NUTRITION CLUSTER: A LESSON LEARNING REVIEW

August 2007

This review was undertaken at the request of the IASC Global Nutrition Cluster based on an agreement between the lead agency, UNICEF, and Save the Children UK. It was carried out by Lola Gostelow, an independent consultant.

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ACRONYMS

ACF	Action Contre la Faim
AAH	Action Against Hunger
CA	Cluster Approach
CDC	Centers for Disease Control and Prevention
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan
CV	Curriculum Vitae
DIAL	Development Initiative Access Link
DRC	Democratic Republic of Congo
ENN	Emergency Nutrition Network
EMOPS	Office of Emergency Programmes (UNICEF)
ENCU/DPPC	Emergency Nutrition Coordination Unit/Disaster Prevention and Prepardness Commission (Ethiopia)
ERC	Emergency Relief Coordinator
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organisation
FANTA	Food and Nutrition Technical Assistance
FSAU	Food Security Analysis Unit
GHC	Gedo Health Consortium
HC	Humanitarian Coordinator
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HNTS	Health and Nutrition Tracking Service
IASC	Inter-Agency Steering Committee
IFRC	International Federation of Red Cross and Red Crescent Societies
INGC	National Institute for Disaster Management (Mozambique)
IOM	International Organisation for Migration
IDP	Internally Displaces Person
INGO	International Non-Governmental Organisation
MoU	Memorandum of Understanding
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
NNGO	National Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
ONN	Office Nationale de Nutrition (Madagascar)
RTE	Real-Time Evaluation
SACB	Somali Aid Coordination Body
SCN	Standing Committee on Nutrition
UN	United Nations
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFH	Weight-for-Height
WFP	World Food Programme
WHO	World Health Organisation
WVI	World Vision International

1. BACKGROUND TO CLUSTER APPROACH

The Cluster Approach was established by the Emergency Relief Coordinator (ERC) to address the findings of the Humanitarian Response Review of 2005.[1] It has since been endorsed by the IASC (Inter-agency Standing Committee). The Nutrition Cluster is one of 11 global clusters established and UNICEF is involved in leading or co-leading 5 of these (see Table 1).

The clusters operate at the 'global' and 'country' levels. In general, the Cluster Approach aims to strengthen the overall capacity for and effectiveness of humanitarian response by:

- Ensuring that sufficient global capacity is built up and maintained in all the main sectors/areas of response in order to achieve timely and effective responses to crises.
- Ensuring predictable leadership in all the main sectors/areas of response.
- Creating partnerships (i.e. clusters) between UN agencies, the International Red Cross and Red Crescent Movement, international organisations and NGOs that will work together towards agreed common humanitarian objectives both at the global and field levels.
- Strengthening accountability. Cluster lead agencies are accountable, at the global level, to the ERC. At the field level, in addition to their normal institutional responsibilities, cluster leads are accountable to Humanitarian Coordinators. The approach also aims to strengthen accountability to beneficiaries through commitments to participatory and community-based approaches, improved common needs assessments and prioritisation, and better monitoring and evaluation.
- Improving strategic field-level coordination and prioritisation.

Table 1: Overview of Global Clusters

Sector or Area of Activity	Global Cluster Lead
Agriculture	FAO
Camp Coordination/Management: IDPs (from conflict) Disaster situations	UNHCR IOM
Early Recovery	UNDP
Education	UNICEF/Save The Children UK
Emergency Shelter: IDPs (from conflict) Disaster situations	UNHCR IFRC (Convener)
Emergency Telecommunications	OCHA/UNICEF/WFP
Health	WHO
Logistics	WFP
Nutrition	UNICEF
Protection: IDPs (from conflict) Disaster situations or civilians affected by conflict (not IDPs)	UNHCR UNHCR/OHCHR/UNICEF
Water, Sanitation and Hygiene (WASH)	UNICEF

"*At the global level, the aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that there is predictable leadership and accountability in all the main sectors or areas of humanitarian response*" (IASC, 2006a). At the country level, IASC guidance requires that Cluster Leads facilitate a process with other agencies in order to fulfil thirteen requirements – from "inclusion of key humanitarian partners" to "provision of assistance and services as a last resort". It is against these requirements that Cluster Leads should be held to account by the Humanitarian Coordinator.

Since October 2005 (to April 2007), the Cluster Approach, generally, has been implemented in six "major new emergencies" (Lebanon, Madagascar, Mozambique, Pakistan, Philippines and Java) plus six "ongoing emergencies" (Colombia, DRC, Ethiopia, Liberia, Somalia and Uganda).[2] Thirteen other

[1] http://www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/Humanitarian%20Response%20Review.pdf

[2] At the time of writing, the CA has been announced in Chad, Central African Republic and again in Pakistan. This report does not cover these recent developments.

countries with designated Humanitarian Coordinators were not included. The aim through 2007 is to roll out the Cluster Approach in ten additional ongoing crises[3] as well as launch Clusters in response to rapid onset emergencies.

2. OBJECTIVES OF REVIEW

Having had over eighteen months of experience of mobilising the Nutrition Cluster in response to crises, members of the global cluster identified the need to take stock of this experience and learn lessons that could inform the future roll-out. To this end, this work was commissioned with the following objectives:

1. To review the performance of the nutrition clusters according to their purpose
2. Identify constraints and key areas where improvements can be made to ensure that more progress is made in the coming year
3. Identify key actions (including responsible agency and timeline) required in order to ensure improvements
4. To document lessons learned in the implementation of the Cluster Approach (CA) in Kashmir, Java, Lebanon, Somalia (thus far) and global level that can inform new emergencies and improve the CA implementation.

3. METHODOLOGY

The work spanned a total of 20 days. An interview checklist was prepared (see Annex 1) and thirty-four interviews were conducted with a range of stakeholders from the headquarters as well as field-level offices of their respective organisations (see Annex 2). The consultant also joined the Somalia nutrition cluster monthly meeting (in Nairobi) in June, and conducted further face-to-face interviews with UNICEF and members of the cluster there. Relevant literature was sourced and reviewed (see Annex 3). Preliminary findings and recommendations were presented to the Global Nutrition Cluster meeting in New York in June, and feedback incorporated into this report.

In addition, the consultant established links with two related initiatives:

- Nutrition Works, who have been commissioned by the global cluster to explore 'Capacity Development for Enhancing Nutrition Programming in Emergencies'; and
- The Humanitarian Policy Group at the Overseas Development Institute, who, with the Centre for International Cooperation, is conducting the evaluation of the first phase of the broader Cluster Approach for the IASC.

This report has been written for the following primary audiences:

- The Global Nutrition Cluster Coordinator
- Members of the Global Nutrition Cluster
- UNICEF as the Cluster Lead Agency
- Country-level Nutrition Cluster Coordinators
- Members of the Country Clusters (and the Lead Agency in each context).

[3] http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=310

4. OVERVIEW OF MAIN FINDINGS

The Nutrition Cluster has accomplished much since being established in late 2005. In particular, accomplishments can be seen in the processes and structures that have been established and the level of commitment among Cluster members and the lead agency, UNICEF.

This progress needs to be understood in the context of firstly, serious financial and human resource constraints within the cluster; and secondly, the wider context of the Cluster Approach.

The internal constraints faced by the Global Nutrition Cluster began with the extended period it took UNICEF to identify a suitable candidate for the role of Global Cluster Coordinator. The position was not filled until January 2007. During this same period, the cluster faced severe financial constraints. $5.1 million had been requested for 2006/07 but only 60% of this was secured. The first funding tranche did not arrive until October 2006, and originally donors had stipulated that the money should be spent by end December 2006. Due to the lateness of the funds, the date was eventually extended to end December 2007.[4]

Within the wider context of the Cluster Approach, expectations run very high. Its accelerated roll-out to 25 countries is adding to the burden, especially since this is taking place in the absence of lessons from past experience. The pressure is felt by the Nutrition Cluster Coordinators at all levels.

Despite these constraints, experience within the nutrition cluster has been in the main positive. At the global level, several initiatives are underway to address technical gaps in emergency nutrition. At the country level, progress has been quite varied (and difficult to fully analyse in such a broad-brush review of experience). Annex 4 presents a summary of the review's findings across countries – including some that are yet to be formally endorsed as cluster countries but that either use the term 'Cluster Approach' or are in the process of being endorsed. The table in Annex 4 serves to illustrate that no single model of the nutrition cluster at country level exists, but neither should it. Different models will be required in different countries, with different priorities, different resources, different security conditions, different government capacities, different coordination mechanisms and different groupings of agencies involved.

Even so, nearly all interviewees felt that the cluster approach has demonstrated specific added value to the emergency nutrition sector.

Added Value
Most consistently, the following were stated as key successes:

- More concrete inter-agency collaboration. The emergency focus of cluster discussions has helped create a stronger link between information and action, and
- Improved the speed of response at country level. At the global level, this has helped shift the focus of inter-agency discussion from policy matters to programming/tools.
- Trusted oversight of emergency nutrition. This has been found useful in relations with donors (e.g. Somalia, DRC).
- Effective advocacy using the cluster's common 'voice' (e.g. DRC, Uganda, global)
- Increased inter-agency accountability, particularly felt at country-level, where peer pressure amongst cluster members provides impetus for follow-through on commitments;
- Improved joint planning at field level – especially for assessments and surveys.
- Greater participation by national NGOs at the coordination table as well as the operational level (e.g. UNICEF's partnerships with national NGOS (NNGOs) has increased greatly since the introduction of the Cluster Approach).
- Improved coverage of emergency nutrition programmes;
- Shared priority-setting of areas of concern and/or appropriate interventions;
- Diffused inter-agency difficulties (e.g. between international NGOS (INGOs) and the government of Mozambique, and between different NGOs operating in Somalia).
- Enhanced understanding of the institutional specificities of cluster members (true for the global as well as country levels).

[4] With the exception of the US Government which required the funds to be committed (or expended) by 31 March 2007.

There are also important limitations to the progress made in the nutrition cluster.

Challenges

- Lack of clarity regarding the purpose or staging of the cluster approach. For example, why was the Cluster Approach implemented in Somalia or Ethiopia with such good existing inter-agency coordination? Or why was it implemented in Madagascar and not in Darfur?
- Inadequate or ambiguous links between countries and the global cluster (both ways);
- The global nutrition cluster's workplan should have been more strategic by focusing on priority gaps and weaknesses. Instead many interviewees expressed concern that the workplan was opportunist and reactive. Furthermore, there is a critical question as to whether the global priorities reflect those of the field, since the field was not consulted.
- Difficulties in negotiating relations with national authorities, especially in contexts where governments might be unfamiliar with, or hostile to the Cluster Approach (such a Puntland/Somalia) or where the government is weak (such as the Transitional Federal Government in Somalia);
- The quality of humanitarian response is more difficult to improve than programme coverage;
- Cross-cluster communication is inadequate[5] and should be promoted;
- Technical/strategic involvement of national partners is limited and patchy.

"*The biggest challenge is matching what's doable with the resources available*", said one interviewee. Perhaps bigger still is the challenge to do business differently. Firstly, is the challenge faced by UNICEF to do business differently in response to the cluster mechanism (easing bureaucratic processes to facilitate the inter-agency ownership of the cluster; investing in building the human and financial resources required to make the clusters work at all levels; linking cluster plans to UNICEF strategies at country and regional levels). Secondly, is the challenge faced by the nutrition sector to do business differently? In this respect, the Nutrition Cluster's success pivots on two critical areas that are persistently raised as shortcomings in the humanitarian sector as a whole (and are explicitly included in the guidance issued by the IASC): (i) emergency preparedness, and (ii) building the right capacity in the right place at the right time.

On the first, little can be said for little has been done through the nutrition cluster to date, largely as a result of cluster funding becoming available only from October 2006. But there are still 18 months left in which to build up this aspect of the cluster's work and make concerted investment in emergency preparedness so as to contribute to a better, timelier response.

On the second, there is real momentum underway at the global cluster level. But success will hinge on putting in place systems of mentoring, tutoring, peer-learning as well as technical training in order to start filling the enormous capacity gaps that have existed for too long.

Both require a paradigm shift, from short-term funding of hard deliverables to longer-term support for people-centred processes and institutional change. The Nutrition Cluster could help catalyse such a transformation.

[5] Mozambique is a noteworthy exception, where effective links were established between the nutrition and food security clusters. Also, the global cluster has made important progress recently with the WASH and Health Clusters, in agreeing to develop a joint Handbook for Cluster Coordinators, with technical annexes for cluster-specific information.

5. PRIORITY ISSUES REVIEWED

5.1 Communication and Coordination

The nutrition sector has a long-standing strength in inter-agency collaboration, information sharing and technical dialogue, although not leadership. Most pertinent are two regular fora – the Standing Committee on Nutrition (SCN) and the Emergency Nutrition Network (ENN). Thus, the Nutrition Cluster has been able to build on a well-established, cohesive inter-agency platform. Yet, most interviewees agreed that the Global Nutrition Cluster has brought specific benefit. The priority given to the cluster's work (by UN agencies but also by some of the NGOs that make up the 34-strong membership at global level); the new resources at global level (plus streamlined links to pooled funding sources at country level), have all injected real momentum to the sector.

The global cluster meets approximately every 4 to 6 months, depending on need. Additional teleconferences are held when necessary. A rough estimate is that these might cost in the order of $60,000 excluding the preparation costs.[6] Country Clusters tend to meet monthly, and even weekly depending on the need.

The quality of inter-agency communication is commendable, at all levels. While it requires a great deal of time and work, it is clearly an investment participants feel is worth making.

However, intra-cluster communication, between global and country levels, appears inadequate, though there have been some important improvements through the second quarter of 2007.

"*In relation to the Global Clusters, cluster/sector groups at the country level should:-*

- *Treat the global level clusters as a resource that can be called on for advice on global standards, policies and best practice, as well as for operational support, general guidance and training programmes".*[7]

In order to achieve this, basic communication and establishment of a working rapport are essential prerequisites. Information links between the global and country levels are weak, though improving (some interviewees expressed the opinion that the Health Cluster contrasts in having stronger links with the field, though this was not specifically explored by the present review). The June 2007 global nutrition cluster meeting was combined with the WASH and Health Clusters (discussed further below). It was also the first occasion when three country-level coordinators were invited. Some members of the global cluster had felt distant from progress on the ground. Information regarding country level activities had not been circulated at the global cluster level until recently. Information flows are improving, but with only one person working on the cluster at the global level, challenges remain as to what can be accomplished. Then again, the global coordinator has been receiving regular feedback from only one of the cluster countries, though this too is beginning to improve. There needs to be a global overview of the nutrition cluster's progress (which the present assignment will go some way to fulfilling, but this needs to be maintained); and there needs to develop a greater sense of connectedness between the nutrition cluster's work at the various levels.

Similarly, country cluster coordinators (with only one or two exceptions) feel out of touch with what is happening at the global level (and three had had no contact at all with the global coordinator). Although circulation of the minutes of global nutrition cluster meetings would help keep the field abreast of developments, a more succinct, targeted communication to the field would be appreciated (although this would probably require additional resources). Two-way communication between the Global Cluster and selected countries is essential and needs to be prioritised as a matter of urgency.

The management of information by country clusters was generally good. Somalia is in the process of compiling a "who, what, where" mapping of nutrition activities, in order to reduce the burden of information requests to individual agencies (e.g. from OCHA or donors). In DRC and Liberia, OCHA coordinated a common website for clusters to place information for wider use which makes inter-agency and inter-cluster sharing of information easier (as long as the information posted is up to date).

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[6] Based on 30 participants, with international flights to Europe or the USA, accommodation, and their salary for 3 days.

[7] Draft IASC Operational Guidance: Relationship between clusters at country and global levels, 2007.

The DRC Nutrition Cluster also developed standard reporting formats, in order to consolidate information from the various regions.

In Sudan, which uses the cluster terminology to describe its emergency response but is not implementing a Cluster Approach endorsed by the IASC and lead agencies, the management of information became very difficult because of political sensitivities: if surveys revealed high levels of malnutrition in Darfur, for example, the government would attack the results as propaganda; if the results showed normal levels of malnutrition, western governments would question the methodology used. This is where there is specific added value in having an inter-agency forum, with shared ownership of analyses, so as to avoid accusations such as these. The DRC Nutrition Cluster, for example, enjoys a level of technical coherence amongst its members that has permitted a process of validating survey results so that priority needs are expressed as a joint voice.

What is perhaps missing in many country clusters is the capacity to compile and analyse information to inform decision-making. The FSAU (Food Security Analysis Unit) in Somalia and the Darfur Humanitarian Profiles by OCHA are noteworthy examples of such strategic information management. So, any "who, what, where" mapping audits, as mentioned above, should be married with an analysis of needs and gaps. Both the WASH and Nutrition Clusters have begun this work in their efforts to improve information management.

Beyond information sharing, the experience of the nutrition cluster has demonstrated time and again the specific added value of the Cluster Approach on improving inter-agency coordination and cooperation: examples include Java, DRC, Somalia and Mozambique. In terms of coordinated activities at country cluster level - mostly for joint assessments, joint advocacy, and some joint training.

Nevertheless, it is also important to recognise that the burden of cluster meetings (or the current "frenzy" of meetings as one interviewee put it) is high and unsustainable, which may impede the successful roll-out of the Cluster Approach generally. The Nutrition Cluster at global level is well aware of the need to strike a balance between limiting meetings to occasions when they are clearly needed to progress the work of the cluster, and holding meetings in order to consolidate cohesion and shared ownership amongst the members. At the country level, many interviewees recognised that participation at meetings hinges on the perceived utility of the meetings. It is important that meetings are focused, purposeful, and reflect the priorities and concerns of participants. They need to be well-executed so as to offer a resource that participants will value and support.

At the other end of the spectrum, country cluster meetings with decentralised fora close to the humanitarian response are seen as important. This was one of the criticisms made by Save the Children on the Lebanon cluster in that cluster meetings were too far from the humanitarian needs; it is a current strength in Somalia and DRC.

The appropriateness of sub-cluster meetings along thematic groups is more questionable. At the Global level, the sub-cluster working groups are appreciated and it could be argued that more sub groups are required to oversee the range of activities and projects currently being funded. At the country level, thematic sub-groups require more meetings, more information management and make intra- and cross-cluster coordination even more difficult (as indicated by the Real-Time Evaluation (RTE) of Lebanon for example – OCHA, 2006).

Language was a repeated issue and concern at the country level. Translation, or lack if it, could be a critical limitation to the effective involvement of national partners and government counterparts. It was particularly important at decentralised meetings. In Mozambique, the language barrier might well have limited the government's involvement. The Java review recommended that simultaneous translation equipment be considered for rapid deployment in an emergency (OCHA, 2007, p.12).

Inter-agency cooperation, partnerships

"A central element of the humanitarian reform process is the need to strengthen strategic partnerships between NGOs, international organizations, the International Red Cross and Red Crescent Movement and UN agencies. Indeed, successful application of the cluster approach will depend on all humanitarian actors working as equal partners in all aspects of the humanitarian response: from assessment, analysis and planning to implementation, resource mobilization and evaluation. As such, the establishment of a Humanitarian

Country Team at the country level is an essential pre-requisite for effective application of the cluster approach.

Humanitarian partnerships may take different forms, from close coordination and joint programming to looser associations based on the need to avoid duplication and enhance complementarity. To be successful, therefore, sectoral groups must function in ways that respect the roles, responsibilities and mandates of different humanitarian organizations" (IASC, 2006a).

This review has found that improved inter-agency networking was valued in all country nutrition clusters – even in contexts with pre-existing coordination structures. At the global level, the focus on joint initiatives has helped strengthen existing relations and improved trust amongst agencies. In particular, the relationship between WHO and UNICEF was said to have been much improved as a direct result of the Cluster Approach.

In both DRC and Somalia, UNICEF's partnerships with operational agencies have broadened to include more national NGOs. This is regarded as a positive development, although the burden of supervision and quality-control can be difficult to meet where UNICEF's own technical capacity is insufficient (e.g. the Somalia cluster has begun to address this by increasing UNICEF nutritionists in Hargeisa and Nairobi).

Inter-sectoral cooperation

Experience of the Cluster Approach in several countries highlights the difficulties faced by most sectors in achieving productive inter-sectoral cooperation. Linkages were very poor at the country level in the first cluster response to Pakistan; in Somalia, too, it has been identified as an area requiring improvement). In Java, the experience was mixed. Positive practices included regular meetings of the cluster leaders convened by the UN Area Coordinator, plus two inter-cluster assessments organised by the shelter cluster. In Mozambique, OCHA convened weekly meetings with all cluster leads, which helped communication flows.

Most interviewees stressed the value of having nutrition as a separate cluster from other sectors at the country level – in order to ensure that all possible causal factors described in the conceptual framework for malnutrition can be taken on board. Yet, it is also acknowledged that having a separate nutrition cluster can be a burden on participants and reduce attendance - as was borne out in the Lebanon experience for example. In Uganda too, there is concern that should the current joint Health and Nutrition cluster establish a separate nutrition working group, cluster members will be required to attend more meetings. In a context of "meetings overload", it may be appropriate to consider measures of alleviating this pressure. For example, monthly cluster meetings could alternate between being nutrition-only and joining up with another relevant cluster. For example, where nutrition problems are largely linked to health-related concerns (such as infant feeding practices in the case of Lebanon), then joint meetings could be held with health; or, in cases where malnutrition arises as a result of a food deficit, nutrition could be linked up with food aid coordination meetings (as happened in Java). Overall, the limited experience to date has shown that the merging of nutrition with another cluster dilutes the quality of analysis and response in emergency nutrition (as in Uganda). For this reason, for most situations, it is recommended that the roll-out of the Nutrition Cluster should be as a distinct Cluster, which is consistent with IASC guidelines.

At the global level, inter-cluster linkages have been notably strengthened recently through a regular engagement by the Coordinator with the Health and WASH Cluster Coordinators and laterally with education and protection. This is easier when the lead agencies are the same and more challenging for others. Nutrition together with WASH and Health also held the first and successful tri-cluster meeting in New York in June 2007. The three clusters convened together to discuss common concerns and joint work (such as the joint rapid assessment tool, and a handbook for cluster coordinators) and actively engaged OCHA in areas of common concern such as funding, policy, and information management. At the request of the Cluster members, this is to be repeated in future meetings depending on the level of resources available and the subject of the meeting.

Cross-cutting themes

"Sector leads have a particular responsibility for ensuring that humanitarian actors working in their sectors remain actively engaged in addressing cross cutting concerns

such as age, diversity, environment, gender, HIV/AIDS and human rights. Experience of recent crises suggests that these important dimensions to ensuring appropriate responses have too frequently been ignored" (IASC, 2006a).

This review found no evidence of cross-cutting themes having been actively addressed through any of the Nutrition Clusters to date. Indeed, all the country-level evaluations point to this as an area of persistent weakness of the Cluster Approach generally. At the global level, the funding appeal documents for the 2007/8 appeal reflected the cross cutting themes with funds allocated to these components.

Links with government structures

"*By designating cluster leads, the aim is to make the international humanitarian community a better partner for host governments, local authorities and local civil society, and to avoid situations were governments have to deal with hundreds of uncoordinated international actors*."[8]

Nearly all clusters were introduced into contexts with pre-existing nutrition coordination mechanisms, most of which were led, or at least included, the national government.[9] Overall, country clusters have attempted to build partnerships with national governments with some success. Those countries with strong government capacity (in terms of both willingness and ability) did better:

- In the 2006 earthquake response, the Pakistan government operated with competence and used its military well in the humanitarian effort. Clusters that had government counterparts performed better than those with none. The Real Time Evaluation in Pakistan recommended that the Cluster Approach should become a government-led process but this is not necessarily consistent with IASC guidelines and experiences elsewhere. It will be interesting to see whether the July 2007 floods and second cluster implementation in the country currently underway responds to this.
- The Food and Nutrition Cluster in Java established links with government counterparts from the outset of the response. Together with the 2 other clusters led by UNICEF, it effectively managed this relationship by transitioning to government-led coordination meetings. UNICEF gradually withdrew from its lead role, and instead seconded technical staff to the government to support coordination efforts.
- Ethiopia's government has a long-standing coordination role which is being respected by the Cluster Approach (established in April 2007). Thus, cluster leads are operating explicitly in support of the government's efforts.

These positive experiences point to the strategic relationship that needs to be built between partnering with government and building capacities locally (see Section 5.2). Pakistan (2006), Java, Mozambique and Ethiopia are characterised not only by strong national authorities but also by competent nutritional expertise within UNICEF able to mount appropriate responses.

The Mozambique government's capacity is strong, although it was initially sceptical of the IASC Cluster process. National coordination structures under the INGC (National Institute for Disaster Management) focused on 4 broad thematic areas (for example, the 'social' area combines health, nutrition and education). The introduction of the IASC clusters in early 2007 resulted in some tension, but a compromise was eventually reached whereby the INGC thematic focal points would meet with the IASC Cluster leads on a weekly basis. This helped reinforce the government's central position whilst also allowing technical progress within the clusters. The nutrition cluster enjoyed good contact with the nutrition department of the Ministry of Health and the INGC. Their attendance varied, however, partly because of the language barrier. Nevertheless, they were always included in the information loop.

The DRC government's capacity is geographically patchy. Pronanut is the Nutrition Cluster's counterpart agency, and occasionally chairs meetings at Provincial level (where there is government presence). This interaction with international agencies is seen as a positive opportunity for government personnel.

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[8] http://www.humanitarianreform.org/humanitarianreform/Default.aspx?tabid=252

[9] Such pre-existing coordination mechanisms include:- ENCU/DPPC in Ethiopia; Provincial sectoral committees in DRC; SACB (Somali Aid Coordination Body) in Somalia; various government fora in Mozambique; the food security forum in Liberia; and the Office Nationale de Nutrition (ONN) in Madagascar.

In Somalia, the cluster is beginning to face the paradox of near-zero government capacity yet increasing government obstruction (in Puntland). In Uganda, all cluster meetings are chaired by the Government, but in general their commitment is low and participation tends to be quite junior.

Interestingly, not all cluster members shared the view that national governments be included in Clusters. In Mozambique, nutrition cluster members had mixed opinions about the government's role – some were in favour while others valued occasional opportunities to discuss sensitive issues without government presence. In DRC, nutrition cluster members recognised that the presence of government, although broadly positive, could also impair coordination by introducing political bias in establishing priorities.

The experience suggests that where possible, government is an integral, indeed, essential partner in the implementation of an emergency response. The Cluster Approach has a role when the governing bodies are unable or unwilling to respond. While Cluster Approaches do exist with government firmly in charge, there is also a role whereby Clusters work alongside government agencies. Recent IASC Guidance on cluster *Coordination with Government/Local Authorities* (IASC 2007) is not very practical, and leaves much room for interpretation.

5.1.1 Recommendations on Communication and Coordination

1. Establish a clear and agreed communications strategy in cases where new country clusters have been established – to establish links between the country concerned and the global cluster, and also to brief and share experiences with other country clusters.

2. Two-way communication between Headquarters, Regional Offices and the country clusters is essential and should be strengthened with the necessary resources to accomplish this. Strategies might include regular teleconferences with all country cluster coordinators, and a regular (brief) newsletter produced by the global cluster.

3. Where possible, roll-out of the Nutrition Cluster should be as a distinct cluster rather than being merged with health or any other cluster. Only when there is specific merit should a joint cluster be accepted.

4. At the country level, nutrition clusters should adopt an analytical approach to information management so as to strengthen the use of nutritional information in decision-making.

5. Country cluster meetings should take place as close to the area where humanitarian needs have arisen, which may require decentralised fora in addition to those in the capital city.

6. The language barrier can be an important impediment to the membership and workings of country clusters – especially with regard to NNGOs and government personnel. Mechanisms to translate meetings and key documents need to be included in cluster budgets from the outset.

7. OCHA to make routine the convening of meetings of Cluster Leads (agencies) and cluster coordinators and participate in Cluster meetings in order to strengthen inter-cluster collaboration.

8. Promote the practice of joint-cluster rapid and comprehensive assessments (the comprehensive assessment tool being developed will be an important resource for this).

9. Country Clusters that established linkages with national authorities broadly experienced more constructive and effective coordination efforts. This should be emphasised in the future roll-out of the Nutrition Cluster in new countries.

5.2 Building Capacity

Global clusters are expected to engage in the following activities:-

- *"Training and system development at the local, national, regional and international levels*
- *Establishing and maintaining surge capacity and standby rosters*
- *Establishing and maintaining material stockpiles" (IASC, 2006a)*

Building capacity is probably one of two key contributions that the global cluster should be making in helping reform the humanitarian system (the other being emergency preparedness). But it is also a huge challenge, especially in the context of the short duration of the cluster and the limitation of only one dedicated post at the global level.

As yet, the global nutrition cluster has no agreed strategy on how to achieve the above, but work is in progress. It has included capacity-building amidst its priorities, for 2006 and 2007 – see Table 3 in Section 5.4 – and established a working group to oversee the work. There are at least three components to the global nutrition cluster's capacity-building priorities:

1. A roster of potential candidates for Country Cluster Coordinators

Although identified as a priority at the outset of the global cluster's plans, progress has been limited to date. UNICEF maintains a database of its own personnel that have been screened and are theoretically available to be deployed. Approximately 25 personnel are currently identified as potential country nutrition cluster coordinators. This was used recently to assist in the recruitment of a coordinator for the recently established Chad Nutrition Cluster. There is another limited database of approximately 25 non-UNICEF people. The database needs to be expanded and maintained with clearly defined eligibility criteria and a screening process that engages Global Cluster members. This would confer important advantages in increasing the size of the pool of candidates and strengthening the inter-agency identity of the nutrition cluster.

Several interviewees expressed concern that this expanded roster seems to have slipped off the agenda, even though it continues to be reflected in the cluster's workplan. Although external applications were invited, and ten of the CVs received have been kept 'on file' for future use, candidates have not been informed, and nothing has been done to cultivate them for their possible future role. The development of the external roster, linked to the existing UNICEF data-base, needs to be reinvigorated and brought to full operational capability as a matter of immediate priority. It is acknowledged that financing this work may be difficult. Part could be absorbed by UNICEF's human resources department; part could be funded by contributions from high-priority (emergency-prone) countries; and part should be included in the emergency preparedness component of the cluster's work (discussed in section 5.6). Additional resources could also be made available from the Global Cluster's $1.5 million unallocated funds. Steps that would need to be taken would include: establishing contact with potential external candidates and inviting them to join the global cluster's strategy (regional offices should be brought on board with this as they are well-placed to support recruitment of roster members); establishing a portal on the nutrition cluster's section of the humanitarian reform website so that new candidates can apply for inclusion in the roster; keeping internal and external candidates up-to date with nutrition cluster progress and discussions; circulating key documents and tools to them; including them in any training to introduce new tools; attending the OCHA training for IASC country cluster coordinators (see below) in advance of deployment.

2. The work that Nutrition Works is undertaking, financed by the global cluster

A capacity review and stakeholder analysis have been undertaken, and work is underway on preparing core training modules on key areas of emergency nutrition programming. A process for developing a comprehensive dissemination strategy is being planned at present, so that once products are finalised there is no delay in getting them to the field and using them. Overall, interviewees either did not comment on the Nutrition Works component of the cluster's work, or else were satisfied that it was on-going. At country-level, most were not aware of this recent initiative, and the few that were expressed some positive feedback regarding the new training modules being prepared. It is critical that resources (time and people) be made available so that the capacity-building strategy addresses the different audiences and levels of capacity development required: globally and regionally, there is a need to build non-technical capabilities of potential cluster coordinators; nationally there is a need to build non-technical capabilities of existing cluster coordinators; nationally, governments need support for technical and non-technical skills; and implementing partners (NNGOs and INGOs) require technical training and support on key programme areas. It could be envisaged that personnel on the emergency roster are used to support the capacity-building strategy at country level in particular.

3. The nutrition cluster's use of the OCHA-led training for Cluster Coordinators

OCHA has conducted two pilot trainings for representatives from the 11 clusters in March and July 2007 and is planning two more trainings this year. Three of the participants in March[10] and one in July[11] were from the nutrition cluster. The course covers general humanitarian reform, and is intended to provide (potential) cluster coordinators the skills necessary for coordinating at the country level. Such non-technical training has already been identified as a gap at field level. For example, coordination and facilitation skills were found lacking in many cluster leads in Java. Several respondents felt that the personal qualities and inter-personal skills of coordinators were critical to the success of the cluster, and experience to date seems to have supported this (e.g. from DRC and Somalia where the coordinators invested a great deal of personal commitment in building up the clusters).

Some interviewees from the global cluster would have wished for a more considered selection of training candidates. However, OCHA has given very short notice for these events, plus criteria for the selection of candidates that were very difficult for the nutrition cluster meet in the absence of additional funding. It is beyond the scope of this review to analyse the quality of the OCHA-led training. Feedback from one or two interviews, however, indicates that there is serious concern that the current training is not good enough – in terms of quality of methods used and content. In response, UNICEF training personnel in New York are currently revising the set of skills that are required for effective leadership across the cluster sectors. It is expected that following the 2007 OCHA-led training, the lead agencies will adapt the courses to suit their specific cluster or technical sector focus. Experience from the Nutrition Cluster highlights key competencies around management, communication, negotiation, advocacy and fundraising as being essential to the success of the cluster approach.

The challenge of building up national capacity is demonstrated by the experience of Mozambique. The country suffers from a severe scarcity of qualified health personnel. Consequently, at district level, it is common to find one individual doing 3 or 4 different jobs. In such a context, training is seen as a burden as it removes people from where they are needed. For this reason, any training (timing, location and content) needs to be planned in close cooperation with local authorities and the target trainees.

A capacity-building strategy needs to be considered and planned in the context of active emergency preparedness investments, with matching resources. The Nutrition Cluster is beginning to address this important component and will need to do more in the coming months to support country efforts and avoid the common frustration of humanitarian agencies having to play catch-up and train personnel in the midst of a response.

In priority countries, or major emergencies, it may be appropriate for the country cluster to consider recruiting a training coordinator that builds on a broader capacity building strategy. This could act as an inter-agency resource (and might even be funded on such as basis too) to run inter-agency training; fundraise for capacity-building measures; facilitate networks of different calibres of personnel that could offer each other peer support; and a training coordinator could usefully link up with the Early Recovery Cluster to embed on-going training within any recovery plan.

In a similar vain, it is recommended that the global cluster considers the merit of recruiting a dedicated capacity-building coordinator. The post should have specific remit to operate at the preparedness stage rather than be drawn in to the urgent needs of any particular response. As such, it could include the coordination of the global roster of cluster coordinators. The review's scope does not cover detailed analysis of the cluster's budget or progress against the work plan to assess whether this is appropriate. However, in terms of expressed needs at all levels, such a post would be seen as a very helpful contribution. Furthermore, a focus on this topic is integral as the lead agency (UNICEF) mainstreams cluster activities in 2009 and beyond.

In terms of establishing a surge capacity, clearly building on the existing roster of potential cluster coordinators is critical. Other strategies that have not been (fully) considered to date include:

[10] From UNICEF Niger, Helen Keller International Niger and the Global Nutrition Cluster Coordinator.
[11] James King'ori, Somalia Nutrition Cluster Coordinator.

- Establishing systems of secondment whereby NGOs/Red Cross can provide appropriate personnel as nutrition cluster coordinators at country level (and linked to the roster mechanism to ensure they are adequately trained and briefed pre-deployment). This is an aspect that country and regional offices could take a lead on.
- Expanding existing operational stand-by agreements at country and regional levels with operational agencies with specific, proven, areas of expertise in critical areas (such a nutrition assessment; supplementary feeding; infant feeding; therapeutic feeding; or community-based care for severely malnourished children.
- Similarly, UNICEF as the lead agency should further develop Memoranda of Understanding with key players in order to service critical areas (which could also be used as part of a preparedness strategy at country level).

5.2.1 Recommendations on Building Capacity

1. Building up a surge capacity, with global and regional inputs, needs to be re-prioritised and implemented. This requires expanding the existing roster for cluster coordinators, plus additional options that could include secondments, stand-by agreements or MoUs with other agencies. It is acknowledged that such steps are beyond the control of the Nutrition Cluster Coordinator; they require specific actions by UNICEF headquarters to put in place the processes and systems that the cluster could then build upon.

2. In developing its capacity-building strategy, the nutrition cluster needs to create strong linkages with emergency preparedness measures at global, regional and country levels.

3. The global cluster considers recruiting a dedicated capacity-building coordinator.

4. Recruitment of candidates for the roster of nutrition cluster coordinators could be managed by a panel of two – the global coordinator plus one other member of the global cluster. Longer-term, this panel could rotate amongst members to ease the burden.

5. Nutrition Clusters at country level, operating in response to a major crisis or in serious chronic conditions, should consider recruiting a cluster training coordinator. Financing options might include emergency appeals or joint-agency funding.

5.3 Management and Human Resources

"*The cluster lead agency at the country level is responsible for appointing an appropriate person, with the necessary seniority, facilitation skills and technical expertise to be the cluster coordinator. In some cases, particularly at the height of a humanitarian crisis, there may be a need for cluster lead agencies to appoint dedicated, full-time cluster coordinators with no other programme responsibilities*".[12]

"*Sector leads are expected to report to the Humanitarian Coordinator on issues related to the functioning of the sector as a whole, while at the same time retaining their normal reporting lines insofar as their own agencies' activities are concerned. In some cases, particularly at the height of a humanitarian crisis, there may be a need to appoint staff to work as dedicated, full-time sector leads*" (IASC, 2006a).

"*There is no direct reporting line between cluster/sector groups at the country level and global level clusters. Cluster/sector leads at the country level report to the Humanitarian Coordinator through its agency Representative/Country Director on issues related to the functioning of the sector in a particular emergency*".[13]

With only one dedicated post at the global level (and in post only since January 2007), much of the progress and momentum of the Nutrition Cluster is the result of the actions and commitment of its members – including UNICEF whose senior nutrition adviser had acted as Cluster Coordinator for the 14 months prior to the appointment of the global coordinator (whilst also carrying out her own duties).

[12] IASC Operational Guidance: Accountability of Humanitarian Coordinators & Cluster Leads, 2007.
[13] IASC Operational Guidance: Relationship between clusters at country and global levels, 2007.

The nutrition cluster has used the generic terms of reference issued by the IASC (IASC, 2006a) as a basis for developing a job profile for Country Nutrition Cluster Coordinators. Sometimes this is applied as a separate position, while in others it is adapted for inclusion within a broader job profile. Annex 4 shows the diversity of country cluster coordinators: 1 is a dedicated position within UNICEF, 7 are mixed posts combining nutrition cluster work with UNICEF programming, and 2 are joint clusters with other sectors. There are several reasons that point towards a strong recommendation that the norm becomes dedicated cluster posts:

- to clarify accountabilities;
- to be seen to be servicing the cluster, and only the cluster;
- to focus on the cluster, without being distracted by agency demands;
- to establish a more realistic workload for incumbents[14]

In the event of existing staff within UNICEF programmes being well placed to take on cluster coordination, it is recommended that such a transition be managed as a formal secondment – from their previous UNICEF position to the new Cluster position. This will help resolve many of the above concerns, whilst also respecting the individual's status and job security.

Recruitment of cluster coordinators is the responsibility of UNICEF country offices. The global cluster coordinator can only offer advice in recruitment and in all other areas of country cluster operations. For example, in the case of Uganda, several CVs were submitted by the global cluster to the country office for their consideration. None of these were interviewed. In Somalia, there were no links with the global cluster at the recruitment stage (and the country office actively sought a person with the right technical expertise but not of UNICEF in order to reinforce the cluster's independent identity). In Liberia, even though UNICEF has faced serious recruitment problems, no support was sought from the global cluster (and indeed, offers of support from the global cluster coordinator were unanswered). The position remains vacant.[15]

UNICEF is a decentralized agency and it is the role of the Global Cluster to build trust and support to ensure that cluster functions are not compromised. Recruitment approaches require streamlining – but that is not in the purview of the Global Nutrition Cluster. Such responsibility rests within UNICEF's country programmes and human resources departments. Although there is no dispute that the country office needs to retain line-management responsibility of nutrition cluster coordinators, there is a need to establish an explicit quality-control linkage with the global cluster coordinator. For example, ideally this should require countries to consult with the global coordinator at the recruitment stage; the global coordinator should share the CVs of potential cluster coordinators; if none are deemed suitable by the country office, then the reasons why should be communicated back to New York. No doubt, some country offices may see such measures as an imposition and infringement of their authority. This is a legitimate concern. On balance, however, given the special nature of the Cluster Approach and UNICEF's obligation to it, such changes in the human resourcing of the nutrition cluster would strengthen the roll-out plan. They would also go a long way to improve current ambiguities regarding accountability within the nutrition and other clusters (See section 5.5).

5.3.1 Recommendations on Management and Human Resources

1. Any training (timing, location and content) needs to be planned in close cooperation with local authorities and the target trainees.

2. A capacity-building strategy needs to be considered and planned in the context of active emergency preparedness investments and resources.

3. Country Cluster coordinators should be dedicated positions, not wearing 'two hats' (which diffuses the notion that clusters are driven by sectoral concerns rather than agency agendas).

4. Some level of cooperation needs to be established between the global and country clusters with an explicit quality-control and accountability requirement.

[14] This was not a felt concern in Mozambique where the nutritional component of the crisis was relatively small.
[15] UNICEF's assistant project officer is currently supporting nutrition cluster work.

5.4 Supporting Humanitarian Response

Global cluster leads are expected to *"Provide the following operational support:-*

- *Assessment of needs for human, financial and institutional capacity*
- *Emergency preparedness and long-term planning*
- *Securing access to appropriate technical expertise*
- *Advocacy and resource mobilisation*
- *Pooling resources and ensuring complementarity of efforts through enhanced partnerships"*[16]

At the level of the global nutrition cluster, much momentum has been built up to develop several products aimed at improving humanitarian response in the nutrition sector. Table 2 summarises the main initiatives that have been funded by the global cluster to date.

Most of the work is overseen by the one of the two global cluster working groups:

1. Assessment (chaired jointly by IFRC and CDC), which oversees the development of the assessment tools; the investigation of MUAC and WFH; and the analysis of the implications of the new WHO Growth Standards.
2. Capacity-Building (chaired by UNICEF), which oversees the Nutrition Works and ENN projects.

The Toolkit and the current review were overseen by the UNICEF member of the global cluster.

Some concern was expressed by members of the assessment working group that there is insufficient discussion about new proposals, including the working group's capacity to oversee complex technical issues as well as monitor progress. The June meeting of the Cluster proposed a process for review and prioritization of proposals that has been put into place with the recent round of proposals.

Members of both working groups expressed concern that the time-demands for overseeing cluster projects have resulted in individuals becoming overloaded with work – possibly to the detriment of their quality-control function. A small number of global nutrition cluster members were seriously considering having to reduce their commitment to the cluster because of the heavy work load and demands being made by the cluster – especially with regard to the burden felt by the two working groups that oversee most of the projects financed by the global nutrition cluster. One NGO has taken the step of submitting a proposal to the global cluster requesting 6-months funding for a dedicated position to service the demands of the nutrition cluster. If members do start to 'pull back', it could have serious consequences to future progress, particularly if the global cluster loses active members who have been instrumental to progress to date. Even if one were to argue that most of the projects under the global cluster's working groups will be ending by the close of 2007, respondents indicated that the situation has already gone on too long and can't continue. As one interviewee put it: "*Much has been built on the goodwill and effort of the NGOs in particular*" – the cluster can't afford to lose them now. The Cluster is examining ways that the work load can be more evenly shared. One way might be to do away with the existing working groups as standing structures, and instead re-group into small configurations (of 6 or 7 members) to oversee specific projects. These new 'project groups' would be time-bound; individuals would be better able to control their time commitment to the cluster; and it might also help achieve a more equitable distribution of work across the global cluster's membership (some interviewees expressed frustration that some members do little to actively contribute to the cluster's work, other than turn up at meetings).

[16] IASC Operational Guidance: Relationship between clusters at country and global levels, 2007

Table 2: Projects Funded by the Global Nutrition Cluster

Partner Agency	Project	Outputs	Budget (US$)
Emergency Nutrition Network (ENN)	Infant and Young Child Feeding in Emergencies	Translation and printing of Guidance Adapt training materials Regional Workshops	$337,480
Nutrition Works	Capacity Development for Enhancing Nutrition Programming in Emergencies	Stakeholder analysis Training Materials Report on dissemination options	$190,000
SCN	Study of new WHO Growth Standards	Report Journal Article Meeting of Experts	$100,660
Save the Children UK	Investigating the Relationship Between MUAC and WFH for measuring acute under-nutrition	Research report Journal article	$51,261
WFP	Development of rapid assessment tools and review survey methodologies	Initial Rapid Assessment Tool Comprehensive Assessment Tool Report on Nutrition and Mortality Survey Methodologies	$22,000 $17,000 $200,000
Allison Oman (consultant)	Nutrition Cluster Toolkit		$100,000
Save the Children UK	Lessons-learned Review	Report	$14,769

Much of the administrative burden for these 6 projects (developed and approved in 2006) rests with the UNICEF representative on the cluster who was acting as global coordinator at the time. The advantages of this include greater admin support (the global cluster coordinator enjoys admin support for a little over a day a week, and only since July 2007) and institutional knowledge that helps progress through bureaucratic processes. The disadvantages are largely to do with a sense of ownership of the projects (they are cluster business not UNICEF's) although it is recognised that accountability for results rests with the Cluster Lead not the cluster group.

At the time of writing, none of the above activities have been finished[17] (although at the time of reading, the present Lessons-learned Review will have been!). The obvious consequence to this slow pace is that the country-level clusters are moving ahead regardless. The Somalia cluster, for example, developed an inter-agency rapid assessment tool, and only in the latter stages did they learn that there was a similar product coming out of New York in late 2007.

The delays are partly the result of serious funding gaps, especially in terms of late contributions to the 2006 appeal - with a knock-on effect for 2007. Of the $3.1 million from the 2006/07 appeal, $1.4 million has been spent (approximately two thirds of this going to NGO partners), approximately $750,000 has been carried over and the rest is being allocated to proposals at the time of writing. In addition, the 2007/08 appeal of April requested $4.1 million; as of August 2007, only $524,000 or 13% has been committed.

In order to ensure some progress in 2006, UNICEF funds were used to finance some of the workplan e.g. the rapid assessment tool and staff time.

Also, as discussed in section 5.1, the work burden experienced by some global cluster members is a serious concern since it may lead to their reducing their time commitments to cluster business (including project oversight). Progress has also been slowed down by inter-cluster discussions, although this is likely to improve the outcome in the long-run. For example, the rapid assessment tool

[17] The Infant Feeding in Emergencies guidance has been produced and circulated to cluster members but had not been formally accepted/endorsed by the cluster at the time of writing.

has recently been agreed as a joint cluster resource and thus requires the active contribution of the WASH, Health and possibly Shelter clusters.

The Toolkit was identified from the outset of the Nutrition Cluster as a key resource to support country clusters, by offering standard guidelines for implementation of the Nutrition Cluster Approach. Originally planned for completion in December 2006, no draft has yet been produced. The delay is partly the result of the funding gaps in which delayed the signing of agreements until January 2007; a consultant was hired in May 2007. A Self Assessment Cluster Checklist was developed in April 2006 and circulated to a limited number of emergency countries. "*The checklist is a tool to assist countries map progress and identify gaps against cluster accountabilities*". This was intended as gap-filler until the Toolkit was ready, but it is not clear whether and how it has been used to date.

The Health and Nutrition Tracking Service (HNTS), currently co-chaired by the coordinators of the Health and Nutrition Clusters and with representatives of NGOs, UN and donor agencies, has been in development since September 2005. The first steering committee meeting took place in April 2007. A recently recruited interim project manager will head a Technical Secretariat with an Expert Panel (made up of relevant NGOs/Red Cross, academics, etc.) acting as a reference point. Plans for piloting this new initiative have yet to be agreed and the HNTS has to develop a workplan. This is an important new venture, and features for example in the IASC Workplan for 2007. It is timely, therefore, to now inform the country clusters (and global cluster members) of progress to date, and to link it in more closely to the Cluster's communications.

Support from the global cluster is especially critical in the early stages of establishing country clusters. In Pakistan after the earthquake, for example, one of the lessons learned was that the response would have benefited from engagement by the global clusters to ensure that the field clusters were initiated by, and limited to, filling identified gaps. In Java, early support to the country clusters would have been strengthened if stand-by arrangements with NGOs had been put in place in advance of the crisis. The global nutrition cluster demonstrated its value in the case of the response to Lebanon which highlighted the gap in existing guidance on infant feeding in emergencies. The global cluster proactively sought technical experts (ENN) and asked them to address the gap (by revising guidelines, translating them and undertaking regional training). Other ideas as to how the global cluster could further support country clusters were put forward by interviewees:

- Establishing a help-desk (limited to, say, the first 5 weeks of a response);
- Sharing the load of linking up with countries (e.g. by forming pairs of global cluster members to act as focal points for each country cluster);
- Speeding up the process of finalising existing initiatives.

Advocacy

The responsibilities of the global cluster lead include *"advocacy and resource mobilization"* (IASC, 2006a).

Cluster leads at the country level are expected to:

- *"Identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of the HC and other actors;*
- *Advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging sectoral group participants to mobilize resources for their activities through their usual channels"* (IASC, 2006a).

"*Where the efforts of the sector lead, the Humanitarian Country Team as a whole, and the Humanitarian Coordinator as the leader of that team are unsuccessful in gaining access to a particular location, or where security constraints limit the activities of humanitarian actors, the provider of last resort will still be expected to continue advocacy efforts and to explain the constraints to stakeholders"* (IASC, 2006a).

Several country-level interviewees stressed the importance of the cluster as an independent advocacy forum – including the government of Uganda where technical personnel appreciated the cluster's access to political fora. In DRC, the Cluster's added value was particularly felt with respect to its contribution to joint advocacy. For example, the cluster makes recommendations to the Inter-Agency Permanent Committee (at Provincial level) on which projects should be funded out of CERF (the

Central Emergency Response Fund). Where funding has been limited, and trade-offs had to be made, the Nutrition Cluster successfully advocated for a reversal of decisions in favour of areas with high levels of malnutrition.

In Somalia, too, there has been positive joint advocacy for funding to meet priority needs.

Provider of Last Resort
"*Cluster leads are responsible for acting as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs. They should be supported by the HC and the ERC in their resource mobilization efforts in this regard*."[18]

The obligation on lead agencies to be the provider of last resort in nutrition in emergencies is often cited as a continuing problem in the roll out of the Cluster Approach. However, the findings of this review are more ambiguous. Some country clusters basically got on with other priority actions and didn't get distracted by this – such as Uganda; others felt the burden to be heavy and poorly-defined, leading to concern and unease about how to proceed – such as Java. UNICEF Somalia has interpreted this obligation in terms of advocacy (for additional agencies/funding); of developing new partnerships with NNGOs (which is important in achieving coverage in insecure areas); and of building a long-term strategy to build capacity within aid agencies and government. The Global Cluster, in its Checklist of Country Lead Cluster Activities offers the following explanation of the obligations to act as provider of last resort: "*This entails filling identified gaps within the scope of the cluster, even if they are outside the scope of the lead agency mandate. This does not mean [the] lead agency must implement a particular activity: however, [the] lead agency must identify someone to do so and ensure they are mobilised*" (page 4).

The case of DRC offers interesting experience of how this obligation has been managed. UNICEF has established a close working partnership with Action Against Hunger, whereby AAH provides the cluster with an operational arm to be implementer of last resort. This ensures that poorly serviced areas such as Western DRC receive support if indicated, even if they are not prioritised within the CHAP (Common Humanitarian Action Plan). Also, AAH can mount nutritional assessments in new areas (e.g. they led or supported 16 surveys in 2006). This partnership has expanded in 2007, to include provision of therapeutic care in areas where there is no other capacity.

5.4.1 Recommendations on Supporting Humanitarian Response

1. The pace of progress on the specific projects needs to be stepped up so that the global nutrition cluster has something tangible to offer new cluster countries.

2. Consider whether the DRC approach, of using an NGO to support the imperative of 'provide of last resort' might be appropriate to replicate elsewhere.

5.5 Accountability

"*The 'Cluster Lead' for any given sector is an agency, not a person. For that reason, at the country level it is the Country Director/Representative of the agency designated as 'Cluster Lead' who is ultimately responsible to the Humanitarian Coordinator for carrying out cluster leadership activities.*

The cluster approach does not require that cluster participants be held accountable to cluster leads. Likewise, it does not demand accountability of non-UN actors to UN agencies.

Individual humanitarian organizations can only be held accountable to cluster leads in cases where they have made specific commitments to this effect."[19]

Over a third of the global cluster members are NGOs/Red Cross and it is this same constituency that is most sceptical and hostile to the Cluster Approach generally. Specifically, NGOs and the Red Cross movement have objected to the perceived expectation that they, as cluster members, would become

[18] IASC Operational Guidance: Accountability of Humanitarian Coordinators & Cluster Leads, 2007
[19] IASC Operational Guidance: Accountability of Humanitarian Coordinators & Cluster Leads, 2007.

accountable to Humanitarian Coordinators (although guidance recently issued by the IASC, quoted above, would seem to negate this fear).

In Java, NGOs suggested that a more unifying accountability framework would be beneficiary-focused,[20] which would promote improvements in the effectiveness and efficiency of the humanitarian response. Indeed, a stated aim of Cluster Approach is to strengthen accountability to beneficiaries through commitments to participatory and community-based approaches. The present review did not explicitly seek information about this, and no evidence of this happening was found. In any case, the cross-cutting theme of human rights could bolster the accountability of the nutrition cluster, as with all clusters, by bringing attention to aid recipients as humans with rights, with dignity, and with skills, knowledge and understanding that should be used in any humanitarian effort. A shift towards such beneficiary accountability, away from institutional hierarchy (and the HCs) is probably a more attractive proposition to non-UN members of the Nutrition Cluster. It has merit, though, and deserves some serious reflection (Regional Offices could usefully support such a discussion).

The Lebanon experience highlighted that the Cluster Coordinator was accountable to the UNICEF Country Representative, which is correct. UNICEF is the Cluster Lead for nutrition, and therefore is accountable to the Humanitarian Coordinator for progress in the sector. However, the concern is that the sectoral objectivity may be lost if institutional posturing is permitted to colour the cluster's efforts. This is currently dependent on the UNICEF Country Representative. There needs to be a more formal accountability line between the country clusters and the global forum to mitigate against this.

Accountability between the country and global levels of the nutrition cluster is non-existent. Like most of the joint evaluations of the Cluster Approach, the Lebanon experience points to the need for a clear line of communication and accountability between the global and country-level nutrition clusters. The Global Cluster's relevance hinges absolutely on its relationship with, and contribution to the work of the clusters at country level, but this is not contingent on an explicit accountability. This does not mean instituting new line-management responsibilities between the global and country-level nutrition clusters, and nor does it mean circumventing the Regional Offices. But what is required is an explicit accountability between the country and global levels with regard to quality-control and strategic direction – as a peer support mechanism rather than a line-management responsibility.

Concern was expressed by a few members of the global cluster that the cluster was becoming less transparent and that decisions, such as whether to fund projects, did not always reflect the opinions of the group. For example, there was unease about a proposal submitted by Tufts University, to examine thresholds of malnutrition that could be linked to nutritional responses. Cluster members feared that they lack the technical capacity to oversee the project well and also questioned whether it is an appropriate use of the cluster's resources. However, these fears have been allayed since the June 2007 Nutrition Cluster meeting. The Clusters now has a mechanism for review of proposals and the one from Tufts is included within it.

At the country level, accountability remains opaque and perceptions differed across countries. In Somalia, for example, the nutrition cluster sends regular reports directly to OCHA, yet it is the UNICEF Country Representative that acts as its main advocate at the monthly IASC/donor meetings (whilst also advocating on behalf of the other two UNICEF-led clusters: WASH and Education). In Pakistan 2006, the picture was confused, especially with regard to the decision-making authority within clusters (when most cluster coordinators were not heads of agencies). IASC guidance issued since then (quoted above) clarifies that the lead agencies are accountable to the HC (e.g. UNICEF as the lead for the Nutrition Cluster is accountable to the HC through the Country Representative). No such accountability is assumed for non-UN agency members of the cluster.

Since its beginnings the Cluster Approach risks being, or being seen as, UN-centric. There may well be some justification to this due to the flow of resources to the lead agencies and with respect to the mixed affiliation of those cluster coordinators not in dedicated posts – are they 'cluster' or 'UNICEF'? Questions are therefore legitimately raised about the motivations and priorities of the incumbents (see discussion below concerning funding), which further confuses the perceived accountability of cluster coordinators. Some interviewees recognised that in order to fully realise the cluster vision (of a

[20] The INGO members of the WASH Cluster in Java went so far as to sign MoUs with beneficiaries, which could have been used as a complaint mechanism.

network of partnerships operating in pursuit of common objectives and priorities), cluster coordinators need first to make a 'mental shift' from agency affiliation towards commitment to the sector as a whole. Complicating this, though, are the legal and financial responsibilities that the lead agencies accept when donors fund global cluster activities. Clearly, a balance is needed to ensure sound technical and financial management and partnership. This is an area worth discussing during the briefings of cluster coordinators.

Funding
Both at the country and global levels, nutrition clusters have acted as a quality-control mechanism for proposals submitted by cluster members to pooled funding sources (and individual donors occasionally). This is regarded as a positive contribution towards sector-wide planning, in that there is a requirement for proposals to converge with the priorities determined by the cluster, and to avoid duplication.

Broadly, the Cluster Approach seems to have facilitated access to funding, and specific improvement can be seen in the financing of NNGO work (as seen in Somalia for example). Some countries developed sectoral proposals for submission to pooled funding sources. For example, in Mozambique, the Nutrition Cluster experienced strong collaboration in preparing a proposal for the CERF. This team effort helped galvanise the group, and got it focused on the specifics of the emergency.

However, not all countries have experienced increased funding through the cluster mechanism. For example, in DRC, donors prefer to fund through the CERF and the national pooled fund rather than the cluster proposals. But this does not adequately support the work of the cluster – only the Kinshasa-based coordinator is funded; none of the provincial-level coordinators necessary to oversee the operational work. In Mozambique, no CERF allocation was made to the nutrition sector, with the argument that UNICEF should raise its own funds.

Within-cluster allocation of funding, at the global level, has been more opaque, especially with respect to experiences in 2006. Six agreements were signed at the end of the year, with only occasional prior reference to an *ad hoc* sub-group of cluster members for comments. Consequently, interviews with cluster members revealed that only a minority were aware of which proposals had been approved and which not. Interviewees shared that they felt marginal to key decisions, and feared that the shared ownership of the global cluster's projects and work was becoming eroded. Since then, however, practices have become more streamlined and transparent, and a process has been agreed by cluster members, which is being followed. So, in July, all 10 new proposals submitted in 2007 were shared with the working group and are being reviewed at the time of writing.

Donor participation varied across the country nutrition clusters. In Somalia, for example, USAID is a member while in Pakistan, no donors participated. A recurring theme, though, and not one tied to the Cluster Approach, was the frustration felt with the short-term nature of emergency funding. Feeding centres supported with 3-6 month funding tranches were commonplace. Such short-termism undermines cluster ambitions, such as building capacity, and runs counter to supporting sustained recovery.

5.5.1 Recommendations on Accountability

1. Measures to strengthen the nutrition cluster's accountability towards beneficiaries should be explored and implemented. Regional Offices could offer important support to such a transition, and existing tools, such as UNICEF's Human Rights-based Approach to Programming should be disseminated to cluster members and used.

2. The Country Nutrition Cluster's accountability to the HC is through the UNICEF country representative, since UNICEF is the Cluster Lead. This opens the risk that the sectoral objectivity of the cluster may be lost if institutional posturing occurs. There needs to be a more formal accountability line between the country clusters and the global forum to mitigate against this.

5.6 Emergency Preparedness

"*Global cluster leads are accountable to the Emergency Relief Coordinator for: ensuring system-wide preparedness and technical capacity to respond to emergencies*" and for providing operational support, including "*emergency preparedness and long-term planning*".[21]

Similarly, cluster leads at country level are required to "*ensure adequate contingency planning and preparedness for new emergencies*" (IASC, 2006a).

This is the weakest aspect of the Nutrition Cluster's progress to date – at all levels. Very little evidence was found of concerted attention to this anywhere. Madagascar and Liberia have specifically included preparedness in their cluster plans: but it is too early to see practical progress in Madagascar and Liberia's plans have been hampered by serious funding shortfalls for nutrition cluster work. In Somalia, the monthly meetings include agency updates and feedback on any assessments. In the June meeting, for example, early warning information was provide by ACF on an area in South/Central Somalia (regarding food insecurity, poor harvest, lack of supplementary feeding) but the cluster failed to then take this up and plan collectively for the likelihood of increasing acute malnutrition there.

Mozambique offers an important example of good government-coordinated emergency preparedness which facilitated the humanitarian response (albeit to a minor nutritional crisis). There had recently been training on the management of severe malnutrition and pre-positioning of supplies in emergency-prone districts; there had been a recent survey in the affected areas which provided a baseline; and tents that had been purchased for outreach activities were used for hospital activities in the emergency. The result was a timely, appropriate and effective response in nutrition, which is precisely what the Cluster Approach is intended to achieve. It will not achieve this consistently unless preparedness is prioritised within the clusters at all levels.

One of the core purposes of emergency preparedness is to increase the likelihood of having expertise and technical resources in place in the event of an emergency. And research across the humanitarian sector has shown the cost effectiveness of investing in preparedness and mitigation. There is therefore an inextricable connection between emergency preparedness and effective capacity-building – the two strategies need to go hand in hand. There is already progress underway, at global level, to address the capacity gaps in emergency nutrition; the same drive is required to address preparedness shortcomings for the sector, and to ensure that the two are joined up.

With the IASC roll-out plan for the cluster approach now in place (for chronic emergencies with existing Humanitarian Coordinators), it is possible and necessary to prioritise preparedness investments for those new countries. Preparedness must begin with an analysis of national (government and civil society) capacity to respond to crises, and to then use that as a basis for developing a preparedness plan with accompanying activities. These might include supporting government in developing national Disaster Plans (for nutritional response); building national capacity in key emergency nutrition responses; putting in place mitigation measures, such a national legislation on the marketing of breastmilk substitutes; stockpiling at country or regional levels any essential goods that might be in short supply in an emergency; and establishing pre-crisis dialogue with other key sectors – water & sanitation; health; food aid; food security. The details will vary depending on the context, existing capacity, nature of crisis and priority needs. What is important is to ensure that the implementation of the cluster approach in nutrition is founded on a strong analysis and series of actions at the preparedness stage.

5.6.1 Recommendations on Emergency Preparedness

1. Emergency preparedness needs to be prioritised at all levels of the nutrition cluster. Preparedness plans need to be developed, and investments made to fill priority gaps.

2. The emergency preparedness strategy needs to be dovetailed with the capacity-building strategy.

[21] IASC Operational Guidance: Relationship between clusters at country and global levels, 2007.

6. DISCUSSION AND LESSON-LEARNING

Further details of some country experiences not included in the report are presented in Annex 5.

6.1 Vision and Strategy

Most of the country-clusters have a strong sense of purpose (with one or two exceptions[22]). This is largely to do with clusters successfully identifying a shared understanding of operational gaps and reaching consensus on priorities that the cluster should concentrate on. In Madagascar, for example, this will probably be emergency preparedness; in Somalia, it is about achieving coverage of emergency nutrition programmes in insecure areas; in the DRC it is to do with maintaining a responsive capability for undertaking assessments and services, and not remaining static under the CHAP.

Importantly, however, there is no such sense of purpose and shared vision at the global level. This is probably not because it would be difficult to achieve this across the diversity of members, but more likely because the discussion has simply not been had (or not been had conclusively). The Global Nutrition Cluster has worked extremely hard to respond to the challenges of the Humanitarian Reform agenda, mostly in the context of inadequate guidance and serious funding constraints, and always with insufficient human resources. It is therefore understandable that building a vision has not been a priority. Some interviewees felt that the approach taken to date – of an open call for proposals - has possibly further diffused the focus of the group. Many respondents felt that this lack of cohesive intent has hampered progress to date, and limited the sense of relevance and usefulness felt by cluster members. It is not too late, and indeed is necessary, that the Global Nutrition Cluster develops an agreed strategy for the remaining 18 months of its work, that is realistic given current and likely future resources that will be available to it.

A linked discussion that also needs to occur is to do with monitoring. At present, there is no agreement, or mechanism, for monitoring cluster progress at the global level.

6.2 Phasing of Work

In some ways, the global cluster could be seen as playing catch-up with the countries. The pace of roll out of the Cluster Approach is such that the logical linkages of work at the different levels have been obscured. It could be argued, for example, that all the global clusters should have been given a lead time within which to develop/consolidate the standards and guidelines required of them, so that by the time countries started to implement the Cluster Approach, the global groupings would have had something to offer. As it stands, many of the key outputs for the global nutrition cluster will start to emerge only towards the end of 2007 – i.e. two thirds of the way through the implementation of the Cluster Approach. The Global Cluster's work, with respect to systems and processes will continue for years.

6.3 Inter-Agency Collaboration

Most countries have positive experiences of strengthened and productive inter-agency collaboration, but what really makes a difference? This review points to several factors that should be borne in mind at the outset of rolling out the cluster approach in a new setting:

- Filling an identified gap and thus offering something worthwhile to participating agencies;
- Agreeing and maintaining a clear focus and role;
- Information exchange is useful but not enough. Strong clusters are those with shared operational elements: assessments, advocacy, tools or training;
- Creating a *modus operandi* whereby no single agency is felt to be pushing an agenda;
- The cluster coordinator is trusted and respected by cluster members and seen to be a resource for the sector not any one agency.

[22] Such as Liberia and Uganda.

6.4 Role of Regions

The role of regional offices and the regional emergency and/or nutrition advisers is ambiguous with regard to the Cluster Approach generally. Yet, in the Nutrition Cluster, regional advisers have been important lynch-pins in the progress to date. For example, UNICEF's regional offices in Bangkok and Nairobi have served important functions in support of country clusters. The Regional Emergency Adviser for South East Asia has engaged in discussions with Nepal and Sri Lanka, in considering the need for implementation of the Cluster Approach there. The regional Nutrition Adviser in East and Southern Africa has offered strategic and technical support to several country cluster coordinators (Somalia, Uganda, Madagascar, Ethiopia) as well as possible new ones (Sudan, Eritrea and Zimbabwe). Regional Offices are regarded as the first point of contact for country offices requiring technical support – this needs to be mirrored and reinforced with respect to support to country cluster coordinators.

Linked to this is the issue of the New York ↔ Geneva links. The review did not explore this matter in depth (and indeed failed to secure an interview with the Humanitarian Reform Support Office in OCHA). Nevertheless, it is worth raising it here since it is pertinent to some aspects of existing weakness: links between New York and the field (the UNICEF Geneva office houses part of UNICEF's Programme's department); and omission of emergency preparedness from current cluster work (the Geneva office houses the preparedness and early warning function of UNICEF's Emergency Operations department). Experience from the WASH cluster, which is highly regarded as a successful model of the Cluster Approach, points to the value of having cluster focal points at both New York and Geneva levels. This has helped develop wide and inclusive consultation systems and consensus-building.

6.5 Sustainability

The ultimate challenge facing the nutrition cluster is sustainability. In order for there to remain in place a system for the cluster approach to work in nutrition even when cluster funding ceases at the end of 2008, then it needs to be institutionalised within UNICEF. However, the process of institutionalising new initiatives within a large and complex bureaucracy such as UNICEF is anything but straightforward. There are critical ambiguities with respect to the relationship between the global clusters and UNICEF's technical and/or emergency work – felt within both WASH and nutrition. It is not clear who should be driving the process of institutionalisation within UNICEF, but it certainly cannot be expected that the global cluster coordinators do so. There are structural changes underway within UNICEF which offer opportunities to support the institutionalisation of the Cluster Approach. And some progress has been made - for example in establishing a 'pass-through' mechanism to speed transmission of cluster funding from global appeals; and in proposing global cluster coordinators as permanent positions within the new Office Management Plan for UNICEF for 2008/9. But, in order to fully embed the Cluster Approach within UNICEF, there first needs to be a discussion and shared understanding of what this would mean. To this end, it is recommended that UNICEF's Office of Emergency Programmes (EMOPS) convenes a series of meetings with the 5 Global Cluster Coordinators (or focal points for those being jointly coordinated) and relevant heads of the technical areas represented by the clusters (nutrition, education, WASH, protection and emergency telecommunications) in order to reach a shared understanding of current challenges faced in institutionalising the Cluster Approach and to develop a coherent strategy that can be implemented over the next 18 months.

6.6 The Cluster Approach: Who Presses the On/Off Switch?

To date, there has been no consistent mechanism for establishing the Cluster Approach at country level: Some have been driven by the Emergency Relief Coordinator (e.g. Ethiopia and Madagascar); some by the IASC (the four pilot countries); some countries have exerted influence through the UN Country Teams (e.g. Nepal and Sri Lanka). Although the planned roll-out through 2007, with priority chronic crises where Humanitarian Coordinators are present, should help make the process more strategic, the IASC could usefully develop criteria for when the Cluster Approach should be initiated. For example, Somalia has suffered high levels of malnutrition for a long time, such that levels of global acute malnutrition have hovered between 15-20% since the early 1990s. So, in such a context, when is the cluster mechanism most relevant and appropriate?

Similarly, turning the Cluster Approach switch off raises important questions. Many country experiences call for a clear exit or transition strategy for the Cluster Approach (see, for example, ActionAid's report on the Pakistan response), but what would this mean with regard to long-term concerns around preparedness and capacity-building? When a country cluster has been suspended, should such longer-term strategies be picked up by the UNICEF Country Office alone, or by the Global Nutrition Cluster?

7. RECOMMENDATIONS

7.1 Recommendations to the Global Nutrition Cluster

1. Expand a vision and strategy for next 18 months. This should be led by the global cluster coordinator with input from cluster members and UNICEF.

2. The pace of progress on the specific projects needs to be stepped up so that the global nutrition cluster has something tangible to offer new cluster countries.

3. Establishing a surge capacity, with global and regional inputs, needs to be prioritised and implemented. This requires expanding the existing roster for potential cluster coordinators, plus additional options that could include secondments, stand-by agreements or MoUs with other agencies.

4. Emergency preparedness needs to be prioritised at all levels of the nutrition cluster. Preparedness plans need to be developed, and investments made to fill priority gaps.

5. In developing its capacity-building strategy, the nutrition cluster needs to create strong linkages with emergency preparedness measures at global, regional and country levels.

6. The global cluster discusses and seriously considers the merit of recruiting a dedicated capacity-building coordinator.

7. Recruitment of candidates for the roster of nutrition cluster coordinators could be managed by a panel of two – the global coordinator plus one other member of the global cluster. Longer-term, this panel could rotate amongst members to ease the burden.

8. Consider forming pairs of members willing to act as focal points for specific countries on behalf of the rest of the Cluster.

9. Establish a clear and agreed communications strategy in cases where new country clusters have been initiated – to establish links between the country concerned and the global cluster, and also to brief other country clusters.

10. Two-way communication between New York and the countries is essential and needs to be strengthened. Strategies might include regular (e.g. quarterly) teleconferences with all country cluster coordinators, and a regular (brief) briefing paper produced by the global cluster.

11. Measures to strengthen the nutrition cluster's accountability towards beneficiaries should be explored and implemented. Regional Offices could offer important support to such a transition. Existing tools, such as UNICEF's Human Rights-based Approach to Programming might also reinforce this effort.

12. The Nutrition Cluster's accountability to the HC is through the UNICEF Country Representative, since UNICEF is the Cluster Lead. This opens the risk that the sectoral objectivity of the cluster may be lost if institutional posturing occurs. There therefore needs to be a more formal accountability line between the country clusters and the global forum to mitigate against this.

13. All Country Cluster Coordinators should receive a briefing from the global coordinator. If this cannot be done prior to arrival in the country, then it should be conducted by telephone within 2 weeks of them taking up their post.

14. Cluster meetings would be improved by ensuring that objectives are clearly set, action points are summarised and that there is a designated note-taker to help write up the proceedings. It may even be appropriate to consider that the global meetings are chaired by a cluster member rather than the coordinator, in order to free up the coordinator to engage in the content of discussions.

15. The process for reviewing proposals adopted by the Global Cluster is excellent. Each project funded by the global cluster should have a clear roll-out strategy agreed within the project's scope.

At a minimum, the products should be explained and their use explored at the regular teleconferences recommend above.

16. Ensure a strategic choice of nutrition cluster coordinators to participate in OCHA-led training.

17. For NGO/Red Cross members of the global cluster, stronger communications need to be established with their offices in cluster countries in order to promote greater coherence within agencies as to their involvement with the Nutrition Cluster.

7.2 Recommendations to Country Nutrition Clusters

1. All country-level nutrition cluster coordinators should be dedicated positions, hosted within the UNICEF country office (or the designated country-level lead). Cluster coordinators should not be also responsible for the lead agency's own nutrition programmes. Dedicated posts would help reinforce the fact that clusters are concerned with sectors not agency agendas, as well as making individual workloads more manageable.

2. Consider recruiting a cluster training coordinator. Financing options might include emergency appeals or joint-agency funding.

3. Emergency preparedness needs to be prioritised at all levels of the nutrition cluster. Preparedness plans need to be developed, and investments made to fill priority gaps.

4. Nutrition clusters need to adopt an analytical approach to information management so as to strengthen the use of nutritional information in decision-making.

5. Any training (timing, location and content) needs to be planned in close cooperation with local authorities and the target trainees.

6. A capacity-building strategy needs to be considered and planned in the context of active emergency preparedness investments.

7. Measures to strengthen the nutrition cluster's accountability towards beneficiaries should be explored and implemented. Regional Offices could offer important support to such a transition, and existing tools, such as UNICEF's Human Rights-based Approach to Programming might also reinforce this effort. .

8. Cluster meetings should take place as close to the area where humanitarian needs have arisen, which may require decentralised fora in addition to those in the capital city.

9. The language barrier can be an important impediment to the membership and workings of country clusters – especially with regard to NNGOs and government personnel. Mechanisms to translate meetings and key documents need to be included in cluster budgets.

10. Promote the practice of joint-cluster assessments (the comprehensive assessment tool being developed will be an important resource for this).

11. Clusters that established linkages with national authorities broadly experienced more constructive and effective coordination efforts. This should be emphasised in the future roll-out of the Nutrition Cluster in new countries.

12. Establish a mechanism to facilitate country-to-country communication (and sharing of tools and ideas).

13. Consider whether the DRC approach, of using an NGO to support the imperative of 'provider of last resort' might be appropriate to replicate elsewhere.

14. Consider replicating the Somalia Cluster's new initiative: establishing an 'ideas box' where requests for technical briefings are posted anonymously, and sessions to respond to these

requests are built in to the regular meetings. This was seen as a way of addressing the wide range of technical experience within the cluster group at Nairobi level.

7.3 Recommendations to UNICEF - the Nutrition Cluster Lead

1. Roll-out of the Nutrition Cluster should be as a distinct cluster rather than being merged with health or any other cluster. Only when there is specific merit should a joint cluster be accepted.

2. UNICEF EMOPS, together with the Program Division where the technical clusters are embedded, to convene a series of meetings with the Global Cluster Coordinators (or focal points for those being jointly coordinated) and relevant heads of the technical areas represented by the clusters (nutrition, education, WASH, protection and emergency telecommunications) in order to reach a shared understanding of current challenges faced in institutionalising the Cluster Approach and to develop a coherent strategy that can be implemented over the next 18 months.

3. Consider longer-term strategies for supporting the Cluster Approach, in the absence of dedicated funding after 2008. One notable challenge will be maintaining a sense of shared inter-agency ownership of the global clusters once the current frenzy of meetings and activities dies away.

7.4 Recommendations to the IASC on the Cluster Approach generally

1. The IASC needs to oversee the quality (content and delivery) of the OCHA-led courses for Cluster Coordinators and modify as necessary (taking on board feedback from all Cluster Lead agencies).

2. The IASC needs to reinforce the importance of emergency preparedness in the Cluster Approach, and make explicit the requirement that Lead Agencies prioritise preparedness according to the planned roll-out through 2007.

3. Develop criteria for when the Cluster Approach should be initiated/terminated at country level. This should also include guidance on the implications of suspension of the cluster approach on longer-term process of emergency preparedness and capacity building being driven by the clusters. Guidance is also required as to how cluster exit strategies link to the Early Recovery Cluster.

4. OCHA to make routine the convening of meetings of Cluster Leads (agencies) and cluster coordinators in order to strengthen inter-cluster collaboration.

5. As part of any future evaluation of the Cluster Approach, a critical comparison needs to b made of humanitarian responses with and without using the Cluster Approach.

ANNEX 1: CHECKLIST OF INTERVIEW QUESTIONS

Feedback on experience of the Nutrition Cluster workings to date
- Perceived distinctiveness and added value

Inter-agency cooperation and partnerships
- Technical coherence
- Joint planning
- Joint assessments/response?

Information flows, information management

Accountability
- Decision-making
- Prioritisation
- Finances

Sustainability
- What has/will the cluster leave behind in terms of NIE capacity building?

Perceptions and experience of the field regarding the global cluster
- Communication
- Support

Impact of country clusters on government structures and status
- Involvement/leadership of government in cluster business
- How far are government/local NGOs able to influence cluster thinking/programming?

Lessons for future field-level clusters:
- What has worked well in this country cluster?
- What not so well and why?
- Ideas to improve cluster mechanisms in the future?

ANNEX 2: INTERVIEWEES

UNICEF

Eric-Alain Ategbo		Uganda
Annalies Borrel		New York
Dominique Brunet		Madagascar
Patrick Codjia		Democratic Republic of Congo
Bruce Cogill		New York
Roberto De Bernardi		Mozambique
Henrietta Howard		Liberia
Claudia Hudsepth		New York
Josephine Ippe		Sudan
Flora Sibanda-Mulder		New York

Other UN

Fathia Abdalla	UNHCR	Senior Nutritionist, Geneva
Claudine Prudhon	SCN	NICS Coordinator, Geneva
Zita Weise Prisno	WHO	Public Health Nutritionist, Geneva
Brian Thompson	FAO	Senior Nutrition Officer & Group Leader, Rome

NGOs/RCM

Frances Mason	Save the Children UK	Nutrition Advisor, London
Erin Tansey	Micronutrient Initiative	South Africa
Mesfin Teklu	WVI	Emergency Health Specialist, Kenya
Mija-tesse Ververs	IFRC	Food Security, Nutrition & Livelihoods, Geneva
Caroline Wilkinson	ACF	Nutrition Advisor, Uvira, DRC
Hedwig Deconinck	FANTA	

Other Agencies

Caroline Abla	USAID/OFDA	Public Health Advisor, Washington
Oleg Bilukha	CDC	Medical Epidemiologist, Atlanta

Somalia (Nairobi meetings):

Nutrition Cluster

Nutrition Cluster meeting participants (brainstorming session)

Elise Becart	ACF	Medical/Nutrition Coordinator
Rosemary Heenan	GHC[23]	Director
James King'ori	Nutrition Cluster	Coordinator
Grainne Moloney	FSAU	Nutrition Project Manager
Abdinasir M. Sheikh	DIAL[24]	

Others

Christian Balslev-Olesen	UNICEF	Country Representative, Somalia
Peter Hailey	UNICEF/ESARO	Nutrition Specialist
Siddig Ibrahim	Somali Support Secretariat	Head
Philippe Lazzarini	OCHA	Head of Office
Carrie Morrison	UNICEF	Nutrition Specialist (Emergencies), Somalia
Georgianna Platt	USAID/OFDA	Regional Advisor
Noreen Prendeville	UNICEF	Chief, Nutrition Section, Kenya

[23] Gedo Health Consortium
[24] Development Initiative Access Link

ANNEX 3: LITERATURE REVIEWED

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Grunewald, F., Robins, K., Nicholson, N. and Adico, A. (2006) Somalia: Real Time Evolution [sic] of the 2006 Emergency Response, draft 2, 23 November

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IASC (undated) DRAFT IASC Operational Guidance, Relationship between Clusters at Country and Global Levels, Inter-Agency Standing Committee

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ANNEX 4: SUMMARY OF COUNTRY EXPERIENCES

Country	Lead Agency	Status of Cluster	Decentralised Meetings?	Dedicated Cluster Coordinator Position?	Focus of Work	Workplan Agreed?	Contact Person
Chad	UNICEF (with Save the Children UK support?)	Decision imminent			Inter-agency coordination		
DRC	UNICEF	Pilot country Dec 2005	Yes, 5 provinces	No	Technical support to Government; coordination; joint assessments and monitoring; advocacy	Yes	Patrick Codjia
Ethiopia	UNICEF	Announced in Apr 2007		No	Assessments; therapeutic feeding; surveillance; coordination and preparedness	Cluster matrix has been compiled by UNICEF	Isaac Manyama (until Sept 2007) Sylvia Chamois & Ikber Kabir
Iraq	UNICEF	Cluster- like approach		No			Alexander Malyavin
Java	UNICEF/WFP	Suspended	Yes	No	Combined food and nutrition cluster	Yes. Strategic plan with objectives and indicators	
Lebanon	UNICEF	Suspended	No	No	Initially combined with health, but then separated		
Liberia	UNICEF/MoHSW	Pilot Country Dec 2005	Yes, at county level	No	Emergency preparedness; capacity-building	Currently being updated	Henrietta Howard
Madagascar	UNICEF/Government	Announced in Apr 2007		No	Improve intra-UN cooperation. Minimum basic package; preparedness	? Drafted	Dominique Brunet

Mozambique	UNICEF	March to May 2007	No	No	Active case-finding of malnutrition; therapeutic feeding centres; advocacy against communal kitchens		Roberto de Bernardi
Nepal	WFP/UNICEF	Not a Cluster Country Potential in the event of major disaster or break-down in peace process.			Food and malnutrition is one thematic area in the Common Appeal for Transition Support. Also, is Emergency Health and Malnutrition Sectoral Working Group, with Terms of Reference		
Pakistan	WFP/UNICEF	2005 Earthquake	Yes	n/a	Food and nutrition combined[25]		
Sri Lanka	WFP (food); WHO (health)	Not a Cluster Country Potential for late 2007	District-level health and nutrition coordination meetings	Very limited capacity within UNICEF at present	Nutrition not one of priority sectors, even though there is need for nutrition coordination; need to strengthen links with food security (links with health already strong)	Inter-sectoral, inter-agency assessments (and common tool being piloted).	
Somalia	UNICEF (FSAU co-chairs)	Announced Jan 2006	Yes, in Puntland and South/Central Region	Yes	Improving coverage; Joint assessments; mapping activities; standard reporting formats; assessment guidelines	Yes	James King'ori (Matthew Joyaksi is recently-appointed nutrition officer for UNICEF in Somaliland)

[25] A further sub-cluster on food security, led by FAO and Save the Children, was formed under the emergency shelter cluster.

Sudan	UNICEF/WHO	Not a Cluster Country	Yes – at State and regional levels	No	Technical guidelines; reporting formats	Health and nutrition sector workplan for each region, with budget	Josphine Ippe
Uganda	WHO (Nutrition, Health and HIV/AIDS combined) UNICEF was lead until Dec 2006	Pilot country Dec 2005	Yes	N/A	Health-dominated; separate nutrition working group may be formed soon	Yes	Eric Ategbo
Zimbabwe	UNICEF	Not a Cluster Country exploring possibility		Yes, recruiting for 5-month post	Improving coordination, especially between Government and NGOs	No	To be confirmed (Nicolina Drysedale, Emergency Coordinator, lead person to date)

ANNEX 5: ADDITIONAL COUNTRY INFORMATION

Pakistan (October 2005)
This (earthquake) was the first emergency where the cluster approach was applied. The food and nutrition cluster was one of 10 clusters to be established following the earthquake in 2005. Despite many difficulties (in terms of a general lack of understanding about the cluster approach; inconsistent participation, especially by NGOs; struggles to separate cluster responsibilities from agency-specific roles and work), the real-time evaluation (IASC, 2006) concluded that the experience had contributed to improving the humanitarian response. The CA was found to have "provided a single and recognisable framework for coordination, collaboration, decision-making and practical solutions" (p.2). Key to the clusters' success was the participation of government. Indeed, the competence of the Pakistan government and its military were instrumental to the overall success of the humanitarian effort. The food and nutrition cluster was sited as one example where the CA contributed to effective priority-setting and reduction of duplication. Whether this, in turn, influenced resource allocation is unclear.

DRC (January 2006)
For security reasons, there was no cluster coordinator present in the DRC for the 6 months between September 2006 and March 2007 – this hampered but did not stall progress. The Cluster has been successful in increasing the coverage of nutritional services, especially in areas not prioritised by the CHAP but found to have high levels of malnutrition.

Uganda (January 2006)
The Nutrition Cluster is merged with Health and HIV/AIDS, and is led by WHO. Inter-agency politics have seriously constrained progress to date. UNICEF's own capacity is very weak. Progress is most evident at the level of regions (e.g. joint nutritional surveillance in Kitgum). Although the government is active, the Clusters are seen to be filling an important coordination gap.

Java (May 2006)
Within 72 hours of the earthquake, 10 clusters were established, including a food and nutrition cluster led jointly by UNICEF and WFP. In addition, a livelihoods sub-cluster was established under Early Recovery, in addition to the agriculture cluster. It has not been possible to determine the extent of synergism between these three groups in terms of situation analysis, priority-setting and programming. Several innovative approaches were developed by the clusters, including the shelter cluster's 'Strategic Advisory Group' to balance the operational details with strategic/forward thinking and analysis; and establishment by most clusters of Google-groups to ease information sharing.

Lebanon (July 2006)
The work of the nutrition cluster in Lebanon raised important concerns amongst participating agencies – both in terms of its modalities of working and its technical focus. Although the 33-day conflict, and its humanitarian consequences, were felt mainly in the south, the nutrition cluster was confined to Beirut because of UN travel restrictions.[26] Even so, the cluster did help to promote inter-agency cooperation (information exchange). However, much of the critical technical thinking came from the global forum, which helped shift the cluster's emphasis from food and malnutrition to infant feeding (safe use of breast milk substitutes and promotion of breastfeeding). The RTE on Lebanon does not refer at all to the nutrition cluster (or early genesis as the health and nutrition cluster). The health cluster stands out for having cluster meetings translated into Arabic and posting them on a 'virtual HIC' (Humanitarian Information Centre) (RTE, p32).

Mozambique (March 2007)
UNICEF led 6 clusters in response to the floods and cyclone. The Nutritional component was small ($300,000 which was funded by UNICEF). Links were established with the food security cluster, and the two prepared a joint paper and successfully advocated against a government proposal to establish communal kitchens.

Madagascar (April 2007)
The government's Office Nationale de Nutrition (ONN) is responsible for the nation's nutrition policy. This has been developed collaboratively with partners, and includes a gap analysis for the sector.

[26] Phase IV was put in place on 20th July, 8 days after the commencement of the conflict (RTE).

These are important inter-agency processes that are now being built upon in developing the cluster's Workplan. Emergency preparedness will be an important component, including the development of two national protocols (on assessment, using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology; and on the treatment of severe malnutrition (centre- and community-based care).

Sudan (potential cluster country)
The Humanitarian Coordinator recently requested formally that Sudan becomes a Cluster Country. The decision is still pending. Nevertheless, Sudan has operated a cluster-like approach for key sectors since 2004 when the Darfur crisis commenced. Nutrition sector coordination meetings take place regularly, with UNICEF as 'lead' agency.[27] Collaboratively, a nutrition work plan is developed each year, and on the basis of 'project sheets' submitted by operational agencies, a budget is compiled and submitted to OCHA for inclusion in the UN Workplan for Sudan (along with all other sectors). This process is regarded as a positive development from the previous consolidated appeals process, since NGO involvement is greater. Donors pledge to a pooled funding source – the Common Humanitarian Fund, managed by OCHA. Funding allocations from the pooled source for 2007 have been made at the regional levels, with some quality-control input from sector leads. Accountability for the nutrition component of the Health and Nutrition workplan/budget is unclear. The Government attends, and occasionally chairs meetings at State level (e.g. Darfur); OCHA has some monitoring role (non-technical); UNICEF assumes some responsibility as 'lead', but precise accountabilities have yet to be determined. Formalisation of the CA will be welcomed.

[27] In terms of workplans and budgets, nutrition and health were merged in 2006, with joint leadership with WHO. Procedurally, the two continue to work independently, with separate meetings.