Global NUTRITION CLUSTER

NUTRITION IN EMERGENCY
COORDINATION CHECKLIST

The purpose of this **Nutrition in Emergency Coordination (aka NCC) checklist** is to support country-level nutrition coordination teams to adequately meet the key outputs of country-level nutrition coordination mechanisms (clusters or sectors). While the primary function of this checklist is to support the delivery of **Humanitarian Programme Cycle (HPC)[1] - related outputs**, it can also be used to support the development of cluster/sector workplans, to **ensure standardization of outputs across countries**, and can be used **for self-assessment**. The implementation of the activities in the NCC checklist support the **6+1 Core Cluster/Sector Functions[2]**. This list is not exhaustive. Depending on the country context, the cluster coordination team may also decide to implement additional activities and use additional technical and coordination tools to enhance their work and that of the collective.

This checklist should be used in conjunction with the Information Management checklist (EN, FR ES) to ensure a robust coordination mechanism is in place.

USER GUIDE
The checklist is organised around seven sections reflecting the seven HPC components. Each section contains a direct links to **guiding questions, expected outputs, best practices and resources** (key guidance, e-learning, and case studies), including links to resources in other languages. The beginning of each section contains a summary of key expected outputs and to which core cluster function these contribute.

DIRECT ACCESS (click on the title)
Coordination and Information Management
HPC 1: Need assessment and analysis.
HPC 2: Strategic Planning

HPC 3: Resource mobilisation
HPC 4: Implementation and monitoring

HPC 5: Operational Peer Review and Evaluation
Preparedness

This checklist is updated on a regular basis to reflect the latest guidance(s). The latest version of the NCC checklist is always available on the GNC website.
GNC-Learn contains full learning on Nutrition Cluster Coordination.
If you have questions about this tool or if you would like to provide feedback, please contact the GNC Coordination Team (GNC-CT).

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[1] 2023 OCHA comprehensive HPC facilitation package, updated every year.
[2] 1) Support service delivery; 2) Inform the HC/HCT's strategic decision-making; 3) Plan and develop response strategy; 4) Monitor and evaluate performance; 5) Build national capacity in preparedness and contingency planning; 6) Advocacy; +1) Accountability to affected population.

A. Coordination and Information Management

Coordination and Information Management help meet the needs of affected people by means that are reliable, effective, inclusive, and respectful for the humanitarian principles.	Contribution: ALL SIX+1 CORE CLUSTER FUNCTIONS		
Guiding question	**Output**	**Best Practice**	**Key Guidance, E-Learning, Case Studies**
0.1 Is a Nutrition Cluster (NC) or sector activated in times of crisis?	☐ NC activated as a stand-alone cluster/sector led by UNICEF as Cluster Lead Agency (CLA).	In the early stages of an emergency and based on a thorough analysis of humanitarian needs and existing coordination capacity, the country Humanitarian Coordinator (HC) and Humanitarian Coordination Team (HCT) in collaboration with country partners and, where applicable, country national authorities, make a request for cluster activation to the Inter Agency Standing Committee (IASC) Principals and to the Emergency Relief Coordinator (ERC). The ERC, in consultation with CLA headquarters and the global clusters, provide feedback on the request within 48 hours (see procedure). **IMPORTANT: Nutrition is an independent cluster led by UNICEF** as CLA and as such the NC should be automatically activated as a priority stand-alone cluster. If nutrition is merged with other clusters/sectors (e.g., health and nutrition or food security and nutrition), **advocate for and support a standalone nutrition sector or cluster.** Check the recommendations from the CLARE II study for strong advocacy arguments.	Guidance IASC Reference module for cluster coordination at country level (2015 update, multilanguage) E-learning "The Cluster Lead Agency's Role and Responsibilities within the Cluster Approach" (FR and ES)
0.2 Is the NC/sector adequately staffed?	☐ Human Resource needs for coordination have been identified, positions created and filled.	According to the UNICEF's Core Commitments for Children (CCCs) – 2020, NCs/sectors should be **adequately staffed.** Check the Cluster Decision Tree to get the recommended structure according to the level of emergency. The Nutrition Cluster Coordinator (NCC) and Information Management Officer (IMO) are to remain neutral. NCC reports to the UNICEF Country Representatives/Head of the Offices and **NOT** to the respective programme staff. The country rep may delegate these responsibilities to the Deputy Representative/Deputy Head of Office, Chief of Field Operations, Chief of Emergencies, or similar. Only consider double-hating (e.g., UNICEF nutrition programme staff assuming a coordination role) in the first 90 days of sudden-onset crises. IMOs should be a dedicated position and report to the NC / sector coordinator. Avoid double hatting the IMO as much as possible.	Guidance Recommended good practices for the minimum structure of coordination teams at country level (EN, FR and ES),

0.3 Does the hired NC/sector staff have the right skills?	☐Hired staff have the right skills	The cluster/sector coordination team should cover, at minimum, Level 1 requirements as defined in the **GNC Competency Framework**. The UNICEF Country Representatives/Head of the Offices should support the cluster/sector staff in progressing towards Level 2.	Guidance Competency Framework for Cluster Coordination (EN, FR and SP) Competency Framework for Information Management (EN, FR and SP)
0.4 Is the role of the NCC and of the IMO clear?	☐ NCC and IMOs tasks and responsibilities are clearly outlined in the ToR/JD and include outputs for their performance appraisal	Clearly outline the tasks and responsibilities of the NCC and the IMO in a Terms of **Reference (ToR) or in a Job Description (JD)** and included in the vacancy announcements (example from South Sudan). Here are links to the generic JD for cluster coordinators (P4 and P5) and IMO at national level; generic ToRs for national and sub-national coordination team members; and national IMOs (FR, ES, AR and EN). In addition, NCC and IMO's Roles and Responsibilities (R&R) summarise the major tasks that they are expected to meet throughout the HPC. These might be useful to underline R&R of the Sub-national coordinator or Cluster focal persons/double hatting. See competency requirements above (0.3)	Infographics NCC Roles and Responsibilities (EN, FR, ES and AR) IMO Roles and Responsibilities (EN, FR, ES and AR) E-learning Introduction to Roles and Responsibilities of the Cluster Coordination Team and Partners (FR and ES)
0.5 Are sub-national NCs/sectors operational?	☐Sub-national clusters/sectors are activated and operational. Sub-national NCC positions and responsibilities are established. Clear communication lines are agreed	To enhance country coordination and operational capacity, it will be necessary to activate and support sub-national NCs/sectors. Identify a dedicated sub-national cluster coordinator or focal point (see the Cluster Decision Tree) and use the available generic ToRs for subnational cluster coordinator. **The national cluster coordination team must rapidly establish clear communication lines, reporting systems and support mechanisms with the sub-national clusters.** Sub-national clusters may not mirror all the functions of the national cluster, but rather contribute to some of the national cluster processes (e.g., Humanitarian Needs Overview (HNO)/Humanitarian Response Plan (HRP) development, needs assessment prioritisation, contingency planning development, etc.). When a hybrid NC/sector coordination structure at a sub-national level (e.g., health and nutrition or food security and nutrition) is in place, work with Ministry of Health coordination bodies at provincial or regional level if they are functional with continuous advocacy efforts to establish a dedicated nutrition coordination forum.	E-learning Introduction to Roles and Responsibilities of the Cluster Coordination Team and Partners (FR and ES) Working with sub-national coordination structures (FR and ES) Promoting national and local participation, coordination and decision-making within the cluster (FR and ES)
0.6 Does the NCC/sector teams promote and maintain partners participation?	☐NC/sector partners understand their role and the benefits of being a cluster member	The **NC/sector partners are the backbone of nutrition cluster** coordination and need to be respected and their contributions valued. All international agencies, national authorities, non-governmental organisations (NGO), agencies, foundations, donor agencies, women-led and other community-based organisations can be part of the NC/sector. They can benefit from information sharing, funding, training, technical	E-learning Promoting participation in a nutrition cluster (FR and ES)

	☐NCC/sector teams deliver regular Partner Orientations	support etc., while abiding to the Humanitarian principles and to the Core humanitarian standards. Partners should apply the cluster-specific guidance's in their programs while mainstreaming protection and other crosscutting issues. Here are the roles & responsibilities of NC/sector partners and delivery of an orientation to new partners (EN and FR) or refresher orientation to old members and sub-national coordination teams, needs to be conducted.	Introduction to Roles and Responsibilities of the Cluster Coordination Team and Partners (FR and ES)
0.7 Does the NC do outreach to encourage new members to join, particularly local partners?	☐NC explores and promotes participation of local actors and civil society organisations	The NCC team strives to promote diversity, support localization (Inter-agency Toolkit on Localisation in Humanitarian Coordination) and ensure healthy debate amongst partners. For this, the NCC needs to broaden its membership amongst local actors and civil society organisations, e.g., women–led organisations, and seek new partners, particularly those not captured by the traditional humanitarian community.	E-learning Promoting participation in a nutrition cluster (FR and ES)
0.8 Does the NC/sector have clear ToRs?	☐NC/sector ToRs are available	It is critical that the NC/sector collaboratively develop a clear **Terms of Reference** outlining roles, responsibilities, and communication lines. The responsibilities of the partners must be agreed upon, including how they are represented in the decision-making process, how they participate in the humanitarian program cycle, support the cluster functions and share information. Generic Nutrition Cluster ToR (English only) is available, as well as a few country examples from Chad, Mali, Somalia and Yemen.	Characteristics of a Nutrition Cluster (FR and ES).
0.9 Were partner NGOs provided with the opportunity to participate in cluster leadership?	☐Partner NGOs contribute to the cluster leadership in various roles	NGOs can contribute to NC leadership by supporting the cluster as national deputy NCC, sub-national CC or sub-national deputy NCC; SAG chair/co-chair or member; or chair, co-chair, or a member of nutrition cluster established working group. This is outlined in the guidance note on supporting NGOs' contribution to nutrition cluster leadership at national and sub-national level. Nutrition cluster leadership & co-leadership remain between UNICEF as CLA, and government.	E-learning: Introduction to cluster leadership (FR and ES) Introduction to Roles and Responsibilities of the Cluster Coordination Team and Partners (FR and ES)
0.10 Do cluster meetings frequency reflect the needs of partners?	☐Meetings conducted with the appropriate frequency and duration	To ensure maximum participation and engagement of partners, **identify partner needs before setting the frequency of cluster/sector meetings**. In the first stages of rapid-onset emergencies, cluster meetings may happen on a weekly or bi-weekly basis. This may transition to bi-monthly or monthly meetings once the situation has stabilised.	E-Learning Promoting participation in a nutrition cluster (FR and ES) Introduction to cluster leadership (FR and ES)

0.11 Are cluster meetings and associated activities held in a location which is easy for partners to access?	☐ Meeting venue is easily accessible to all	To enhance participation, **ensure meeting venues are easily accessible f**or all partners. Consider access constraints such as local transport availability, areas of urban insecurity, access to controlled/diplomatic zones as well as physical accessibility for people with disabilities and communication accessibility e.g., for people who are deaf or hard of hearing. If possible, hold cluster meetings on government premises to **promote government leadership and engagement in the cluster/sector coordination process**.	E-Learning Promoting participation in a nutrition cluster (FR and ES) Promoting national and local participation, coordination and decision-making within the cluster (FR and ES) Developing National and Local Leadership in Nutrition Emergency Response Coordination
0.12 If necessary, is translation during cluster meetings provided?	☐ Translation provided when necessary	If the official working language is not be common to all partners, seek out means to translate discussions and key documents as much as possible into local language(s).	E-Learning Characteristics of a Nutrition Cluster (FR and ES) Promoting participation in a nutrition cluster (FR and ES)
0.13 Is the NC/sector agenda circulated in advance of the meeting?	☐ Cluster meeting agendas are circulated as needed	Circulate cluster **meeting agendas**[3] prior to the cluster meeting and post on the nutrition cluster ReliefWeb Response website, preferably under the "Events" tab to ensure maximum participation and contribution from partners. **Use the NC meeting agenda** generic template (EN, FR and ES) and adapt it for your needs. Make sure that partners can contribute to the agenda items. IMPORTANT: consider how technical discussions could be easily absorbed by partners with a less strong technical background.	E-learning: Establishing basic cluster outputs (FR and ES)
0.14 Does the NCC gather updates from sub-national clusters/sectors before national cluster meetings?	☐ Sub-national updates are collected by the NCC before meetings	**To ensure that operational challenges and field developments at the sub-national level are appropriately fed into central level decision-making, collect updates from sub-national clusters/sectors.** This can be a few quick bullets points or quick phone call to help orient debates and determine priorities. It is a good practice to invite sub-national coordinators to participate in the national meeting online, when possible.	E-Learning Working with sub-national coordination structures (FR and ES)
0.15 Are cluster/sector meeting minutes publicly available and actionable?	☐ Meeting minutes are publicly available and actionable	Share draft **meeting minutes** after each meeting[4] with partners for their comments. Final meeting minutes are a public document and should be posted to the nutrition cluster website, in addition to any meeting resources (presentations, reports). The GNC has a generic template (EN, FR and ES) that can be adapted.	E-Learning Establishing basic cluster outputs (FR and ES)

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[3] It is helpful to include agendas as separate Word documents to ensure they are easy to print out, can be posted on the website and to ensure traceability.

[4] Best practice is within one day or can sometimes be within hours during the first days of a rapid-onset emergency. If it is not possible to share the meeting minutes that quickly, agreed action points should at least be shared.

		Ensure points are actionable (who, what, when) and followed-up. Though minutes are often the responsibility of the NC/sector IMO, they need to be checked for consistency and coherence by the NCC.	
0.16 Is the NC website updated regularly and easy to access?	☐NC website accessible and regularly updated according to the needs ☐Regular updates of the country pages on GNC website	The **NC website is the core repository for cluster documents,** news, events, and contact details and is managed by the IMO. It is a window to the cluster for in-country cluster partners, global partners, stakeholders, and donors. The GNC recommends that all country websites are hosted on ReliefWeb Response[5] platform. In some contexts, it may be more appropriate to host the website on a government platform. Partners and Sub-national NC teams should be briefed about the website and consulted yearly on the features and the use of the website as well. On a **quarterly** basis, the NC IMO sends information to one of the GNC IM specialists/RRTs to update their country page on the GNC website (example Afghanistan).	E-Learning Establishing basic cluster outputs (FR and ES)
0.17 Are NC contact lists regularly updated and streamlined?	☐Contact lists are on one spreadsheet, up to date, and publicly available if appropriate	**The IMO maintains and updates the cluster contact lists**[6]: (i) cluster partners; (ii) members of SAG and Technical Working Groups (TWGs); (iii) sub-national focal points; (iv) other cluster/sector coordinators and inter-cluster focal points. A template for contact lists (EN, FR and ES) is available, but countries can develop their own formats or ways to collect contacts (example of Somalia). Depending on the context, public dissemination of contact lists (or posting on the website) may or may not be appropriate.	Guidance GNC Information Management Checklist. E-Learning Establishing basic cluster outputs (FR and ES)
0.18 Does the NC use a shared drive to facilitate collaboration and information sharing?	☐Shared drive with appropriate protections put in place	The cluster must have a shared drive to store all cluster-related documentation. It can be on a UNICEF server or on a cloud and access managed so partners have access. **Identify who is responsible for updating the share drive.** It is recommended that all NC/sector outputs follow the same style. See the GNC Brandbook and templates (French version is available).	Guidance GNC Information Management Checklist. E-learning Establishing basic cluster outputs (FR and ES)
0.19 Does the NC produce a bulletin and/or regular updates for the wider humanitarian community?	☐Bulletin available and published on the cluster website	**It is good practice for a NC to produce a bulletin**[7], with content, frequency, and contributions discussed with cluster partners, as well as aligning with partner reporting deadlines prior to publishing – so that partners can feed into the bulletin. The bulletin is the responsibility of the NCC and the co-lead, with support from the IMO. It is good practice to post quarterly analysis of the cluster/sector needs and responses. A	Guidance GNC Brandbook and templates (French version)

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[5]Since early 2023, HR.info is migrating to ReliefWeb, so existing guidelines and e-learning modules will be updated once the migration is concluded and that new website hosting arrangements are finalized.

[6] Name, organisation, position, email address, telephone number, membership of WGs

[7] Generally, not appropriate in the first stages of a rapid on-set emergency when there are other cluster priorities.

		template for bulletins and examples from Yemen and CAR are available. It is recommended that all NC/sector documents and materials follow the same style.	
0.20 Does the NC/sector require a Strategic Advisory Group (SAG) to be created?	☐SAG created and ToR drafted	To support the development of a NCs strategy, priorities and workplan, **it is highly recommended to establish a Strategic Advisory Group** (SAG) to enable decision-making on behalf of the collective and help speed up several consultative processes. An engaged and dynamic SAG can support the NCC team in its key functions. A SAG consists of key operational and technical partners, along with government representatives. Members are nominated and elected and represent the overall cluster partnership. A generic SAG ToR template (EN, FR and ES) as well as examples from Bangladesh and Yemen are available.	E-learning Establishing a nutrition cluster strategic advisory group (FR and ES)
0.21 Does the NC/sector have CMAM, IYCF-E, micronutrient supplementation and nutrition assessment intervention guidance?	☐Nutrition guidance documents available and accessible on the cluster shared drive	In each country, a few nutrition guidance documents and protocols may already exist pre-crisis and available at Ministry of Health level. If the existing technical nutrition guidance does not reflect nutrition in emergencies (NiE), **it might be necessary to develop new guidelines or update existing ones.** Reach a consensus with partners on priority guidance and who is best placed to develop them. Involve country health and nutrition authorities in the process. **The NC team must ensure free and unhampered access to all nutrition guidance and protocols** through the shared Drive (check example Afghanistan). If country and regional level NiE expertise is not available, request support from GNC and its alliance of NiE partners.	Nutrition in Emergency Checklists: Infant and Young Child Feeding in Emergencies IYCF-E checklist (EN, FR, ES) Wasting checklist (EN, ES) Micronutrient supplementation checklist (English only) E-learning Nutrition in Emergencies E-Learning Channel
0.22 Is it necessary for the NC/sector to set up Technical Working Groups (TWGs) to support the quality of nutrition programming?	☐Relevant TWGs are established	The NCC team supports the establishment or re-activation of TWGs. TWGs can ensure the NiE preparedness of cluster members, identify the need to develop or update guidelines, provide support on technical issues faced by the collective and oversight to the **quality of nutrition interventions**. A TWG needs to review and agree on a ToR, develop a six-month workplan and evaluate their achievements every six months. Generic ToRs for IYCF-E TWG (EN, FR, ES), CMAM TWG (EN, FR), and NIS TWG (EN, FR) are available.	E-learning Establishing Nutrition Cluster Technical Working Groups (FR and ES)
0.23 Does the NC/sector coordination team participate in Inter-Cluster Coordination	☐NCC contributes to the ICCG	As part of the collective humanitarian needs and response analysis, the NC/sector engages in the ICCG led by United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and participates in meetings. The ICCG Generic ToR (EN and FR) sets the terms and the limits of ICCG work and contributions of the clusters. **Share NC priorities, strategies and concerns with ICCG and strengthen opportunities of collaboration**	E-Learning: Introduction to inter-cluster coordination (FR and ES)

Group (ICCG) meetings?		**between clusters** using the Inter-Cluster/Sector Collaboration (ICSC) approach (see 0.26). The ICCG meetings can also be a good opportunity for raising joint advocacy concerns or to discuss access and operational issues that multiple clusters may be facing.	
0.24 Are NC/sector contributions and concerns appropriately reflected to the HC/HCT?	☐NC/sector contributions and concerns are brought up to HC/HCT level	**It may be necessary to escalate contributions and concerns to the HC/HCT level,** particularly if there is a concern that some issues are not being addressed. In this case seek support from the SAG and the UNICEF Country Representative as he/she is the primary focal point for the nutrition cluster at the HCT level.	
0.25 Does the NC/sector coordination team participate in other cluster meetings?	☐NCC team contributes to other cluster meetings and discussions	Participating in all the other cluster/sector meetings can be time consuming. However, **participate in the food security, health, protection, and WASH clusters meetings when agenda items are relevant.** Participation in Cash Working Groups and working groups on cross-cutting themes (e.g., GBV, disability etc.) is recommended. In practice, it is best to designate one or two partners as focal points and then provided feedback to NC/sector meetings.	
0.26 Does the NC/sector national coordination teams closely collaborate with other relevant clusters using the ICSC approach at country level?	☐ICSC collaboration is in place, if feasible	**ICSC is more than coordination between clusters/sectors. It reinforces the work of the ICCG and helps provide people-centred holistic services**. "What is inter-cluster/sector collaboration?" is a document to guide and support collaboration throughout the HPC. The NCC team is encouraged to closely collaborate with the food security, health, WASH, or other clusters/ sectors (e.g., Protection) and participate in ICSC working groups. The group discuss where and how they will collaborate, develop inter-sectoral strategies with minimum package of interventions to be implemented at the **same time**, in the same **place**, and to the same **people**. Jointly monitor and advocate for inter-sectoral programming (see 3.13 for more info). For tailored support, send a request to the ICSC Helpdesk.	Case studies: Yemen Integrated Famine Risk Reduction (IFRR) case study" (EN and FR) and the "South Sudan Case Study on the Inter-cluster Famine Response Strategy" (FR and EN)
0.27 Does the NC/sector engage with development actors including Scaling-UP Nutrition (SUN) Movement to strengthen the link between	☐NC and SUN Movement platforms have a formal engagement process and areas of collaboration/joint activities	Increasingly, as part of the Grand Bargain and the New Way of Working Framework, the GNC is recommending an integrated model of programming and capacity strengthening (CS) with government and civil society structures, to bolster the Humanitarian-Development Nexus (HDN). **Strengthening the partnership with the country** SUN Movement platform **is key to engage in the HDN processes**. A GNC webinar and a GNC policy brief guide the NC/sector team's participation in country SUN platforms. Mapping areas for collaboration and joint activities is a recommended practice: example of Cox's	Report Review of opportunities and challenges for strengthening humanitarian and development nexus for Nutrition (EN and FR) E-learning

| | | humanitarian and development nutrition programming? | | Bazar Nutrition Sector Multi-year Strategy 2023-2025 linking both governmental sectoral plan and the nutrition in emergency actions.

A dedicated ENN blog post and case studies from Kenya, Somalia, Afghanistan, Myanmar and Niger are available. | Supporting Humanitarian - Development Linkages within the Nutrition Cluster (FR and ES)
Developing National and Local Leadership in Nutrition Emergency Response Coordination (FR and ES) |

B. HPC 1: Need assessment and analysis.

During this phase, the Nutrition cluster/Sector:	Contribute to Cluster function 2 "Inform the HC/HCT's strategic decision-making" by:
⇨ Coordinates partners assessments through a cluster assessment plan and supports partners' assessment capacities. ⇨ Regularly conducts gap analysis and capacity mapping. ⇨ Approves and promotes new assessment methods. ⇨ Produces regular needs analysis.	⇨ Preparing and coordinating needs assessments. ⇨ Analysing gaps (across and within clusters, using information management tools as needed) to inform the setting of priorities including capacity mapping.

Guiding question	Output	Best Practice	Key Guidance, E-Learning, Case Studies
1.1 Does the NC/sector have contextual analysis prior to the crisis from existing secondary data?	☐Context analysis conducted	Collaboratively develop a general picture of the nutrition situation pre-crisis from existing secondary data, including existing **causal factors, regional variabilities, seasonality, and specific vulnerabilities**. While conducting the contextual analysis of the pre-emergency nutritional situation, it is critical to consider the pre-crisis situation for other sectors to get a complete holistic contextual analysis. A broad range of secondary data can be available in-country at national offices of statistics, various ministries, and with actors from nutrition and other clusters/sectors. Some countries can have a functioning national nutrition information system (NIS) (Kenya), national nutrition surveillance (DRC) or benefitting from the NIPN project. Often country specific data can be found in global data sources (list of representative and commonly recognized **nutrition-specific sources** and sources with reliable **related or contributing** to the nutrition situation analysis **data** are available in ANNEXES).	E-Learning Introduction to types and purpose of nutrition needs assessments (FR and ES) Overview of the Integrated Food Security Phase Classification (IPC) (FR and ES) An Introduction to NNIS (EN, FR and ES)
1.2 Does the NC have an agreed analysis of shocks and stressors affecting the nutrition situation?	☐Nutrition shocks and stressors analysis conducted	**Collectively analyse how the emergency, or repeated shocks and stressors, have contributed to the deterioration of the current nutrition situation.** It can include qualitative data collected from affected communities, that reflects their resilience to nutritional issues, coping strategies, and access to services, with consideration for age, gender, disability, and other aspects.	

		The UNICEF Conceptual Framework on Maternal and Child Nutrition provides a useful analytical frame. Review the analysis on a continual basis to identify trends and changes overtime.	
1.3 Are nutrition assessments coordinated and validated within the NC?	☐Annual Nutrition Assessment plan is developed and implemented	**Develop and implement an annual nutrition assessment plan** to avoid duplication of resources and to maximize information generation and sharing. The can develop an SOP (example from Yemen in English and Arabic) to guide the process for determining priority locations and populations, developing survey protocols (along with harmonized tools such as standard questionnaires, indicators e.g. GNC Indicators Registry), supporting survey implementation/logistics, ensuring quality control, collectively validating results and ensuring appropriate assessment information management and dissemination. [8] can develop a standard operating procedure (SOP) (example from Yemen in English and Arabic) to guide the process to determine priority locations and populations; develop survey protocols along with harmonized tools such as standard questionnaires, indicators e.g. GNC Indicators Registry); support survey implementation/logistics, ensure quality control, collectively validate results and ensure appropriate assessment information management and dissemination.	E-Learning The Nutrition Information Systems Technical Working Group and the IMO (FR and ES) Developing an Annual Nutrition Assessment Plan (FR and ES)
1.4 Are affected populations, and other vulnerable people, consulted in the planning and implementation of nutrition assessments?	☐Considerations and concerns of affected populations and other vulnerable people are integrated	Each assessment is an opportunity to consult affected communities on various issues, such as service delivery preferences (OTP opening hours, mass Vitamin A supplementation location points); preferred channels of communication for nutrition messaging; ability of communities to take on nutrition screening (e.g., Family MUAC) etc. In the initial stages of an emergency, consider using qualitative information from key informant interviews (local experts, community leaders, community members), community meetings, focus group discussions, etc. In latter stages of the response, consider integrating a set of questions into cross-sectional surveys[9] and ensure that these processes are inclusive of more marginalised and vulnerable groups. **It is important to consult communities in the planning of assessments to ensure adequate buy-in and avoid responder fatigue.**	Guidance Nutrition cluster operational framework on accountability to affected population (English only) E-learning Integrating the Needs of Vulnerable Groups into Nutrition Needs Assessments, (FR and ES)
1.5 Are nutrition assessment findings available to all nutrition cluster partners?	☐Assessment database spreadsheet + online assessment report repository is available	Once prior approval for public dissemination has been secured, final assessment reports are to be posted on the respective NC website (example South Sudan and CAR) or on the cluster shared drive. In some sensitive cases, assessment reports may not be shared publicly, in which case they may be shared through other channels. Key results from assessments are included in an assessment database (template). Raw data repository can be considered with respect to data protection principles.	E-learning Data Responsibility and Protection Principles for Clusters (FR and ES)

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[8] Other names of the NIS TWG might be Assessment Working group (AWG) or Assessment and Information Management Working Group (AIMWG).

[9] E.g., What are the priorities for your community? Do you feel safe in your community? Are you satisfied with the assistance received to date? Do you think aid is provided fairly to all groups in the community? Do you feel you can influence decisions about assistance? – Questions can be tailored to make them more nutrition-specific.

		The cluster IMO publishes the assessment reports online, while the assessment database is managed by the co-chairs of the NIS TWG.	
1.6 Are nutrition assessment findings fed back to affected communities?	☐Community feedback exercises completed	The NC and the NIS TWG make sure to support respective cluster partners and provide feedback to the assessed population. It is best practice to explore ways to **present the results of assessments back to affected communities in a format and language appropriate** for the context e.g., through a focus group explaining what they mean and discuss/propose what interventions are most appropriate.	Guidance [Nutrition cluster operational framework on accountability to affected population](English only) E-learning [Accountability to Affected Populations] ([FR], [ES] and [AR])
1.7 Does the NC/sector aggregate and publish nutrition assessment data from multiple sources?	☐Collated assessment data in the form of maps and trend analysis, infographics is available	Over a specific period, nutrition data can be collected through surveillance or sentinel sites, rapid response mechanisms, early warning systems, DHIS2 (District Health Information System), etc. If multiple assessments are conducted in various locations, **the NCC team should collate the results and update of the analysis of the situation.** Equally, if a national assessment takes place, such as a national SMART survey, this can be presented as a map/infographic. The generation of maps, infographics, dashboards, or other assessment products is done by OCHA and/or by the cluster IMO and uploaded on the cluster website. This can help partners and donors get regular updates of trends and the situation in priority areas.	Short E-Course: [Communicating Relevant Nutrition Cluster Data] (including FR and ES modules)
1.8 Does the NC/sector have a commonly agreed number of People in Need (PiN) and targets, based on the contextual analysis, and the assessment data?	☐Jointly validated PiN and targets is available and regularly updated	The contextual analysis and the recent assessment data will aid the NC to quantify the number of PiN of nutrition services disaggregated by **sex**, **age** (i.e., under-fives, under-twos, pregnant and lactating women (PLWs)), and **disability.** Furthermore, PiN can be disaggregated by **specific nutrition intervention** (e.g., Severe/Moderate Wasting management, Infant and Young Child Feeding in Emergencies (IYCF-E), micronutrient supplementation, nutritional support to PLWs, etc.), by location and over period of time. The NCC will coordinate the discussions and agree on the methods used to calculate PiN (or caseload), with IMO support. Be sure to validate and document the process. The preliminary decisions and calculations are made within the NIS WG and the SAG, and then shared with the wider cluster partners for validation. When direct nutrition specific data are missing, data and discussions with the other sectors, especially Food security, health, and WASH, can help to identify correct assumptions. Ensure other sectors include nutrition when targeting affected people. The [Nutrition Humanitarian Needs Analysis Calculator (EN, FR, and ES)] and [Video] are available to support the PiN calculation. **The PiN calculation, when regularly updated, is used for the HNO**.	Guidance: [Nutrition Humanitarian Needs Analysis guidance – EN, FR and ES] E-Learning: [Calculating the PiN and Nutritional Need] ([FR] and [ES]) [Using the Nutrition Humanitarian Needs Analysis Calculation Tool] ([FR] and [ES]) [DHIS2: Humanitarian Needs Analysis Application](English only)

1.9 Does the NC have a mapping of the current nutrition response capacity (operational and technical)?	☐Capacity mapping conducted	**The capacity mapping is essential for NC/sector to establish current collective capacity to respond within the available resources**. The capacity mapping can be initially done at national level using a Capacity mapping template (EN,FR,ES and AR) and detailed mapping conducted at sub-national level helps to have a more granular view of the nutrition response[10]. Capacity mapping covers both technical capacity (nutrition services) and operational capacity (supplies, financial, human resources). The "Who does what when and where?" or 4W (template is available in EN, FR, SP and AR) can help to triangulate the overview of the current response from a geographical and physical perspective. See examples from CAR and Somalia. Once the capacity mapping is done, present the results to partners and develop an action plan to improve cluster/sector capacity as part of the cluster/sector workplan.	E-Learning The Nutrition Cluster 4W (FR and ES)
1.10 Does the NC/sector have a mapping of current gaps in the nutrition response?	☐Gap analysis conducted, gaps identified, and corrective actions agreed	**Develop a common gap analysis based on the quantification of needs and the capacity of the current response.** It is best if this is coordinated by the national NCC, but all the work and consultations are done at the sub-national level. A Gap analysis tool (EN, FR, AR, ES) is available to support this exercise and help to determine priorities for implementation and scale-up (if necessary). Once the gaps are analysed and discussed with partners, identify corrective actions and include them in the cluster/sector workplan.	E-learning Nutrition Cluster Gap Analysis Tool (FR and ES)
1.11 Does the NC have a situation analysis?	☐Situation Analysis conducted, and periodically updated	The needs assessments, the gap analysis, the 4W, the capacity mapping etc. are all helpful to analyse the nutritional situation in country. The Nutrition Humanitarian Needs Analysis guidance (EN, FR and ES) provides step-by-step guidance on how to **classify the severity and estimate the magnitude of nutritional needs**. To have a consistent and methodologically sound situation analysis, conduct an IPC Acute Malnutrition analysis to the extent possible. In the countries where the OCHA-led HNO/HRP process is established, this information, together with an analysis of the underlying and immediate factors causing malnutrition[11], is then integrated into the country **HNO** through the joint intersectoral needs analysis with the help of the Joint Intersectoral Analysis Framework (JIAF) Guidance 2.0. Consider using the Nutrition Humanitarian Needs Analysis guidance in conjunction with the JIAF 2.0 Guidance (see JIAF2.0 webinar record from June 2023). **IMPORTANT:** HNO/HPR tools are updated every year and are available through the **OCHA Knowledge Management Platform**. For any support on IPC, JIAF and HNO, send a request to the GNC NIS Helpdesk.	Guidance (multiple) OCHA Knowledge Management Platform E-learning Using the Nutrition Humanitarian Needs Analysis Calculation Tool (FR and ES) Conducting an Integrated Food Security Phase Classification (IPC) Acute Malnutrition Analysis (FR and ES) Conducting a Nutrition Cluster HNO Analysis (FR and ES)

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[10] Further information on capacity mapping is available in the IMO checklist, p. 18

[11] The analysis of the underlying factors causing malnutrition can be a good opportunity to also highlight and advocate for the implementation of nutrition-sensitive interventions.

1.12 Does the NC/sector collect, share, and analyse data from other clusters and with other clusters?	☐NCC/sector collect, share, and analyse data from and with other clusters ☐NCC/Sector joint needs analysis with priority clusters	At each step of the humanitarian needs analysis (including assessment, capacity, gap analysis, and needs analysis), always consider data from other sectors and use every opportunity to collect data for other sectors. **The NCC should explore opportunities for collaboration with Food security, Health, and WASH clusters/sectors,** using the ICSC approach. These can be planning and conducting joint assessments, joint analysis of findings, and / or joint data sharing. The ICSC is a platform to prepare and jointly input to the larger JIAF and the greater HNO processes. One of the objectives of this collaboration might be a joint chapter in the HNO, or as a minimum, reflect ICSC commitments in the "sectoral analysis" chapter in the HNO. When no space is provided in the HNO, a separate document can be prepared to highlight the joint analysis of needs and response strategy. See how this was done in **Yemen** - Yemen Integrated Famine Risk Reduction (IFRR) case study" (EN and FR) and in **South Sudan** - South Sudan Case Study on the Inter-cluster Famine Response Strategy" (FR and EN).	Case studies: Yemen Integrated Famine Risk Reduction (IFRR) case study" (EN and FR) and the "South Sudan Case Study on the Inter-cluster Famine Response Strategy" (FR and EN)
1.13 Have the perspectives of affected populations been considered in the situation analysis and needs estimation?	☐Views of affected populations are included in the situation analysis	It is best practice to mainstream Accountability to Affected Populations (AAP) as much as possible in the situation analysis. **Consider checking assessment findings, capacity mapping and gap analysis with community leaders and members of vulnerable populations.** If possible, facilitate the participation of civil society groups representing different segments of affected populations in cluster meetings when the nutrition HNO will be presented. Discuss the implications that the HNO will have on the development of the nutrition response strategy and access to services and interventions with local representatives.	Guidance: Nutrition cluster operational framework on accountability to affected population (English only) E-Learning Accountability to Affected Populations (FR, ES and AR)
1.14 Does the NC HNO consider cross-cutting issues (gender, Gender-Based Violence (GBV), age, child protection, disability, and HIV/AIDS)?	☐Cross-cutting issues reflected in HNO	When determining the nutrition sector needs, it is essential to **consider if cross-cutting issues such as age, gender, disability, or chronic illnesses increase vulnerabilities** and require application of a protection lens to address nutritional needs. Check the GNC HNO Cross-cutting Tipsheet for overall guidance. A substantial number of standards and guidances are available in Annex. A webinar on Gender and GBV core concepts for Nutrition (example from DRC) and tips for Nutrition chapters on Disability inclusion in HNO and HRPs (EN) are some key practical tools and resources.	E-learning Monitoring GBV risks in nutrition programming: safety audits and safe consultations (FR and ES) GBV risk mitigation in cluster coordination (FR and ES) Nutrition of Older People in Emergencies (English only) Disability inclusion in humanitarian coordination (FR and ES)

| 1.15 Does the NC's/sector's situation analysis take into consideration risks that could worsen the nutrition situation in the coming months/year? | ☐Risk analysis conducted | In addition to the current situation analysis, it is recommended to analyse the risks that could worsen the nutrition situation in the coming months/year (e.g., blockade, epidemic, health worker strike, disruption of nutrition supply pipeline, economic crisis, and economic sanctions) and include these in the HNO analysis. Although as part of the GNC ERP Step-by-step Guide (EN and ES), guidance and tools on how to conduct nutrition risks analysis and how to monitor risks can be used as standalone. **After the development the HNO, it is helpful to regularly re-visit and update the risk analysis,** and inform partners on its evolution, either through regular cluster briefings or in the cluster bulletin. | E-Learning ERP step-by-step: Steps 1&2 Risk Analysis and scenario building (English only) |

C. HPC 2: Strategic Planning

During this phase, the Nutrition cluster/Sector:	Contributes to Cluster function 3 "Plan and develop response strategy" by:
⇨ Coordinates the cluster response planning based on the needs analysis and makes sure it aligns with the strategic objectives in the country HRP. ⇨ Sets a response plan with timelines and responsibilities. ⇨ Develops a workplan, including capacity strengthening and advocacy activities.	⇨ Identifying and finding solutions for (emerging) gaps, obstacles, duplications. ⇨ Formulating response priorities based on analysis. **Cluster Function 5 "Strengthening local capacity" and cluster function 6 "Advocacy" by:** ⇨ Identifying concerns and contributing key information to inform messaging and action at various levels, including HC/HCT, national nutrition platforms, government, and donors.

Guiding question	Output	Best Practice	Key Guidance, E-Learning, Case Studies
2.1 Does the NC/sector team and partners understand and contribute to the HRP process?	☐NCC team and partners are involved and contribute to the HRP process	Following the needs and the risk analysis, the NC/sector will ensure the cluster response strategy is consistent with and contributes to the overarching HRP. **The first step is to formulate the NC/sectors objectives** and ensure they abide to the agreed Inter-sectoral level country HRP strategic and specific objectives. Involve all partners and sub-national coordination teams in the cluster strategic planning and to the overarching HRP. IMPORTANT: HNO/HRP tools are updated every year. To get the yearly updates, visit the **OCHA Knowledge Management Platform** and get the HPC Facilitation package. Every year, GNC Coordination Team organises webinars to shed more light on the changes.	E-learning The development of a Humanitarian Response Plan (HRP) (FR and ES) Developing a nutrition cluster response plan (FR and SP)
2.2 Does the NC have commonly agreed solutions for covering gaps and, if necessary, for scaling-up?	☐Response analysis/matrix is available, duplications and key gaps addressed	Once the cluster objectives are formulated, **the second step is to conduct a cluster response analysis** and commonly agree on solutions to address the gaps and duplications. The response analysis includes 2 main activities: **prioritization and targeting** (check 2.3 and 2.4 below). The NCC team will develop a response matrix (example form South Sudan) to lay-out NiE interventions (i.e., SAM, MAM management, IYCF-E activities, etc.), that will later be used for the costing of the response.	Guidance Tips on Nutrition Interventions for the Humanitarian Response Plan (EN, FR and SP) E-learning

		NOTE: UNICEF as CLA, is the **Provider of the Last Resort** and ensures that all NiE gaps are addressed. UNICEF is also **Provider of FIRST Resort for artificial feeding support** as stipulated in the UNICEF Programming Guidance for Procurement and use of breastmilk substitutes in humanitarian settings. UNICEF is accountable to the HC/HCT.	Developing a nutrition cluster response plan (FR and SP) Nutrition in Emergencies Channel (English only)
2.3 Does the NC have commonly agreed criteria for priority locations, target populations and programmatic interventions?	☐Prioritization matrix available and used for planning	**As it is unlikely that all gaps will be covered, the NCC/sector should conduct a prioritization of the response**. The NCC and partners jointly **develop a list of prioritization criteria –** priority groups, delivery strategy, access, services modality, time-criticality, location of other sectors etc. – to be validated by the SAG. Organize the prioritization matrix by admin level and PiN disaggregated by age, gender, and status (e.g., IDP, refugee etc.). They will then be classified against the priority criteria. Periodically review and adjust where needed. The Nutrition Humanitarian Needs Analysis Calculator (EN, FR, and ES) can be used for the admin level prioritization and the last tab can be used for calculation of targets by applying coverage criteria agreed amongst partners and considers the Food Security and Nutrition SPHERE Standards. The prioritization matrix can then be used to generate maps or dashboards (see example from Somalia).	E-learning Developing a nutrition cluster response plan (FR and SP)
2.4 Are the priorities and targets to respond to gaps and/or to scale-up summarised in a NC/sector response plan?	☐NC/sector Response Plan (for HRP[12]) is developed	Summarise the outcome from the response analysis (See 2.2) in a commonly agreed **NC response plan** (examples from Nigeria, and DRC), which will form the basis of the NCs contribution to the HRP. **The NC response plan can either be developed with the SAG and endorsed by all cluster partners or developed directly with all cluster partners**. The plan should contain the cluster objectives, the response analysis (geographical prioritization and targets), intervention strategies and activities. The narrative should consider: (i) how can coverage and access be increased? (ii) how can quality be increased? (iii) what standard interventions/activities should be put in place and what opportunities are there for innovation[13]? (iv) how are solutions for gaps being identified with the local population? (v) how will local capacities and institutions be strengthened through the response? vi) through which modalities should partners respond (supplies, services, cash, vouchers)? **The nutrition response plan is a key entry point for donors and other entities seeking to support the response.**	Guidance Tips on Nutrition Interventions for the Humanitarian Response Plan (EN, FR and SP) E-learning Developing a nutrition cluster response plan (FR and SP) Nutrition in Emergencies Channel (English only)
2.5 Does the NC response plan	☐ SMART indicators and targets agreed	All indicators in the HRP and cluster workplans (and subsequent Monitoring and evaluation (M&E) framework) should be SMART[14] and developed in consultation with the SAG with the	Guidance Tips on Nutrition Interventions for the

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[12] Can also include contribution to Flash Appeal in rapid onset emergencies and when applicable.

[13] Consider new nutrition programming innovations and approaches such as simplified/optimised protocols, family MUAC, iCCM + SAM, C-MAMI, new assessment methodologies, increased use of cash-based transfers

[14] SMART: specific, measurable, achievable, relevant and time-bound.

include SMART indicators?	upon within NC Response Plan and HRP	endorsement of all cluster partners. Examples of indicators, their measurement methods and sources are available on the [humanitarian indicators registry](#) (HIR) and the GNC [nutrition indicators registry.](#)	[Humanitarian Response Plan (EN, FR and SP)](#)
2.6 Have the perspectives, contributions and concerns of affected populations been considered and included in the NC response plan?	☐AAP reflected in NC Response Plan and HRP	Whenever possible, the NC should consult local actors, experts, and communities to test and validate the assumptions made in the response plan. Relevant key actors who may be able to represent the **interests of affected populations**, especially those from marginalized/ vulnerable groups, should be identified, feedback gathered and discussions at sub-national level explored. Identify key activities to enhance the nutrition response, for example, setting up feedback and complaints systems and community consultations.	Guidance [Nutrition cluster operational framework on accountability to affected population](#) (English only) E-learning [Accountability to Affected Populations](#) ([FR](#), [ES](#) and [AR](#))
2.7 Does the NC response plan include considerations relating to gender, GBV, age, child protection, disability, and HIV/AIDS?	☐Cross-cutting issues reflected in NC Response Plan and HRP	Based on the analysis of cross-cutting issues developed for the HNO (see section 1.), detail the objectives, strategies and activities that will be put in place to address identified cross-cutting issues. Include **disaggregated indicators by age, sex, and disability into the plan**. Include a specific focus/priority on a particular protection issue of relevance for that context and ensure that all partners align with the strategy in this regard. For nutrition specific guidance, check cross-cutting resources are available in [Annexes](#), a [Webinar: Gender and GBV Core Concepts for Nutrition presentation](#)and [Nutrition chapters on Disability inclusion in HNO and HRPs (EN)](#).	Guidance [Tips on Nutrition Interventions for the Humanitarian Response Plan (EN, FR and SP)](#) E-learning [Mitigating the Risk of GBV in a Nutrition Response](#) ([FR](#) and [ES](#)) [GBV risk mitigation in cluster coordination (](#)[FR](#) and [ES](#)) [Nutrition of Older People in Emergencies](#) (English only) [Disability inclusion in humanitarian coordination](#) ([FR](#) and [ES](#))
2.8 Does the NC response plan reflect the use of **all programme delivery modalities** (supplies, services,	☐Use of all programme delivery modalities reflected in NC	The response plan needs to consider and adapt to the context and explore the type of modality for service delivery, including Cash and Voucher Assistance (CVA). A brief on [How to Incorporate Cash and Voucher Assistance into a Nutrition response (EN, FR, ES, and AR)](#) is available. In many instances, CVA for household assistance translates into Multipurpose Cash Assistance –	Guidance [Evidence and Guidance Note on the Use of Cash and Voucher Assistance for Nutrition Outcomes in](#)

cash, voucher), as appropriate for the context?	response plan and HRP	households can spend the money how they choose – for which collaboration with other clusters/sectors and with the Cash Working Group must be sought.	Emergencies (EN, FR and ES), E-learning Cash and Voucher Assistance (CVA) in humanitarian coordination (FR and ES)
2.9 Has the NC/sector strategic response plan been translated into a **NC workplan**?	☐NC/sector workplan available	**Consider using the NC response plan to create a workplan** to support annual planning and guide cluster activities**.** The workplan is an extension of the response plan and contains detailed cluster activities, outputs, timeframes, and responsibilities. A Template for Nutrition cluster workplan is available, including examples from Somalia and Yemen. Although not mandatory, GNC strongly recommends the development of a workplan as it can integrate activities that are not necessarily reflected in the response plan, e.g., CS, localisation, HDN, advocacy, guidance development, additional cluster partners mobilization etc. Integrate the priorities identified by the Cluster Coordination Performance Monitoring (CCPM) evaluation in the nutrition cluster workplan (see 5.2).	E-Learning Developing a Nutrition Cluster Response Plan (FR and SP)
2.10 Does the NC/sector have a CS plan?	☐CS plan available or integrated into NC/sector response and workplan	The NC/sector needs to develop a CS plan. From the Capacity mapping (EN,FR,ES and AR) and gap analysis (see 1.10), the cluster should be able to extract and identify CS needs (*which knowledge and skills should be strengthened?*), targets (*e.g., health workers, CHVs, local authorities, etc.*) and modality (*trainings, continued coaching and on-the-job training, mentoring, etc.*). The NC/sector team can benefit from existing global resources (see GNC Capacity Strengthening Webpage) and explore resources at country level (training institutions, academia, partners training programmes, etc.). Once included in the NC workplan, monitor CS activities and sustain outcomes by working with local governments. **IMPORTANT:** UNICEF as CLA is first provider for CS and the CS needs should be incorporated into the CLA's nutrition section plans and fundraising efforts.	Guidance GNC Capacity Development Framework (EN, FR and ES) E-learning Coordinating capacity-building activities within the nutrition cluster (FR and ES) Developing a common capacity building strategy with national and local actors (FR and ES)
2.11 Does the NC/sector have an advocacy strategy and workplan? Are the perspectives of affected populations taken	☐NC/sector advocacy strategy and workplan available and considers AAP	If the NC/sector identifies advocacy as a key priority area, it is important to develop a NC/sector advocacy strategy and workplan with strategic and specific (SMART) objectives, targets and allies, key messages, opportunities, and best tactics for advocacy. The GNC 2022-2025 Advocacy Strategy identifies key priority areas to promote context-specific advocacy at national level. To support the development of your advocacy strategy, a Nutrition Cluster Advocacy Toolkit (EN and FR), advocacy workplan, budget, and example country strategies are available. You can also use the Advocacy 10 steps plan – basic tools and tips to support the	E-learning Introduction to humanitarian advocacy (FR and ES) Introduction to nutrition cluster advocacy (FR and ES)

into consideration for advocacy with respect to their dignity?		strategy development. A dedicated WG or the SAG can support the strategy development and dedicated resources may be required e.g., advocacy experts from partner organisations (not just nutrition experts), to ensure relevancy and impact of the strategy and workplan. Cost the advocacy workplan and integrate into the larger cluster workplan to align with the rest of the activities. **IMPORTANT:** The voices of affected people can be a powerful tool to support your advocacy strategy. **Consider ways to engage communities** – collecting evidence of people's needs, concerns, and priorities – to help shape and define advocacy messages, including the implementation and monitoring of advocacy efforts.	Developing a nutrition cluster advocacy strategy (FR and ES) Developing an advocacy workplan and budget (FR and ES) Mainstreaming AAP into Cluster Advocacy (FR and ES)
2.12 Does the NC/sector response plan include ICSC priorities and targets?	☐If and when they exist, ICSC targets and priorities are integrated in the NC/sector response plan	In countries where the ICSC approach is in place or where collaboration between cluster/sectors is foreseen, identify joint priority locations, targets, and a minimum package of ICSC interventions, and include an integrated workplan with agreed indicators of success (indicators that clarify the impact of one sector on the outcome of another sector, or a jointly agreed outcome). It is important to encourage local and international partners to prepare joint proposals and budgets for inter-sectoral programs. Preparing a joint HRP chapter or as a minimum, reflect ICSC in the chapter "Cluster/Sector objectives and response" can be considered.	Case studies: Yemen Integrated Famine Risk Reduction (IFRR) case study" (EN and FR) and the "South Sudan Case Study on the Inter-cluster Famine Response Strategy" (FR and EN)
2.13 Does the NC response plan include deactivation criteria and a transition (to a sector) strategy?	☐Deactivation criteria and transition strategy included in NC Response Plan	**Within the NC response plan there should be a section detailing the deactivation criteria for the cluster and plan to transition to sector coordination** (and the governance structures that accompany sector coordination, e.g., government leadership). Involve government authorities from the establishment of the cluster, to facilitate this process. See the GNC and UNICEF Programme Division Guidance "Strengthening Nutrition Humanitarian Action Phase 2: Supporting Humanitarian Cluster/Sector Coordination Transition" (2016).	Guidance IASC Reference module for cluster coordination at country level (2015 update, multilanguage)

D. HPC 3: Resource mobilisation

During this phase, the Nutrition cluster/Sector:	Contribute to Cluster function 3 "Plan and develop response strategy" by:
⇨ Contributes to the HRP resource mobilisation. ⇨ Contributes and informs fundraising ex. CBPF and flash appeals. ⇨ Oversees supplies and anticipates pipeline breaks by coordinating with suppliers (e.g., WFP, UNICEF) and inter-cluster linkages. ⇨ Produces joint capacity mapping and identifies available in-country human resources including sourcing for the Cluster capacity strengthening plan.	⇨ Clarifying funding requirements. ⇨ Agreeing Cluster contributions to the HC's overall humanitarian funding proposals **Cluster Function 6 "Advocacy" by:** ⇨ Mobilizing allies and partners and influencing key stakeholders to promote advocacy priorities. ⇨ Defining key advocacy messages based on analysis of data.

Guiding question	Output	Best Practice	Key Guidance, E-Learning, Case Studies
3.1 Based on the strategy and activities laid out in the NC response plan, what is the cost of the planned nutrition response?	☐Budget for NC response plan available and included within the HRP	Based on the objectives, priorities, targets, and interventions detailed in the NC response plan, develop a budget for the collective response, to guide resources mobilisation and financial tracking. The budgeting process consists of estimating the cost of the collective response, including mapping the existing resources. There are two ways to do the costing: either through project-based costing[15], which considers the organisations' cost OR through unit-based costing that includes standard costs for each activity, per person and per item delivered. A "hybrid" – combining project-based and unit-based costing – is possible. Consider the country context as each method has its pros and cons (see e-learning module). Some additional tips and considerations for the nutrition response costing are available in the Cost of wasting treatment webinar series and International Rescue Committee cost-efficiency studies as well as example of CMAM costing from South Sudan. **IMPORTANT:** Check OCHA Knowledge Management Platform for the **HPC Facilitation Package** yearly updates.	E-Learning Mapping Existing Nutrition Resources and Budgeting for a Collective Nutrition Response (FR and ES)
3.2 Do NC/sector partners share funding information and provide regular updates on the overall level of funding?	☐Nutrition funding is available in Financial Tracking Service and beyond	The NCC team should provide regular updates to partners on how funding for the nutrition response is evolving, to help plan resource mobilisation activities and support advocacy. To capture funding coverage and funding gaps by sector, partners can submit their funding information via OCHA's Financial Tracking Service or the NCC team may choose to develop a specific reporting tool for the cluster – the GNC Financial tracking Tool (EN, FR, ES and AR) template is available.	E-learning Tracking Cluster Resource Mobilisation (FR and ES)
3.3 Does the NCC team regularly highlight funding constraints and priorities at the ICCG and with the HC/HCT?	☐Resource mobilization concerns are highlighted at ICCG and with the HC/HCT	Tracking resource mobilisation is important (see 3.2 above on how to track) and concerns and constraints need to be communicated to ICCG and to the HC/HCT. **The NCC can seek support from the UNICEF Country Rep to bring funding concerns to the HC/HCT**. There may be instances when specific advocacy at HC/HCT level is needed, for example, when the country pooled funds does not consider the funding needs for the nutrition sector.	E-learning Sharing Nutrition Resource Mobilisation Priorities in a Humanitarian Context (FR and ES)
3.4 Does the NCC team regularly conduct information-	☐Regular briefings between the NCC team and key	Bilateral briefings between the NCC team and key nutrition donors (BHA/ECHO/FCDO/SIDA, etc.) are important to raise the profile of the nutrition response, advocate on behalf of the	E-learning Nutrition Donor Engagement within a

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[15] All nutrition cluster members submit their projects, including project budgets, through the online project system (OPS) database. The SAG or the Project Review Committee (PRC) vets projects according to an agreed timeline and criteria (i.e. check if they are in line with the Nutrition Cluster Response Plan), and all projects are subsequently submitted to the HC for final approval. The total sector budgets are calculated as the sum of the approved project budgets. The total budget, as listed in the HRP and financial tracking service (FTS), is the sum of all sector budgets. The main responsibility for costing lies with cluster partners which the responsibilities for vetting process lies with the Clusters, the SAG or the PRC.

sharing and briefings with donors?	donors are established	collective's needs and share information on how the response is evolving. It is recommended that such briefings take place at least once a quarter. Many nutrition donors support multisectoral response and services and these recommendations also apply in cases of **ICSC programming**.	Humanitarian Emergency (FR and ES) Introduction to nutrition donor strategic priorities (FR and ES)
3.5 Does the NC provide orientation on funding sources and processes and support access to funding for partners, especially local?	☐Funding opportunities regularly shared and discussed within the cluster	The NC/sector coordination team must brief partners on the various funding processes and sources available e.g., how to use the HPC Project Module, how to access the country pooled funds (see 3.6), how individual organisations can conduct successful fund-raising based on the HRP, how a CERF (Central Emergency Response Fund) allocation process works, etc. In addition to basic orientation, more in-depth training for partners on how they can get funding can also be included in the cluster workplan. The NC/sector can also explore and support joint programming & consortium building and other innovative financing mechanisms (private sector, local foundations etc.). To support effective resource mobilisation, the NCC/sector and SAG can develop metrics to justify cost-effectiveness and value-for-money of certain interventions (e.g., SAM treatment, cluster coordination costs, etc., see 3.1). The cluster can advocate for flexible and multi-year funding.	E-Learning Supporting access to funding and building capacity of nutrition partners in nutrition resource mobilisation (FR and ES) Introduction to humanitarian response funding processes, appeals and pooled funds (FR and ES)
3.6 Does the NC have a clear and transparent selection process for the allocation of Country-Based Pooled Funds (CBPF)?	☐Standard Operating Procedures (SOPs) for selection of projects for pooled fund allocation is shared with partners	The NC is responsible for the allocation of the CBPF. It is advised to establish specific SOPs to ensure that the CBPF allocation is handled in a sensitive and transparent manner. For example, the SAG or a specific Project Review Committee (PRC) can be established to guide and carry out the selection process, prioritize projects according to agreed criteria, and define the inter-sectoral interventions/programming that relates to the NC response plan. It is recommended to develop specific NC guidance for each allocation, providing details on how to develop an impactful nutrition project. Regularly speak to OCHA about upcoming allocations as deadlines can often be short and participation from SAG or PRC needs to be secured. Check Operational Handbook for Country-Based Pooled Funds and OCHA's CBPF webpage for further information.	E-learning Introduction to humanitarian response funding processes, appeals and pooled funds (FR and ES) Managing a pooled fund allocation processes within the nutrition cluster (FR and ES)
3.7 Does the NC help coordinate procurement opportunities for cluster partners?	☐Procurement opportunities and issues regularly discussed within the cluster	The NCC team is responsible to keep track of nutrition supplies and equipment to avoid stock-outs, quality control issues, risks linked to importation procedures, etc. The cluster jointly identify supply needs based on caseload calculations; promotes international quality standards for nutrition products and equipment; and facilitates information exchange for partners by liaising with key pipeline agencies (UNICEF, WFP and WHO), national authorities/national pharmacy or third-party entities (e.g., MSF). To clarify collective procurement processes it may be necessary for the cluster/sector to develop a nutrition	Guidance GNC Caseload targets and supplies calculation tool (EN, FR, SP and AR) E-learning Coordinating the mobilisation of nutrition supplies in humanitarian contexts (FR and EN)

		supply chain SOP (example Afghanistan). Check the Technical bulletins and guidance of UNICEF Supply Division and MAM Decision Tool (2017 update) to know more about supplies.	
3.8 Does the NC support access to competent and qualified human resources for cluster partners?	☐HR opportunities and issues regularly discussed within the cluster	A key component to effectively address a surge in a humanitarian crisis is the ability to quickly mobilise qualified HR. This can be particularly problematic for the nutrition sector, where skills are often highly specialised. The capacity mapping done in the needs analysis phase (see 1.9) helps to determine what additional human resources are needed. Discuss and document HR gaps and requests for support in cluster meetings and share with global level partners, if necessary. **When all avenues to provide additional technical capacity have been exhausted, it is the role of UNICEF as a CLA to support collective HR capacity**.	E-Learning Human resource mobilisation for nutrition in humanitarian contexts (FR and ES).
3.9 Have the concerns of affected populations been reflected in resource mobilisation activities?	☐AAP reflected in resource mobilisation strategies and approaches.	Compelling evidence of needs and priorities of affected people can often help to increase the credibility of funding requests and resource mobilisation activities. However, it is also important to bear in mind that fundraising should **consider the dignity of affected population**s and avoid sensationalising the humanitarian response. Consider the AAP mainstreaming as a criterion for allocation of pooled funds. Additionally, advocate to donors for more flexible/unrestricted funding to adapt programmes. The cluster can even consider having country adapted AAP guidance - example from Yemen Nutrition Cluster Accountability to Affected Population operational guidance.	Guidance Nutrition cluster operational framework on accountability to affected population (English only) Accountability to Affected Populations: a handbook for UNICEF and partners (EN, FR and ES). E-learning Accountability to Affected Populations (FR, ES and AR)
3.10 Does the NC/sector identify its advocacy targets and allies[16] to support resource mobilization according to its advocacy strategy?	☐NC targets and allies identified and involved in advocacy activities.	To implement a NC/sector advocacy strategy (see 2.11), it is crucial to identify targets and allies (e.g., government ministers, humanitarian coordinators, donors, SUN Movement etc.) to involve in advocacy activities. Seek support for engagement and outreach with the national MoH/Nutrition Section, UNICEF country office, partner country representatives, OCHA and the HCT. The Nutrition Cluster Advocacy Toolkit (EN and FR) suggests ways to identify targets and allies, and cluster participation and representation in key meetings and relevant working groups.	E-Learning Identifying targets and allies for nutrition advocacy (FR and ES)
3.11 Have the NC/sector developed key advocacy	☐Key advocacy messages developed.	To support its advocacy strategy, including resource mobilization priorities, jointly develop key advocacy messages to communicate the problems and the solutions according to the NC/sector vision and positioning. **Advocacy messages need to be evidence-based to ensure**	E- learning Crafting and delivering nutrition cluster key

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[16] See GNC Advocacy Toolkit p.16: Targets: individual decision-makers with the power to respond to your advocacy demands and to move the political process towards addressing your issue. Allies: Individuals or organisations that support your case in different ways and to different degrees. These can be potential partners for your advocacy efforts.

messages based on evidence?		**that they are credible and impactful**. The HNO and the HRP could be a good robust source of data for advocacy. The Advocacy Toolkit offers guidance on how to develop SMART advocacy messages tailored to the needs of the target populations (see 3.10). One way to communicate advocacy messages is through an advocacy note – Process to develop an Advocacy Note (English only). Example advocacy notes from Somalia and Ethiopia led to successful fundraising.	advocacy messages (FR and ES)
3.12 Does the NC/sector contribute to joint ICSC resource mobilization and sharing?	☐NC/sector contribute to ICSC resource mobilisation and sharing of resources	An intersectoral response is considered the right solution to address the needs of the affected population and many of nutrition donors support a multisectoral response. However, joint multisectoral response remains underfunded. Actively support joint ICSC resource mobilization and advocacy. A generic template for developing an ICSC Advocacy note can be used as reference. Joint ICSC costing can be developed to support advocacy.	

E. HPC 4: Implementation and monitoring

During this phase, the Nutrition cluster/Sector:	Contributes to Cluster function 1 "Support service delivery" by:
⇨ Addresses operational challenges. ⇨ Supports technical capacities of partners and supports access to trainings. ⇨ Monitors and tracks the input and outputs of interventions, using the 4Ws. ⇨ Monitors the cluster workplan and charts the outcomes of cluster activities. ⇨ Measures progress towards the strategic objectives of the HRP.	⇨ Developing mechanisms to eliminate duplication of service delivery. ⇨ Providing a platform that ensures service delivery is driven by the HRP and strategic priorities. **Cluster Function 4 "Monitor and evaluate performance" by:** ⇨ Measuring progress against the cluster strategy and agreed results. ⇨ Monitoring and reporting on activities and needs. ⇨ Recommending corrective action where necessary. **Cluster Function 6 "Advocacy" by:** ⇨ Monitoring advocacy work and reporting on progress.

Guiding question	Output	Best Practice	Key Guidance, E-Learning, Case Studies
4.1 Does the NC/sector have a mechanism to deal with duplications in the current response?	☐Duplications are addressed through transparent negotiation within the cluster/sector	Duplication occurs in rapid onset emergencies when partners are quickly trying to bring assistance, without communicating with other key actors. When response analysis (4W) and capacity mapping (see 1.9 on capacity mapping) **reveal duplications in the current response, identify a means to resolve it**. First, try dealing with it through bilateral meetings with key actors. If necessary, it can be taken up with the SAG and wider cluster partners. **Base decisions on the best interests of the affected population** and the cost effectiveness of the programmes, rather than on who first started the project. In most cases donors are keen to reprogram the funding if duplication occurs.	

4.2 Does the NC/sector provide a forum for addressing specific operational challenges?	☐Cluster/sector operational challenges and solutions documented in meeting minutes and in cluster bulletins/updates	The NC is an essential forum for partners to highlight, discuss and address their operational challenges: issues with access, pipeline breaks, lack of capacity, poor uptake of services, etc. All operational issues require impartial and collaboration to find solutions. A best practice is to include challenges as a constant agenda item so partners can have regular inputs and follow up (See example from South Sudan). If solutions are difficult to identify at cluster/sector level, escalate them to the ICCG or HCT level.	E-learning Addressing Operational Challenges within the Nutrition Cluster (FR and ES)
4.3 Does the NC have a scale-up strategy to address increased needs?	☐ Scale-up strategy developed	Often in emergency contexts, nutrition interventions need to be scaled-up, often due to increase in needs or increase in coverage area / caseloads. It is recommended that the NC/sector agree on specific operational and technical strategies to support scale-up (Example Zambia). Good Emergency Response Preparedness planning helps to coordinate a faster scale up. To support scale up, it may be possible to use alternative programming approaches, such as RapidSMART or SMART + to increase availability of nutrition data or using real time data collection such as DHIS 2, or implementing Simplified Approaches to increase access to services. However, you will need to adapt these approaches to each context. Check Infant and Young Child Feeding in Emergencies (IYCF-E) checklist (EN, FR, ES) and the Wasting checklist (EN, ES). If expertise lacks in country, **request support.**	E-learning Nutrition in Emergencies E-learning Channel
4.4 Does the NC/sector have a strategy to ensure quality of interventions/service delivery?	☐Quality of nutrition interventions are assured	In the initial phases of an emergency, there will be a heavy focus on scaling-up interventions. In subsequent months, it is recommended that the NC put more emphasis on quality enhancement. The quality of the nutrition response depends on the **capacities of partners** to respect technical guidance's and protocols, including SPHERE standards, **mainstream cross-cutting areas** into their services (see 4.6, 4.7, 4.8), connect with other sectors and **address multi-sectoral needs**. (See 4.9). Apart from establishing a NC CS strategy, support access to training for national and local actors.	E-learning Supporting access to coordination and technical training for national and local nutrition actors (FR and ES)
4.5 Does the NC/sector coordination team provide regular updates on key national and global technical developments?	☐Regular updates of key national and global technical developments is provided	A quick way to promote technical learning and information sharing is to disseminate key national and international technical developments to partners and government counterparts through the NC/sector mailing list. Pro-actively seek out opportunities to stay updated on key technical developments through regular calls with the GNC-CT and Technical Alliance, participating in technical webinars and signing up to key mailing lists, such as the GNC Newsletter and en-net forum. Make sure that these technical developments are communicated to local actors using accessible language. To be included in the GNC mailing list, contact gnc@unicef.org	Other technical sources: State of Acute Malnutrition CORE Group (Prevention of malnutrition) Scaling-Up Nutrition (HDN and nutrition)
4.6 Is there a complaints or feedback mechanism	☐Accessible complaints and feedback	Implement an accessible complaints or feedback mechanism for affected communities. This mechanism may be specific to nutrition activities/services or may include other sectors (and	Guidance Nutrition cluster operational

established for nutrition activities and services in affected communities?	mechanism in place	therefore be a joint initiative at the inter-cluster level). The feedback mechanism should strictly apply to Nutrition cluster operational framework on accountability to affected population and demonstrate a clear governance structure for receiving and acting on complaints. Other means to gather feedback for nutrition activities can include regularly consulting groups of mothers/caregivers on accessibility, availability, and quality of services; collecting feedback for services and commodities distribution; conducting patient satisfaction surveys; and even consulting with older children (> 3 years) on their basic perceptions of the nutrition services targeting them.	framework on accountability to affected population (English only) E-Learning Accountability to Affected Populations (FR, ES and AR)
4.7 Are NC/sector partners aware of protection, including GBV, referral pathways and how to use them?	☐Protection referral pathways are known and used by cluster partners	Orient partners (and front-line nutrition staff) on protection, including GBV, referral pathways. If they exist, **disseminate information on national referral pathways** and if such structures do not exist, promote frontline protection actions (e.g., GBV pocket guide). Consider using specific strategies and checklists outlining the protection considerations in nutrition programming (see examples from Afghanistan). Overall GBV guidance is available in Annexes.	E-learning: Mitigating the Risk of GBV in a Nutrition Response (FR and ES) GBV risk mitigation in cluster coordination (FR and ES)
4.8 Does the NC/sector have a position on how to leverage CVA for nutritional impact in its context?	☐NC/sector CVA position paper/guidance is available	CVAs gets increased attention in current humanitarian interventions. However, use of CVA should use the "Do no harm" principles and the NC and partners need to come up with a common position on its use in the nutrition response. How to Incorporate Cash and Voucher Assistance into a Nutrition response (EN, FR, ES, and AR) document has tips for its use. Positioning includes: (i) targeting and value; (ii) conditionalities and restrictions; (iii) complementary programming (Cash +); and (iv) accessibility for population groups. Consult cash experts in the process. This can be achieved through the **Cash Working Groups**, whenever they are established and inviting cash experts to NC meetings.	E-learning: Cash and Voucher Assistance (CVA) in humanitarian coordination (FR and ES)
4.9 Does the NC identify, mobilise, and train partners to deliver an ICSC package of services?	☐ICSC action plan is available and minimum package is implemented in geographically prioritized areas	The ICSC strategy (see 0.26) consist of a minimum package of services to be implemented in jointly prioritised areas. Develop an action plan with ICSC partners to support ICSC strategy implementation, including coordination and mobilisation of partners, trainings on the package implementation, and closely support the sub-national hubs/cluster. The "Yemen Integrated Famine Risk Reduction (IFRR) case study" (EN and FR) and the "South Sudan Case Study on the Inter-cluster Famine Response Strategy" (FR and EN) contain best practices and lessons learnt.	
4.10 Does the NC have a validated M&E framework to monitor its response plan?	☐Cluster M&E framework	**Every cluster should have an M&E framework to monitor its HRP implementation.** The GNC has developed an M&E framework template (EN, FR,ES, AR) which can be adapted to country contexts[17]. During the planning period, develop and agree on the framework and its indicators with all cluster/sector partners. Clearly state the data source and the data collection method for each indicator. To report on the HRP, OCHA established the HPC project module. In contexts, where this	E-learning Developing a Nutrition Cluster Monitoring and

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[17] To note, in some contexts an M&E framework may already be established by the Inter-Cluster Coordination Working Group and therefore it is not necessary to independently develop a framework

		system is not available consider setting up a means to consolidate the partner's project information (location, funding, targets, activities). The 4W tool can be broadened to include budget, supplies, staffing, use of CVA etc. The IM checklist and the Tips on Nutrition Interventions for the Humanitarian Response Plan (EN, FR and ES) provide additional information and guidance.	Evaluation Framework (FR and ES) Developing Cluster Monitoring & Reporting Products (FR and ES)
4.11 Did the NC/sector identify advocacy indicators in conjunction with the M&E framework and report on progress?	☐Advocacy monitoring and reporting carried out	Regular monitoring of advocacy work against the annual plan of action and strategies is critical to assess progress and capture learning to inform future work. Reporting on advocacy work can also help ensure advocacy activities are included in funding proposals. The GNC 2022-2025 Advocacy Strategy identifies advocacy indicators that can be harmonised amongst countries and thus, help GNC Annual cluster reporting.	E-learning Monitoring and Evaluating Nutrition Cluster Advocacy Activities (FR and ES)
4.12 Do the concerns and feedback of affected populations feed into cluster/sector monitoring systems and analyses?	☐Specific information and data on affected people's view of the response integrated as data points into cluster/sector reporting systems	This can include a means to incorporate and track patient/caregiver satisfaction surveys, including AAP questions in regular cross-sectional surveys; collating regular feedback from mother/caregiver discussion groups; collecting information from mobile data platforms; conducting safety audits, etc. Regularly present AAP information collated through the monitoring system to NC partners to inform decision-making and prompt action.	E-Learning AAP and integrating the needs of vulnerable groups into information management (FR and ES)
4.13 Does the NC have a validated reporting system?	☐NC reporting system and reporting SOPs are in place and utilized by partners	To track progress of the nutrition response, all partners report to the cluster/sector on their achievements towards the NC/sector response plan. Align (and not duplicate) the cluster reporting system with existing national nutrition (and health) reporting systems. Discuss and agree on a means to fulfil reporting requirements with cluster partners and avoid multiple reporting processes as much as possible. It is good practice to establish a **reporting SOP**, to clarify how information is collected and shared. Online reporting can be particularly useful to avoid duplications. All stakeholders can have only **one reporting database** with different access rights, e.g., for partners, for donors, for pipeline managers, etc. The use of the DHIS2 application is recommended.	E-learning Monitoring a nutrition cluster response (FR and ES) Fundamentals of DHIS2 (English only) DHIS 2: Humanitarian Needs Analysis application (English only)
4.14 Does the NC have validated reporting tools?	☐NC reporting tools and guidance available	The choice of reporting tools will depend on the country and context. Provide specific guidance on how to fill in and manage the data. The GNC has developed an adaptable Partners Reporting Tool (Excel, Spanish and Arabic versions are available) to be used like a checklist on what indicators to consider. In larger-scale emergencies the development of online reporting databases is more appropriate. More detailed information is available in the IM checklist.	E-learning Nutrition Cluster Reporting Tools (FR and ES).

4.15 Does the NC track its data in real-time and share the information with partners?	☐NC IM update presentation and information products	**A reporting system is not a one-way process**. In terms of transparency and accountability, the NC must track data collected from partners in real-time and produce summaries and an analysis for partners on a regular basis. Setting up a **Nutrition Cluster Dashboard** accessible to all is the best way to ensure more visibility of the nutrition response. The NC dashboard can be nested on the cluster website (see examples from Central African Republic and Nigeria). To get support on the development of NC Dashboard – send a request. Develop infographics, charts/graphs, and other products that summarise partners' contribution towards targets and include them in regular NC/sector updates (template is available). The use of the DHIS2 application can be considered.	E-learning Visualisation for Information Management (FR and ES) Technical Tutorial – Basic Power BI for Information Management (FR and ES) Developing Cluster Monitoring & Reporting Products (FR and ES)
4.16 Does the NC/sector contribute to OCHA products?	☐NCC contributions and concerns are reflected in OCHAs products.	The NC/sector coordination team is required to **periodically contribute to OCHA products** such as SitReps, 4Ws, HRP progress reports and dashboards. Design and maintain your own monitoring system to help you be able to easily and timely contribute to OCHA products. For example, design the 4Ws to feed easily into OCHA 4Ws. Regular reporting and tracking of the response will aid in the compilation of HRP progress reports. The NCC team is also required to provide content to UNICEF SitRep in country.	E-learning Developing fit-for-purpose IM communication products (FR and ES)
4.17 Is monitoring data from the NC fed back to affected populations and communities?	☐Feedback to affected populations provided	Share monitoring data that was collected through **scheduled briefings and communications sessions with affected populations** and civil society organisations. The cluster coordination team at central and local levels, with the support of partners (who often already have an established relationship with communities in the field) will schedule these.	
4.18 Does the NC propose corrective action/adjustments based on the evolution of the nutrition response?	☐Issues identified, and corrective actions agreed upon.	The role of a nutrition M&E system is to determine whether the nutrition response is on track and if adjustments need to be made. The analyses and information products produced by the NCC team support **collective decision-making**. Issues to consider are the likelihood to achieve targets, compared with trends from previous years; CMAM performance indicators according to standards; availability of supplies and their forecast; regional variations in reaching targets; scale-up and coverage reflecting the reporting figures; complaints from affected populations logged and acted upon; changes in CVA feasibility, etc.	E-Learning Developing a Nutrition Cluster Monitoring and Evaluation Framework (FR and ES)
4.19 Has the NC provided inputs to the HRP mid-year review?	☐NC inputs into HRP mid-year review provided.	Share cluster data and information for the HRP mid-year review (see example form Ethiopia). This includes, but not limited to, current number of PiN, people targeted, people reached, funding still required, and current number of partners. Anticipate this review and get partners' timely reports	

		to provide an accurate picture of the situation. Jointly validate the data and address any issues around discrepancies (e.g., between cluster monitoring data and partner monitoring data) before sharing with OCHA.	
4.20 Has the NC provided inputs to the GNC annual report and mid-year country updates?	☐Country NC input for the GNC annual report and mid-year review provided.	Countries with NC/sector coordination mechanisms report to the GNC Country level Yearly Report and Mid-Year Country Updates and are required to provide information on current programmes and challenges every six months. Participating in the GNC reporting raises the profile of the country NC/Sector.	

F. HPC 5: Operational Peer Review and Evaluation

During this phase, the Nutrition cluster/Sector: ⇨ Contributes to operational peer reviews and to inter-agency humanitarian evaluations. ⇨ Organizes and conducts cluster coordination performance monitoring (CCPM).		Cluster Function 4 "Monitor and evaluate performance"	
Guiding question	**Output**	**Best Practice**	**Key Guidance, E-Learning, Case Studies**
5.1 Does the NC/sector advocate for, and participate in operational peer reviews?	☐Operational peer-reviews of humanitarian response (including nutrition response) available.	After the initial stages of an emergency, advocate for Operational Peer Reviews (OPR), which are conducted cross-cluster. Put in place means to engage partners in the process and provide transparent feedback on the achievements and challenges of the nutrition cluster response. OCHA has produced Guidance on Operational Peer Reviews (and video) and examples of OPR Reports are available on the OPR platform Peer-2-Peer Support for Humanitarian leaders on the Field.	Guidance Guidance on Operational Peer Reviews
5.2 Has the NC/sector conducted a Cluster Coordination Performance Monitoring (CCPM) evaluation?	☐CCPM conducted and action plan for improvement of the six cluster core functions and AAP available	A CCPM exercise is a key component of the cluster functioning and a tool to monitor the cluster/sector performance towards its core functions and workplan. The CCPM helps the NC/sector identify achievements and points for improvement in a collaborative and constructive manner, enhancing its accountability. It is mandatory to conduct CCPM **annually,** at a minimum. The CCPM Platform is there to support the planning, the record, and the outcomes. CCPMs allow teams to track progress and analyse trends to support future coordination priorities. Given the staff turnover, regular Orientations on the CCPM process will have to be conducted.	E-Learning Implementing a Cluster Coordination Performance Monitoring (CCPM) Exercise (FR and ES)
5.3 Does the NC facilitate learning amongst partners	☐Case studies and best practices	To promote learning, enhance intervention quality and help foster innovation in NiE, document the challenges, lessons learnt and best practices. Key innovations (such as simplified protocols, Family MUAC, etc.) have useful in emergency programming in contexts	

| and the wider humanitarian community on best practices, challenges and lessons learnt? | developed, shared, and discussed. | where specific challenges have been encountered. To support the documentation process, the GNC Technical Alliance, GNC Coordination Team and Emergency Nutrition Network (ENN) can help with the identification and development of case studies as well as dissemination via publication (print and online), webinars and GNC Newsletter (contact GNC Communication and Reporting Specialist).

The ENN Field Exchange special edition on "Special focus on Nutrition Cluster Coordination" and the six country case studies depict various coordination challenges and best practices. | |

G. Preparedness

During this phase, the Nutrition cluster/Sector:	Cluster Function 5 "Build national capacity in preparedness and contingency planning"
⇨ Supports development of national ERP plans. ⇨ Makes sure that the role of cluster and partners are clear, and partners are contributing. ⇨ Supports sharing and dissemination of the ERP plan. ⇨ Supports regular updates the ERP plans.	

Guiding question	Output	Best Practice	Key Guidance, E-Learning, Case Studies
6.1 Does the NC/sector have a jointly validated emergency response preparedness (ERP) plan for specific risks and scenarios?	☐NC/sector ERP plan is available, where necessary	If the NC/sector is operating in a context with specific risks, it is best practice to **develop an ERP plan**, to be prepared for the next emergency. The ERP plan should be done **in anticipation of and prior to emergency**. The aim of ERP is to optimize the speed and volume of assistance delivered immediately after the onset of an emergency, **in a coordinated manner**. ERP planning is **not a standalone/parallel process.** It is a collective (including all partners) process, led by governmental authorities and supported by the cluster. The elements of preparedness must be mainstreamed throughout all phases of the HPC. The ERP is **a continuous process,** and regularly adjusted and updated to reflect changing environments and potential hazards and risks. To conduct full ERP planning, GNC developed an ERP toolkit with online tools to help at each step of the process. An ERP plan (EN, FR and ES) template is also available, as well as an example from an imaginary country. To access tailored support, submit a request.	Guidance GNC Step-By-Step Guidance on Strengthening the collective preparedness for nutrition in emergencies to sustain and enhance nutrition outcomes (EN) IASC ERP guidance (EN) Short E-learning course: Nutrition Emergency Response Preparedness (ERP): a step-by-step approach (English only)
6.2 Does the NC/sector support access to coordination and technical trainings to	☐Specific nutrition coordination and technical trainings facilitated and	**The NCC team has a key role** as provider of regular Partners Orientations and to support trainings and other CS activities for national and sub-national coordination hubs and partners. **Promote access to GNC Learn,** and communicate and facilitate access for national teams and partners to available capacity strengthening opportunities at global level.	E-learning Supporting access to coordination and technical training for national and local nutrition actors (FR and ES)

| strengthen capacity of the sector? | available to all appropriate cluster /sector partners | | Preparing and Delivering Coordination and Technical Training to National and Local Nutrition Actors (FR and ES) E-learning channels Nutrition Cluster Coordination Channel Information Management Channel Nutrition in Emergencies (NiE) Learning channel. |

H. ABBREVIATIONS

AAP	Accountability to Affected Populations	ICSC	Inter-Cluster/Sector Collaboration
CBPF	Country-Based Pooled Funds	IMO	Information Management Officer
CCPM	Cluster Coordination Performance Monitoring	IYCF	Infant and Young Child Feeding
CERF	Central Emergency Response Fund	MAM	Moderate Acute Malnutrition
CHV		MIPN	
CLA	Cluster Lead Agency	MUAC	Mid-Upper Arm Circumference
CMAM	Community-based Management of Acute Malnutrition	NC	Nutrition Cluster
CS	Capacity Strengthening	NCC	Nutrition Cluster Coordinator
CVA	Cash and Voucher Assistance	NGOs	Non-Governmental Organisations
DHIS	District Health Information System	NIPN	National Information Platforms for Nutrition
ERC	Emergency Relief Coordinator	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ERP	Emergency Response Preparedness	OPR	Operational Peer Reviews
GBV	Gender-Based Violence	OTP	Out-patient Therapeutic Programme
GNC	Global Nutrition Cluster	PiN	People in Need
HC	Humanitarian Coordinator	PLW	Pregnant and Lactating Women
HCT	Humanitarian Coordination Team	SAG	Strategic Advisory Group
HDN	Humanitarian Development Nexus	SAM	Severe Acute Malnutrition
HNO	Humanitarian Needs Overview	SMART	Standardized Monitoring and Assessment of Relief and Transitions
HPC	Humanitarian Programme Cycle	SOP	Standard Operational Procedure
HRP	Humanitarian Response Plan	SUN	Scaling-Up Nutrition
IASC	Inter-Agency Standing Committee	TWG	Technical Working Group
ICCG	Inter-Cluster Coordination Group		

I. ANNEXES

1. List of reliable secondary data sources for pre-crisis nutrition situation analysis:

Secondary sources of nutrition-specific data	Secondary sources of nutrition sensitive data (contributing factors)
- WHO Nutrition Data Platform containing historic data on micronutrient deficiencies and child growth. - SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys, including RapidSMART assessments. SMART + app has aggregator where all survey data are shared. - SENS (Standardized Expanded Nutrition Surveys) conducted in IDP and refugee contexts. - Standalone IYCF assessments and MIYCN assessments. - SQUEAC (Semi-Quantitative Evaluation of Access and Coverage) and SLEAC (Sampling Evaluation of Access and Coverage) evaluations. - Severe acute malnutrition bottleneck analysis (Example) - Link NCA (Link Nutrition Casual Analysis) studies - IPC (Integrated Phase Classification) Acute Malnutrition analyses	- Multi-sectoral Needs Assessment (MSNA) - Multi-Cluster/Sector Initial Rapid Assessment (MIRA) is a joint needs assessment tool that can be used in sudden onset emergencies. - Multiple Indicator Cluster Surveys (MISC) by UNICEF - National Demographic Health Surveys (DHS) by national health authorities - Health Resources and Services Availability Monitoring System (HeRAMS) - Knowledge Attitude and Practices (KAP) evaluations, available at lower level. - Integrated Food Security Phase Classification (IPC) - Cadre Harmonisé for West African countries - Early Warning, Alert and Response System (EWARS) of WHO for diseases outbreaks. - Famine Early Warning Systems Network (FEWS NET) - Global Information and Early Warning System on Food and Agriculture (GIEWS) Water Point Data Exchange (WPDx). - Comprehensive Food Security and Vulnerability Analysis conducted by WFP. - WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) in health facilities. - IOM data portal for population movements. - Gender-Based Violence Information Management Systems

2. List of resources on cross-cutting issues.

Gender:
IASC Gender Handbook for Humanitarian Action (2018, in EN, AR, FR, ES, and TR)
Guidelines For Integrating Gender-Based Violence Interventions In Humanitarian Action (multilanguage).
UNICEF Availability, Accessibility, Acceptability and Quality (AAAQ)
Guidelines For Integrating Gender-Based Violence Interventions In Humanitarian Action
GBV Risk Analysis Guidance 2021
Webinar: Gender and GBV Core Concepts for Nutrition
Age:
Minimum Standards for Age and Disability Inclusion in Humanitarian Action

Minimum Standards for child protection in Humanitarian Action, Standard 25 "Nutrition and Child Protection", page 265.
UNICEF Core commitments for children, Nutrition IYCF and Child Protection Framework
Disability:
Nutrition chapters on Disability inclusion in HNO and HRPs (EN).
Disability Checklist for Emergency Response (Handicap International), few considerations on disability and nutrition on page 4.
HIV/AIDS:
WHO/UNICEF HIV and infant feeding in emergencies: operational guidance