capacity (including in new programming innovations)*
 | 1.5 |  |
| 1. The HRP and Cluster/Sector Plans explain how objectives and activities relate to non-humanitarian plans and interventions (depending on the context, this can include for example development, peace building, or government plans and activities).
	* *Life-saving nutrition interventions and ongoing development activities are linked. For example, linking growth monitoring with both CMAM and stunting programmes, addressing middle-school nutrition, health systems strengthening, integration of social protection mechanisms such as cash and voucher assistance with Nutrition etc.*
	* *Nutrition actors that support humanitarian and development nutrition programming are linked with the cluster/sectoral work.*
	* *Role of government, civil society and local actors in the continuation of nutrition programmes beyond the emergency response is articulated in Cluster plans.*
	* *Cluster plans contribute to the national strategic health plans and plans, and national development plans.*
	* *Cluster is linked with SUN movement at a country-level (SUN colleagues actively participate in NC meetings and vice versa).*
 | 1.2, 3.2, 4 where applicable |  |
| 1. Cluster/Sector plans explain how the response uses, complements or strengthens capacities of local government and non-government actors.
	* *Role of local government and civil society in the co-chairing of the nutrition cluster/sector discussed.*
	* *Capacity building initiatives involving local government and civil society are highlighted.*
	* *Work which complements or strengthens capacity of local government or non-government actors is highlighted, for example anthropometric tools for health centres to better support child growth monitoring, involvement in various trainings where government/NGAs support with facilitation or participate as a participant, provide support to existing systems (including health systems accountability), build capacity on nutrition information systems, strengthen nutrition-sensitive intersectoral collaboration.*
 | Not explicitly asked for in the 2020 HRP template, however, can be discussed under Part 3 Cluster/sectoral plans |  |
| 1. The HRP and Cluster/Sector Plans demonstrates how lessons from past response(s) are applied.
	* *Where applicable, lessons learned from previous nutrition response efforts and how these may influence the current proposed response are discussed.*
 | 1.5; Part 3. |  |
| **Coherent objectives**  | 1. Both strategic and sectoral objectives address priority needs and humanitarian consequences.
	* *Ensure that the sectoral objectives adequately address the strategic objectives*
	* *Nutrition cluster/sector objectives are SMART specific, measurable, attainable, relevant and time-bound –indicating who (specifically) and how many are targeted within the population groups and sub-groups; and where (specifically) they are located or which geographic areas are targeted*
	* *Nutrition cluster/sector objectives address underlying factors of malnutrition that were identified in the HNO analysis of nutritional needs*
 | 1.2; 3.1 |  |
| 1. Cluster/Sectoral Plans provide a coherent results chain, with sectoral objectives contributing to at least one strategic objective.
	* *Nutrition cluster/sector objectives are linked to specific objectives and therefore support the strategic objectives.*
	* *Nutrition cluster/sector objectives are consistent with the targeted sub-groups, geographic locations, cross-cutting issues and themes (gender, disability)*
	* *Nutrition cluster/sector objectives are integrated/layered/sequenced, where applicable. Discussions on integrated (for example, WASH and nutrition assistance in health care centres), sequenced (for example, OTP for a SAM child followed by agricultural assistance) or layered (for example, food and agricultural interventions target the same geographical areas) responses to occur at a sectoral and intersectoral level. The intersectoral level discussions are usually initiated by OCHA through a workshop setting, however, Cluster may wish to engage with other Cluster leads to discuss, as needed.*
 | 3.1 |  |
| 1. The HRP includes a strategic objective on protection.
	* *Strategic objective on protection is intersectoral and addresses key barriers to nutrition programming (such as insecure access to health facilities), where applicable*
 | Not explicitly asked for in the 2021 HRP template |  |
| 1. The HRP and Cluster/Sector Plans details which needs and humanitarian consequences are not addressed by the proposed response.
	* *Nutrition cluster/sectoral plan highlights key nutrition needs and humanitarian consequences that are not addressed by the proposed response. Ideally, this is supported by `why` these may not be addressed*
 | Not explicitly asked for in the 2020 HRP template |  |
| **Needs-based prioritization** | 1. The HRP explains why specific geographic areas are prioritized for assistance.
	* *For the nutrition sector, geographic prioritisation is ideally based on IPC acute malnutrition results when available. If not available, geographic prioritisation criteria may include: GAM levels, current/past PiN calculations per nutritional need, poor coverage of nutrition interventions, poor food security and WASH situation, poor access and availability of health services. Prioritisation criteria must be cleared explained and justified. Additional contributing factors to malnutrition such as seasonality, climate, rural/urban, formal/informal setting etc are considered, where applicable*
 | 1.1; (Annexes: 5.1) |  |
| 1. The HRP explains why specific population groups are prioritized for assistance.
	* *Selected population groups prioritised for nutrition assistance are based on the analysis of the nutrition situation and other relevant information.*
 | 1.1; (Annexes: 5.1) |  |
| 1. Cluster/Sector plans explain why specific interventions are prioritised and which interventions are time-critical.
	* *The prioritisation of nutrition interventions is clearly justified. Nutrition interventions that are time-critical are clearly identified.*
 | Part 3 |  |
| 1. The HRP explains why specific sectors and areas of concern within sectors are prioritized.
	* *Where nutrition, or a nutrition-related area of concern is prioritised within the intersectoral sections, adequate evidence to support this prioritisation is provided in the HNO and response analysis*
 | Annexes: 5.1 |  |
| 1. The prioritization takes priority needs expressed by people affected by the crisis into account.
	* *People affected by malnutrition, including those with different gender, age, disability and other diversity characteristics consulted during the planning phase.*
 | Not explicitly asked for in the 2020 HRP template, but can be addressed under Part 1.6 and/or cluster/sectoral plans (Part 3) |  |
| **Appropriate response options** | 1. Cluster/Sector plans provide evidence that an analysis of different ways to deliver the response (response options and modalities) was conducted.
	* *Nutrition cluster/sector response options and modalities are clearly linked to the HNO and evidenced in annex 5.1.*
	* *Nutrition cluster/sector response options and modalities are evidence-based and aligned to GNC guidance including the* [*GNC HRP Tips*](https://www.nutritioncluster.net/HRP_tips) *document.*
	* *Nutrition Cluster/Sector response options include scale-up of interventions (if appropriate)*
	* *Nutrition Cluster/Sector plan to articulate how proposed response options will guarantee quality programming.*
	* *Proposed response options shared with other relevant Cluster leads to identify possible synergies and/or shared response modalities (which can then be brought to intersectoral level discussions on integrated/layered/sequenced responses).*
 | 3.1; Annexes: 5.1 |  |
| 1. The proposed Cluster/Sector plan response options and modalities consider preferences of affected people.
	* *Where nutrition interventions are identified as a preferred intervention by affected people, supporting text is provided under the nutrition cluster/sector plan.*
	* *Articulate how proposed response options take into consideration affected peoples preferences with regards to opening and closing times, sensitisation locations, communication methods, etc.*
 | 1.2; 3.1 |  |
| 1. The HRP demonstrates how the proposed interventions are inter-sectoral in nature OR how they complement each other across sectors.
	* *Clear inter-sectoral linkages[[2]](#footnote-2) are provided in the nutrition cluster/sectoral plans. Linkages should be reciprocally demonstrated in the concerned sectors Cluster/Sectoral plans.*
 | Not explicitly asked for in the 2020 HRP template, but can be addressed under Part 3. |  |
| 1. The HRP states explicitly whether multi-purpose cash will be provided and why / why not.
	* *Where applicable, details provided on how MPC contributes to nutrition response approaches, particularly through food, school and health systems.*
	* *Where applicable, details provided on how MPC is coordinated with nutrition modalities*
 | 1.3 |  |
| 1. Cluster/Sector plans outline which interventions or adaptations are planned for the gender groups that were most severely affected by the crisis.
	* *Gender is considered in nutrition cluster/sector plan, and where applicable, interventions or adaptations planned for most affected gender groups are highlighted.*
	* *Details on targeting of gender groups most affected by crises provided. For example, in IYCF programmes.*
 | 1.1, Part 3 |  |
| 1. Cluster/Sector plans outline which interventions or adaptations are planned for people with disabilities affected by the crisis.
	* *Disability is considered in nutrition cluster/sector plan, with adaptations or specific interventions highlighted.*
	* *Rather than listing persons with disabilities as a group to be targeted or prioritised, description on how response efforts will address factors contributing to vulnerabilities and the barriers to inclusions of persons with disabilities is provided (e.g. improving access to treatment services, ensuring accessible sensitisation messages...etc.).*
 | 1.1, 3.1, 3.2 |  |
| 1. Cluster/Sector plans specify which activities are planned to support the Prevention of Sexual Exploitation and Abuse (PSEA) and to address Gender-Based Violence (GBV).
	* *PSEA and GBV are considered in nutrition cluster/sector plan*
	* *Examples of PSEA and GBV activities can be found in the GNC HRP Cross-cutting themes Tips Sheet.*
 | Not explicitly asked for in the 2020 HRP template, but can be addressed under Part 3 |  |
| **Transparent costing** | 1. Cluster/Sector plans are transparent about the method used for calculating the costs of the response.
	* *Overview on costing methodology provided in a transparent and understandable way.*
	* *Costing methodology is aligned to GNC and HPC guidance and consists of either activity-based or project-based costing (or combined).*
		1. *Activity-based: standards costs for each activity needs to be developed and agreed upon within the Cluster. Activity-based costing is advantageous in that it provides an estimate of the cost of the total needs, rather than the cost of what the partners can deliver. However, it’s a complex and time-consuming exercise.*
		2. *Project-based: projects are uploaded into the HPC Projects Module (formerly OPS) to compile the costs for each project involved in the nutrition response. Project based costing also helps to map each partners planned financial contribution to the response.*
		3. *Combined: For some nutrition clusters, it may even be possible to do both types of costing, conduct an activity-based costing exercise, while still requiring that partners submit project sheets to track partner contributions.*
 | 3.1 |  |
| 1. If the Cluster/Sector plan uses unit costing, it explains which cost factors account for cost differences in the given country and year. If the HRP uses project-based cost estimates, it explains the criteria and process used for selecting projects included in the project list.
	* *Information on reasoning and metrics behind sector-specific calculations provided.*
 | Annexes: 5.2 |  |
| 1. The Cluster/Sector plan details the monitoring costs.
	* *Details on monitoring costs is included in nutrition cluster/sector plan*
 | 3.1 |  |
| **Usable monitoring system** | 1. HRP and Cluster/Sector plans include provisions for a context-appropriate mechanism or system to collect feedback and complaints from people affected by the crisis.
	* *Information on how feedback and complaints regarding nutrition assistance and services are managed is detailed under nutrition cluster/sector plan*
 | 1.2; 3.1 |  |
| 1. The monitoring system includes indicators assessing outcomes.
	* *Indicators assessing outcomes included in nutrition cluster/sector plan*
	* *Details shared on how continued engagement with people affected by malnutrition will be coordinated and continued throughout the implementation, monitoring and evaluation of the response.*
	* *Key indicators assessing nutrition-sensitive services at nutritional programmes are included*
 | 2.1; 3.1 |  |
| 1. The monitoring system will collect disaggregated data for identified vulnerable groups.
	* *Data disaggregation by gender, age, and disability at a minimum*
 | 2.1; 3.1 |  |
| 1. HRP and Cluster/Sector plans indicate who is responsible for conducting monitoring.
	* *Monitoring sub heading under the nutrition cluster/sector plan clearly identifies who is responsible for monitoring.*
 | 2.1; 3.1 |  |
| 1. HRP and Cluster/Sector plans indicate at which frequency the indicators will be monitored.
	* *Nutrition cluster/sector plan clearly indicates the frequency the indicators will be monitored.*
 | 2.2; 3.1 |  |
| 1. All indicators reference the number of People in Need (PIN) and the number of people targeted by the response.
	* *Nutrition cluster/sector indicators reference PIN and number of people targeted by response to be calculated in accordance to* [*GNC guidance and standards*](http://www.nutritioncluster.net/resource_NutHumanitarianAnalysis)
 | 2.2; 3.1 |  |
| 1. HRP and Cluster/Sector plans specify which data sources will be used for each monitoring indicator.
	* *Data sources identified in section 2.1 are linked to those identified in the nutrition cluster/sectoral plans.*
 | 2.2, 3.1 |  |

1. WHO guidance states that at any one time, 15% of the population suffers from some form of disability [↑](#footnote-ref-1)
2. Examples: Joint assessments, including multi-indicator SMART survey, joint early warning systems and information sharing, mutual services delivery platforms and referrals between services (vaccination, ante-natal and post-natal consultations, malaria screening and treatment, screenings for malnutrition, WASH Nutrition package delivery, referral for food assisstance or CVA, kitchen gardens in nutritional sites and/or in high AM rates wones, GBV audits and referrals, early childhood development and MHPSS activities in nutritional programmes, LLINS distributions, integrated BCC programmes, incl. IYCF, school feeding to promote education attendance, income generating activities etc.) or setting a minimum essential services package, joint monitoring and/evaluations, joint advocacy etc. [↑](#footnote-ref-2)