



27, May 2015

Cluster Performance Monitoring

Final Report

Cluster: Nutrition
Country: South Sudan
Level: National
Completed on: 27/MAY/2015

This report provides the findings of the Cluster Performance Monitoring and allows the reporting of good practices, constraints and action points that will be identified and agreed upon by the cluster during the revision of the preliminary report.

This is a template of the final report to be filled in and shared publicly. The performance status is filled from the results of the survey. The last 2 columns need to be filled according to discussions held with partners during the meeting reviewing the results of the cluster performance



1. INTRODUCTION

The Cluster Approach

The cluster approach was established in 2005 following an independent Humanitarian Response Review, to address gaps and to increase the effectiveness of humanitarian response by building partnerships. Thus, the cluster approach has been implemented for 10 years now.

Following the experience of the Humanitarian community in responding to the two L3s, the Haiti earthquake and the Pakistan floods in 2010, the IASC Principals “agreed there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results”.¹ 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 response².

Similarly, at the country level the aim is to strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity. The cluster is about achieving more strategic responses and better prioritization of available resources by clarifying the division of labour among organizations, better defining the roles and responsibilities of humanitarian organizations within the cluster/sectors, and providing the Humanitarian Coordinator with both a first point of call and a provider of last resort in all the key sectors or areas of activity.

South Sudan Nutrition Cluster

Brief context and establishment of nutrition cluster in South Sudan:

For decades, South Sudan has been facing a complex and pressing humanitarian situations that has been prompting humanitarian responses from national and international stakeholders in various sectors. Towards the end of 2009, it was recognized by stakeholders in South Sudan (then part of Sudan) that the emergency nutrition needs were high, however, there was limited funding and attention to nutrition then integrated with health especially when accessing CHF resources. This recognition and advocacy among the actors led to creation of the Nutrition Sector in the MOH late in 2009. This decision coincided with the UN work plan for 2010 that was being prepared for the then Southern Sudan. In January, 2010 two new coordination structures were introduced in Southern Sudan: The Humanitarian Country Team (HCT) and the Inter-sector working group (ISWG).

In April 2010, the Humanitarian Country Team in Juba adopted the cluster approach to strengthen and improve humanitarian coordination mechanisms for all the sectors and to ensure that coordination structures were up to the challenge of addressing the complex and pressing humanitarian situation in Southern Sudan.

In order to provide predictable leadership, efficient, effective and timely coordination of humanitarian/emergency nutrition responses as well as accountability to affected population the Nutrition cluster was established late in 2010. The primary purpose of the Nutrition Cluster is to support and strengthen coordination of nutrition actors within the humanitarian community, and to ensure appropriate and efficient response to humanitarian crisis **by providing life-saving nutrition support to populations in need** in accordance with national and global standards.

The 2015 emergency nutrition humanitarian situation.

The SRP for nutrition at the beginning of 2015, a total of 3.1 million were estimated to be in need of nutrition assistance. However, due to capacity, security and access challenges, the nutrition cluster targeted to reach 1.9 mill (60% of the need). Following the IPC classification in April 2015, SMART surveys results and FSNMS and

¹ Recommendation 26, IASC, *Transformative Agenda: Chapeau and Compendium of Actions*, January 2012.

² Interagency Standing Committee (IASC). Nov. 2006. Guidance note on using the cluster approach to strengthen humanitarian response



concerning deterioration of food security, the January to December 2015 were revised. Based on the mid-year review conducted in May under the coordination of OCHA, the population in need of nutrition emergency services and target (60% of the need) increased to 4.1 and 2.09 million respectively. The nutrition cluster has 48 partners and observers (by end of April 2015) that collectively are implementing emergency nutrition projects in the country with particular focus in conflict affected States (Jonglei, Unity and Upper Nile) and in high acute malnutrition burden States of Warrap and Northern Bar el Ghazal (NBeG).

The coordination arrangement in South Sudan:

The establishment of the nutrition cluster and others (Health, WASH, education, protection, logistic etc.) is a requirement of the IASC of the UN and HCT in South Sudan in countries facing humanitarian emergency and assistance. At the same time the nutrition cluster is part of and supports the Nutrition Sector chaired by the Ministry of Health / Directorate of Nutrition, which leads coordination of all nutrition related activities in the country. On part of the humanitarian side, the nutrition cluster in South Sudan is led by UNICEF and co-lead by ACF since 2010 when it was established.

The South Sudan nutrition cluster activities are coordinated by the nutrition cluster coordination team (NCCT) housed within UNICEF compound. The team comprises of the Nutrition cluster coordinator (UNICEF), the Cluster co-coordinator (ACF), the Deputy cluster coordinator (WFP), the Information management officer (UNICEF) and Monitoring and evaluation officer (seconded from UNV/OCHA-CHF).

Emergency nutrition activities are coordinated through a fortnightly cluster coordination meetings held in OCHA compound as of now and ad hoc meetings. Special coordination meetings are also organized bringing partners operational in specific areas depending on the context whenever appropriate. Bi-lateral, tripartite, technical and consultative coordination meetings are held with partners on specific issues. The NCCT also participate in meetings that are initiated by specific partners or between two partners especially when nutrition cluster's guidance is needed or just for information.

A number of thematic working groups (TWG) have been formed to coordinate specific technical areas on behalf of the nutrition cluster partners. These TWG include: CMAM TWG responsible for CMAM technical issues, scale up and revision of guidelines, etc; NIWG responsible for coordinating emergency nutrition data collection (based on SMART/Rapid SMART), analysis, validation and dissemination to the cluster members through the fortnightly cluster meeting and other channels that have been approved by the cluster. The NIWG also represents the nutrition cluster in the IPC preparation/revision and other inter-cluster information related activities. IYCF TWG established in 2015 is responsible for all IYCF issues in emergency including supporting the MOH in development of IYCF national guideline.

Given the context in South Sudan, a Rapid Response Mission (RRM) task force was established in February 2015 with an objective of informing partners and the Operational Working Group (OWG) priority areas for rapid response, provide common guidelines and response modalities, information sharing on RRM and develop and promote coherent reporting system and monitoring of RRM activities. The cluster role is to link other partners in need of RRM depending on the evolving situations and prioritize delivery of supplies and RRM teams through the logistic cluster. The RRM missions are implemented by WFP and UNICEF as well as by specific NGOs with such capacity.

Once the TWGs finalizes its respective technical work or assignment, it is presented to the nutrition cluster partners for final comments or review. The final versions are then shared with all partners and those that need government approval, the nutrition cluster coordinator/NCCT consults Director of Nutrition and seek formal approval and provide feedback to partners accordingly.

The vision and strategic direction of the nutrition cluster is decided by a Strategic Advisory Group (SAG) established in 2012 with TOR. Apart from developing the strategic direction, the SAG is charged with developing fund raising strategy and overseeing the work of the cluster TWGs. The SAG is chaired by the Director of Nutrition and co-



chaired by the nutrition cluster coordinator and has representation from the Government (MOH), UN agencies, National and International NGOs and observers. Due to the changing context, the SAG has recommended the 2012 TOR be reviewed by the end of June 2015.

In terms of ensuring that supplies reach partners in timely manner especially in difficult to reach areas, the cluster prioritizes locations for air delivery through the Operational Working Group (OWG) and shared with the Logistics cluster. This applies to all partners whose supplies can only be delivered by air with exception of WFP that has its own air delivery arrangements.

Lastly, partners emergency nutrition response proposals particularly those seeking CHF funding are reviewed by the nutrition cluster peer review team (PRT) coordinated by the nutrition cluster coordination team. Proposals are reviewed and vetted against agreed criteria that are also communicated to all nutrition cluster partners.

Nutrition cluster reporting lines and information sharing:

With respect to the government (MOH) the cluster reports to the Director of Nutrition and nutrition focal point. The NCCT also provides updates to MOH on emergency nutrition situation, assessment and coverage of nutrition responses through 5Ws (who, what where, when and whom) updated on monthly basis. Updates are also provided to the MOH through specific technical working groups (CMAM, IYCF and NIWG) and through the Rapid Response Mechanism task force for which the MOH is either chairing or a member.

The NCCT also reports to UNOCHA through the inter-cluster working group coordination meetings (ICWG), Humanitarian Country Team (HCT) through weekly situation reports, fortnightly/monthly bulletins and through the monthly 5Ws update. Updates and key/technical issues from the nutrition and other clusters are consolidated by OCHA and presented to the EHCT chaired by the Humanitarian Coordinator (HC/DHC) for information and decision. Within the Cluster-lead agency, the NCC reports to UNICEF Chief of Field Operations and updates the nutrition section accordingly as the UN cluster lead on regular bases (nutrition situation updates, responses, funding, advocacy issues, challenges etc). Accordingly, the NCCT consolidates reports and updates from nutrition cluster partners and provides an overall updates of the nutrition situation at national level, response coverage assessments results etc to all nutrition cluster partners during the fortnightly cluster meetings held in OCHA. Technical updates are provided to all partners during the cluster meetings by the nutrition cluster's specific TWGs and published in the cluster quarterly bulletins.

State and sub state level coordination arrangements:

Given the 2015 emergency nutrition context in South Sudan, the nutrition cluster is planning to strengthen emergency nutrition coordination arrangements in most of the states by 2016. However, priority for 2015 has been given to five states with high burden of acute malnutrition reported to be above emergency thresholds levels of GAM>15% and classified either as critical or serious as per IPC released in April 2015.

In view of this by the of May 2015, the nutrition cluster coordination team has formerly established State and Sub state level nutrition cluster coordination arrangements in three states (Upper Nile and Jonglei and NBeG). The need for strengthening cluster coordination was also echoed by partners in the May 2015 CCPM especially in Unity State. Context specific TOR are being prepared by the NCCT.

The cluster lead or focal point at State and sub state levels coordination arrangements were chosen by partners depending on their respective capacity, commitments and consent. All the State and sub state level coordination supports the existing government health system on the ground and are supposed to be chaired by the heads of health departments in the State and sub states. The composition of the State level of coordination mechanisms is similar to that at Juba depending on the partners operational on the ground.



The National level NCCT follows up coordination issues and provides technical support through the state level focal point through e-mails, phone and skype and field supportive supervision visits at State level/sub state level when appropriate. Similarly, the State level focal points provides updates to the NCCT if there are technical issues to be addressed or need the attention of the NCCT. Depending on the issue (s) and level that need to addressed, the NCCT may call national coordination meeting for partners operational in the State to address the issue(s) raised. Note that some of the state level focal points are funded by UNICEF and others by NGOs operational in the State or sub state levels.

The Cluster Coordination Performance Monitoring

The purpose of a Cluster Coordination Performance Monitoring is to identify areas for support and improvement, to ensure that clusters are efficient and effective coordination mechanisms, which fulfill the core cluster functions, meet the needs of constituent members, and support delivery to affected people. It is also an effective way of demonstrating accountability and the added value of the cluster and to justify the cost of coordination. A Cluster Coordination Performance Monitoring provides an in-depth assessment based on the perceptions of partners and cluster coordinator about the functioning of the cluster in fulfilling its six specific core functions, which are:

1. Supporting service delivery
 2. Informing strategic decision-making of HC/HCT for humanitarian response
 3. Planning and strategy development
 4. Advocacy
 5. Monitoring and reporting
 6. Contingency planning/preparedness
- + Accountability to affected populations

2. SOUTH SUDAN CLUSTER COORDINATION PERFORMANCE MONITORING

Following reflections on the performance of the South Sudan Nutrition Cluster, an agreement was reached amongst the OCHA, cluster partners and the Cluster-lead agency, UNICEF, to conduct and CCPM for the South Sudan National Nutrition Cluster in the months of April - May 2015.

A: Methodology:

The Nutrition Cluster Coordination Performance Monitoring (CCPM) process consisted of four components:

1. In March – April 2014, the South Sudan Nutrition Cluster conducted its first Cluster Coordination Performance Monitoring exercise. The cluster partners jointly reviewed the performance of the cluster and agreed on the Plan of Action to improve it. The Action Plan was integrated into the cluster workplan and its implementation was monitored on a quarterly basis.
2. In March 2015, the cluster coordination team initiated a discussion with UN OCHA office and agreed to conduct the second Nutrition Cluster Coordination Performance Monitoring exercise to identify and address coordination gaps that might affect the performance of the Nutrition Cluster and that might not have been fulfilled following the first CCPM in 2014. Following an agreement with UN OCHA and the CLA, the cluster coordination team conducted an orientation on the CCPM exercise for all partners during the cluster meeting on 24th April 2015 in Juba. During the presentation, nutrition cluster members were sensitized on the CCPM process, the objectives, its importance and methodology, as well as the online survey questionnaire. The date for the launch of the questionnaire was



communicated, as well as the date for the CCPM results feedback and action plan meeting.

3. The CCPM online survey was sent out to 67 cluster partners and observers, comprising of local NGOs, International NGOs, UN agencies, National authorities (including the MOH) and donors, with a detailed explanatory email on 27th April 2015. Two questionnaires were submitted to the Nutrition Cluster Coordinator (one questionnaire describing the cluster and its outputs; a second questionnaire on the cluster performance). A third questionnaire on cluster performance was submitted to cluster members. The Inter-cluster information management focal point in EMOPS Geneva provided remote support for the launch and closure of the online survey, as well as regular feedback on the survey response rate. Two online survey questionnaires, whose responses were anonymous were completed on 20 May 2015 by 28 cluster partners and a cluster coordinator –an overall response rate of 42%, **(see Table 1-Response rate among partners)**.
4. From the responses that participants provided during the online survey, scores were assigned to each key cluster function. These scores were compiled into an automatically-generated report summarizing the performance for each of the core cluster function. A descriptive report of the cluster and its outputs was also automatically generated. Both reports were shared with all cluster partners and the Global Nutrition Cluster (GNC) on 21 May 2015 for review and further analysis. The median score for each sub-function was calculated, and then further classified into a performance status.
5. Both reports (results of the survey and descriptive report of the cluster and its outputs) were then presented to the cluster partners during a workshop held on 27 May 2015 in Juba, organised by the National Cluster Coordination Team with facilitation support from the GNC-Coordination Team. The workshop was officiated by the Deputy Humanitarian Coordinator (DHC). The last session of workshop (during the presentation of the action plan) was also attended by a number of heads of nutrition cluster partners’ agencies. The workshop provided cluster partners the opportunity to review and discuss the findings of the online survey. This process was guided by the criteria developed by the IASC for evaluating the performance of the cluster, where the partners jointly agreed on actions needed to improve the performance of the cluster. This was done through self-reflection and by identifying areas that are working well and those that required increased attention from the nutrition cluster coordination team, cluster lead agency, partners, and/or global clusters and others. This participatory process contributed to strengthening transparency and partnership within the cluster. The different action points proposed by the working groups were then consolidated into one cohesive action plan for the South Sudan National Nutrition Cluster, and this report was then shared with the cluster-lead agency (UNICEF) and the SAG for review and endorsement. The outcome of this consultative process, with collectively agreed actions on areas of support and area that needed improvement, by whom and by when, are presented below **(see Table 3 - Results of the cluster coordination performance monitoring and follow up actions)**

The Global Nutrition Cluster Coordination Team and the UNICEF GCCU supported facilitation of the process by managing the data from the questionnaire and compiling the responses into the preliminary report and facilitating the post-survey consultative workshop with partners. The Cluster Coordinator then prepared the final report.

Participation of partners in the Cluster Coordination Performance Evaluation:

The table below shows the number of cluster partners in South Sudan and the affiliation of the various partners. Out of 67 partners 28 responded, which gave a response rate of 42%, indicating almost half of the cluster partners participated in the on-line survey. Compared with other online surveys, this is regarded as a good response rate.

Table 1 Response rate among partners			
Partner type	Number partners responding	Total number of partners	Response rate (%)
International NGOs	20	40	50
National NGOs	3	13	23
UN organisations	5	7	71



National authority	0	1*	0
Donors	0	4	0
Others	0	2	0
Total	28	67	42

The table below shows the cluster partners' participation rate during the discussions of the CCPM report and the development of action plan. 31 people from 28 cluster partner agencies participated in the discussions and plan of action development, and the rate of partners' participation was 47%. Total number of participants, including the cluster coordination team was 36.

Partner type	Number partners participated	Total number of partners	Participation rate (%)
International NGOs	20	40	50%
National NGOs	7	13	54%
UN organizations	5	7	71%
National authority	1	1	100%
Donors	0	4	0
Others	0	2	0
Total	31	67	46%

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

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

Chart 1: Classification of performance status

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

The table below presented the key IASC core functions, the indicative characteristics of the functions and the performance status on those functions as per the online report and a note showing whether they have been endorsed in the discussions. This is followed by the record of the performance status, the actions needed to improve them, by who and the timeframe within which actions are to be taken.

**MoH response was not received due to conflicting information related to them responding to the online survey*



Table 3. Results of the South Sudan Nutrition Cluster Coordination Performance Monitoring and follow up actions.

IASC core functions	Indicative characteristics of functions	Performance status	Performance status Constraints: unexpected circumstances and/or success factors and/or good practice identified	Follow-up action, with timeline, (when status is orange or red) and/or support required
Performance status legend:	Green = Good	Yellow = Satisfactory , needs minor improvements	Orange = Unsatisfactory , needs major improvements	Red = Weak
1.Supporting service delivery				
1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	<i>Established, relevant coordination mechanism recognising national systems, subnational and co-lead aspects; stakeholders participating regularly and effectively; cluster coordinator active in inter-cluster and related meetings.</i>	Good	Agreed with the rating. The Nutrition Cluster in South Sudan has well established system at the national level. Partners felt that some improvements were needed at the sub-national level, especially in the Unity State. In addition, the attendance rate by the partners should be improved.	<ul style="list-style-type: none"> • Initiate discussion/review at the national level on how to improve the sub-national level coordination. <i>SAG, immediately.</i> • Review the ToRs for sub-national focal points in line with the results of the above. <i>NCCT to review and SAG to approve, July 2015;</i> • Regularly seek feedback from sub-national focal points before the cluster meetings and share with partners, <i>NCCT, monthly;</i> • Partners to attend and participate in cluster coordination forum and TWGs and provide feedback on cluster functions during the CCPM exercises • Regularly provide feedback and share the minutes of the national cluster meetings with sub-national focal points. <i>NCCT (IMO), after each cluster meeting;</i> • Conduct cluster coordination refresher training by end of end of December 2015
1.2 Develop mechanisms to eliminate duplication of service delivery	<i>Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.</i>	Satisfactory	Agreed with the rating. Cluster partners provide inputs to the 5W. A feedback from the cluster team on submitted data would be appreciated.	<ul style="list-style-type: none"> • Provide regular update to the cluster partners on how projects are scored/vetted based on agreed criteria. <i>NCCT, twice a year starting from August 2015.</i>



				<ul style="list-style-type: none"> • Establish a feedback mechanism to partners on reporting, mapping, gap analysis. <i>NCCT (IMO), as soon as possible, to be completed by December 2015.</i> • Update partners' capacity mapping before the next SRP. <i>NCCT (IMO), by Sep-Oct 2015</i>
2. Informing strategic decision-making of the HC/HCT for the humanitarian response				
2.1 Needs assessment and gap analysis (across other sectors and within the sector)	<i>Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.</i>	Satisfactory	<p>Agree with the rating. The needs assessment and Gap analysis conducted by the cluster is ok. The cluster needs to strengthen an inter cluster linkages beyond food security. There is a need to use different forums to share the outcome of the assessment with others sectors beyond the nutrition sector.</p> <p>Survey validation process have improved but the backlog of approval still affects the timeframe of utilization of the approved assessment.</p> <p>Utilization of the 5W is to be promoted to ensure that partners are familiar with on the ground presence.</p>	<ul style="list-style-type: none"> • Initiate discussions with other clusters to plan for more joint assessment beyond the food security cluster. <i>NIWG, ASAP.</i> • All partners to ensure they are familiar with the 5 W so that know which partners are working in which locations. <i>All partners, ASAP;</i> • Quickly review the process to avoid the backlog of surveys (e.g. review survey results prior to the NIWG) requiring validations and provide feedback to partners. <i>NIWG, ASAP;</i> • Explore other options to widely disseminate the results of the nutrition survey (link with Advocacy), <i>NIWG, NCC every quarter;</i>
2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.	<i>Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.</i>	Good	<p>Agreed with the ratings. More efforts are required to address cross-cutting issues.</p>	<ul style="list-style-type: none"> • Reach out to partners and include the analysis of cross-cutting issues and programming in the Mid-year review and SRP process, <i>NCCT, before the next CHF/SRP.</i> • Every partner to routinely include the analysis of cross-cutting issues and their impact on nutrition



				<p>programming into their projects. <i>All partners, before the next SRP and CHF process</i></p> <ul style="list-style-type: none"> • NCCT to provide feedback to partners on whether the cross-cutting issues were mainstreamed in their projects. <i>NCC after each review</i>
2.3 Prioritization, grounded in response analysis	<i>Joint analysis supporting response planning and prioritization in short and medium term</i>	Satisfactory	Agreed with the rating. Partners raised concerns about prioritization of areas with high SAM prevalence which were not included as priorities in the SRP and nutrition cluster response.	<ul style="list-style-type: none"> • To discuss the strategies to address high GAM prevalence areas based on latest IPC and FSNMS findings that fall outside of the current SRP. <i>SAG, next meeting</i>
3. Planning and strategy development				
3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities	<i>Strategic plan based on identified priorities, shows synergies with other sectors against strategic objectives, addresses cross cutting issues, incorporates exit strategy discussion and is developed jointly with partners. Plan is updated regularly and guides response.</i>	Satisfactory	Agreed with the rating. Partners raised concern about the short timeframes for the SRP development that could impact the level of consultations and inclusiveness of the process. Few partners were not clear on the SRP process. Some partners do not send appropriate level of staff to the meetings where key issues related to SRP were discussed. Partners also noted that there was no joint monitoring of the SRP implementation.	<ul style="list-style-type: none"> • Start the discussions on SRP as a cluster earlier than the national calendar of the humanitarian planning cycle. <i>All partners at the cluster meeting, to be facilitated by NCC.</i> • Frequently update cluster partners on HPC process. <i>NCCT during the cluster meeting before SRP.</i> • Consistently send technical staff with adequate capacity to contribute to the discussions at the cluster meeting. <i>All partners, every meeting.</i> • Develop state level Joint plan for the monitoring visits of the implementation of all the projects under the SRP. <i>IYCF, NIWG CMAM TWG & M&R Officer, June 2015.</i> • Review cluster indicators and ensure that they are sensitive to cross cutting issues. <i>NCCT and SAG before SRP process.</i>
3.2 Application and adherence to existing standards and guidelines	<i>Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.</i>	Good	Agreed with the ratings. Most of the guidelines have been in draft and not approved they also need to be updated with current global practices.	<ul style="list-style-type: none"> • Support the MoH in current guidelines' revision, update and validation. <i>CMAM TWG ASAP.</i>



3.3 Clarify funding requirements, prioritization, and cluster contributions to HC's overall humanitarian funding considerations	<i>Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.</i>	Satisfactory	Agreed with the ratings. Some partners raised concerns that the project selection criteria was not clear.	<ul style="list-style-type: none"> • Communicate project selection criteria approved by the cluster to all cluster partners. <i>NCCT before submission of projects.</i> • On a need basis to have a bilateral discussions with partners to clarify selection criteria, <i>NCCT.</i>
4. Advocacy				
4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action	<i>Concerns for advocacy identified with partners, including gaps, access, resource needs.</i>	Satisfactory	Agreed with the ratings. The cluster partners are aware of the context and humanitarian issues affecting nutrition. Partners acknowledged the lack of a cluster advocacy strategy and advocacy tools. Some partners felt that the due to the above and lack of commitment, the action is slow due to commitment.	<ul style="list-style-type: none"> • Develop a comprehensive advocacy strategy for the cluster and contextualise in line with the GNC advocacy strategy. <i>SAG by Dec 2015;</i> • In the immediate future, develop key advocacy messages tailored to the different the stakeholders and how to communicate them. <i>SAG by Sep 2015;</i> • Include advocacy in the TOR of SAG. <i>NCC by July 2015.</i>
4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population	<i>Common advocacy campaign agreed and delivered across partners.</i>	Weak	Agreed with the rating. The nutrition cluster has no advocacy strategy at the moment.	<ul style="list-style-type: none"> • Review the identified key messages on regular basis. <i>SAG following the release of surveys.</i> • Harmonize the key messages coming out about nutrition within all partners. <i>SAG, Aug 2015.</i> • Link key messages between emergency and development. <i>SAG</i> • Cluster-donor meeting need to be initiated and conducted. <i>NCCT through CLA, by Aug 2015</i>
5. Monitoring and reporting				
Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary	<i>Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.</i>	Satisfactory	Partners proposed to downgrade this function from "Good" to "Satisfactory". Partners noted that the timeliness of report submissions is considered in cluster feedback but not content/quality. Progress update against cluster strategy results is happening but not	<ul style="list-style-type: none"> • Create/use progress against indicator tool (showing quality/trend/impact of interventions. <i>NCCT (IMO), regularly</i> • Clarify how RRM beneficiary numbers are taken into consideration in the cluster data/beneficiary target. <i>NIWG and CMAM WG,</i> • Increase monitoring field visits' frequency and participation to all NCCT



			regularly. Monitoring of quality of project implementation in the field was raised as a concern. Partners noted that the new data collection system is in progress.	<ul style="list-style-type: none"> • Regularly provide the 5W and FTS updates. <i>NCCT (IMO)</i> • Provide clarity on the future and progress of the new data collection tool roll-out. <i>NCCT/IMO</i>
6. Contingency planning/preparedness				
Contingency planning/preparedness for recurrent disasters whenever feasible and relevant.	<i>National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.</i>	Satisfactory	Agreed with the rating. Partners acknowledged that a number of tools for contingency planning/preparedness exist and used for planning: IPC, SMART surveys, FSNMS, HRP. Partners' contingency plans are not shared with Nutrition cluster. System exists within nutrition partners to respond to crisis/gaps but might not be known by all partners.	<ul style="list-style-type: none"> • Inform partners about RRM available to support partners with increased needs regularly. <i>NCCT & RRT task force.</i> • OCHA contingency plan to be adapted to NUT and context (capacity, supplies, insecurity, floods, rainy season). <i>NCCT before SRP process</i> • Partners prepare and update contingency plan and share with cluster by July. <i>All partners</i>
7. Accountability to affected population				
	<i>Disaster-affected people conduct or actively participate in regular meetings on how to organise and implement the response; agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided</i>	Satisfactory	Agreed with the rating. More collective efforts are required by the cluster coordination team and cluster partners for active community engagement and ensuring that accountability to affected population principles are constantly featured in the partners' projects.	<ul style="list-style-type: none"> • Establish an AAP task force to develop the minimum commitment standards (End of July, 2015) Led by the cluster coordination Team. <i>NCCT/SAG</i> • The cluster coordination team to collect the existing policies on accountability from partners. (Mid - June 2015). Cluster Coordination Team takes lead with partners' active participation in sharing. <i>NCCT by end-June 2015</i> • Development of minimum AAP commitment standards with partners inputs (use GNC and IASC materials). <i>(Mid- July, 2015) by the Task Force.</i> • Documentation and sharing of best practices from partners <i>by Mid- July, 2015 by Cluster Coordination team and partners</i>



				<ul style="list-style-type: none">• Assess the capacity of the partners and develop an action plan on identified gaps (<i>End of August, 2015</i>) <i>by Task Force</i>• Develop a tool to monitor the implementation of the minimum standards (<i>End of September, 2015</i>) <i>by Task Force</i>