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| **23, November 2015** |

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| **Cluster Performance Monitoring** |
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| ***Final Report*** |
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| **Cluster:** | **Nutrition** |  |
| **Country:** | **Nigeria** |  |
| **Level:** | **National** |  |
| **Completed on:** | **21/11/2015** |  |
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|  | This report provides the findings of the Cluster Performance Monitoring which has been reviewed by the cluster/ Sector partners in order to identify best practices, constraints as well as actions points to be taken to improve coordination. |
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**The Cluster Approach**

The Cluster Approach was applied for the first time following the 2005 earthquake in Pakistan. Nine clusters were established within 24 hours of the earthquake. Since then two evaluations on the Cluster Approach have taken place. The first, finalized in 2007, focused on implementation. The second, conducted in 2010, focused on the outcome of the cluster approach in improving humanitarian assistance. The learning from these evaluations led to the IASC Transformative Agenda (TA), a series of actions aimed at simplifying processes and outcomes.

The IASC Principals “agreed there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results”. The aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies, and provide clear leadership and accountability in the main areas of humanitarian response. At country level, it aims to strengthen partnerships, and the predictability and accountability of international humanitarian action, by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations.

**The Cluster Coordination Performance Monitoring**

The CCPM is undertaken to identify areas requiring support or reinforcement, to ensure that clusters/ Sectors are efficient and effective in coordinating the cluster core functions. It is also an effective way of demonstrating accountability and the added value of the cluster and to justify the cost of coordination. A Cluster Coordination Performance Monitoring provides an in-depth assessment based on the perceptions of partners and cluster coordinator about the functioning of the cluster in fulfilling its 6 specific core functions:

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

+ Accountability to affected populations

**Nigeria cluster coordination performance monitoring.**

The first CCPM was an agreement reached amongst the OCHA, cluster partners and the cluster lead agency, UNICEF to conduct and CCPM in the months of November 2015.

The CCPM online survey was sent out to all nutrition cluster/Sector partners and observers, comprising of International NGOs, UN agencies, National authorities (including the FMOH) and donors. Two questionnaires were submitted to the Nutrition Cluster Coordinator (one questionnaire describing the cluster and its outputs; a second questionnaire on the cluster performance). The third questionnaire on cluster performance was submitted to cluster members. The Inter-cluster information management focal point in EMOPS Geneva provided remote support for the launch and closure of the online survey, as well as regular feedback on the survey response rate.

**Participation of partners in the Cluster Coordination Performance Evaluation:**

The table below shows the number of cluster partners in Nigeria and the affiliation of the various partners. Out of 14 partners 9 responded, which gave a response rate of 64%.

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| **Table 1 Response rate among partners** |
| **Partner type** | **Number partners responding**  | **Total number of partners** | **Response rate (%)** |
| **International NGOs** | 7 | 5 | 140 |
| **National NGOs** | 0 | 0 | 0 |
| **UN organizations**  | 0 | 3 | 0 |
| **National authority** | 1 | 4 | 25 |
| **Donors** | 1 | 2 | 50 |
| **Others** | 0 | 0 | 0 |
| **Total** | 9 | 14 | 64 |

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

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

**Chart 1: Classification of performance status**

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

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

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| **IASC core functions** | **Indicative characteristics of functions** | **Performance status** | **Performance status****Constraints: unexpected  circumstances and/or success factors and/or good practice identified** | **Follow-up action, with timeline,** **(when status is orange or red) and/or  support required** |
| **Performance status ledgend:** | Green = **Good** | Yellow = **Satisfactory**, needs minor improvements | Orange = **Unsatisfactory**, needs major improvements | Red = **Weak** |
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| **1.Supporting service delivery** |
| 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities | *Established, relevant coordination mechanism recognizing national systems, subnational and co-lead aspects; stakeholders participating**Regularly and effectively; cluster coordinator active in inter-cluster and related meetings.* | Good | **Agreed with the rating**, There was general consensus that there are cordial relationship between the sector lead and co-lead. Linkages with ISWG adequate. Partners felt that there need to be more efforts aimed at strengthening the state level coordination. The Coordination meeting at the federal level are held monthly while to the state level are conducted bi-monthly. The meetings have clear agenda and action oriented minutes exists | * Regularly review and update the sector priorities in the sector meetings as well as HRP forum, during mid-year review etc. *NSCT immediately*
* Strengthen the coordination at the state level by reviewing the TOR of the state and enhance the capacity of the focal points at the state through orientation and on-job mentoring. *NSC- by March 2016*
* Involve partners at the state level in priority discussions regularly through the sector bi-monthly meeting at the state level. *State focal points during state level coordination meetings*
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| 1.2 Develop mechanisms to eliminate duplication of service delivery | *Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.* | Satisfactory | **Agreed with the rating** The 4W submission not very consistent from partners. The frequency of the review in mapping presence in collaboration with partners was also wanting.  | * Strengthen linkages with other sectors through attending meeting and bilateral discussions. *NSC Immediately*
* Ensure the 4w template reaches the relevant persons in the agencies by regularly updating the contact list. *NSC IMO immediately*
* Consolidated 4w matrix to be shared with partners on a quarterly basis. *NSCT immediately.*
* Upload the 4w matrix on HR info website with details of reporting frequency quarterly. *NSC IMO immediately*
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| **2. Informing strategic decision-making of the HC/HCT for the humanitarian response** |
| 2.1 Needs assessment and gap analysis (across other sectors and within the sector) | *Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.* | Satisfactory | **Agreed with the rating** The nutrition assessment in the country are structured. Other assessment planned by the nutrition sector partners should be approved by the nutrition sector membersThe sectorial meeting should be used to approve the survey protocols & validate results. | * Upload final report of the National Nutrition and Health survey finding on the HR info website. *NSC IMO once report is validated*
* Summary of all nutrition assessment findings should be collated and shared regularly with partners and uploaded in the HR info website. *NSCT by march 2016*
* Establish linkages with Food security sector working group who also conduct assessments that have a component of nutrition to ensure nutrition data collected is relevant for the sector. *NSC by end of February 2016.*
* Establish a technical working group who will review survey methodology and validate results before implementation and publishing of results. *NSCT by march 2016*
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| 2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues. | *Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.* | Good | **The Sector partners agreed with the rating**They reckoned that they have been involved in the need indemnification, and highlighted that not all needs were identified especially MAM needs. More can be done to ensure duplications at the field level does not occur.  | * Strengthen needs analysis at the state level and share the Summary of nutrition sector needs with the partners and the state national actors. *NSCT & partners Monthly*
* The nutrition sector coordination team should populate the Gaps and response matrix on quarterly basis and share with all sector partners. *NSCT quarterly*
* Finalize and upload the gap and response matrix on the HR info website. *NSC IMO by April 2016*
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| 2.3 Prioritization, grounded in response analysis | *Joint analysis supporting response planning and prioritisation in short and medium term* | Unsatisfactory | **The rating was biased though agreed to maintain it.** There was great debate that the HNO/HRP process was inclusive led by the federal ministry of health and involved majority of the sector partners. General agreement was that it should have had a wider reach.  | * *Increase participation of all nutrition sector partners to the HNO/HRP process during the mid-year review.* All Partners and NSCT June 2016
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| **3. Planning and strategy development** |
| 3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities | *Strategic plan based on identified priorities, shows synergies with other sectors against strategic objectives, addresses cross cutting issues, incorporates exit strategy discussion and is developed jointly with partners. Plan is updated regularly and guides response.* | Satisfactory | **Agreed with the rating.** Nutrition sector partners highlighted the need to have the priorities reviewed more frequently and not only during the HNO/HRP process. The nutrition sector should also strive to make synergies with other sector. | * Sector priorities should be reviewed frequently proposal do it quarterly in the sector meeting NSCT *quarterly first in April 2016.*
* Partners to ensure consistency and technically competent staff are attending the nutrition sector meeting on a regular basis. *NSCT and all partners*
* Improve programmatic planning with synergies between nutrition response plan and other clusters e.g. Food security, WASH etc. - *all partners*
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| 3.2 Application and adherence to existing standards and guidelines | *Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.* | Good | **Agreed with the rating.** The sector partners adhere to the existing guideline and standards in the management of severe acute malnutrition. The absence of policy guideline in the management of MAM was noted. | * Initiate discussions with the Federal ministry of health and partners with expertise in the subject such as ACF and WFP regarding the policies on the management of Moderate acute malnutrition. *NSCT and FMOH*
* Partners should continue to implement programs as per the national guideline and reporting through the existing channels.

*All nutrition sector partners*  |
| 3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations | *Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.* | Satisfactory | **Agreed with the rating**. The sector partners were of the opinion that the prioritization criteria was jointly agreed. | * Increase the participation of the nutrition sector partners in development of the selection criteria. *All partners and the NSCT next HNO/HRP process June 2016*
* Progress towards the sector agreed priorities should be updated quarterly in the sector meetings. *NSCT immediately*
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| **4. Advocacy** |
| 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action | *Concerns for advocacy identified with partners, including gaps, access, resource needs.* | Satisfactory | **Agreed with the rating.** Partners felt that more need to be done to identify advocacy concerns within the sector meetings  | * Identify key advocacy concerns around the issue of management of MAM in under five and PLW. *NSCT and all sector partners.*
* Identify key advocacy issues as a sector related to the existing Gaps in the response. *NSCT and all sector partners.*
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| 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population | *Common advocacy campaign agreed and delivered across partners.* | Weak | **Agreed with the rating.** Noted that the advocacy activities are minimal and unstructured. More support required in this specific activity.  | * The nutrition sector coordination meeting should schedule discussions on key advocacy issues. *NSCT and all sector partners Immediately*
* Structure advocacy issues from partners into key messages that can be relayed to the relevant audiences. E.g. Continuum of care; nutrition in emergency for adolescent mothers. *NSCT and all sector partners quarterly*
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| **5. Monitoring and reporting** |
| Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary | *Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.* | Good | **Agreed with the rating.** All partners noted that they are channeling the reports through the health system, and utilizing agreed reporting templates. Focus should be to improve quality and feedback at the field level. | * Update of the reporting rate and performance will be done every month during the sector meeting as a standing agenda. *NSCT IMO Monthly*
* Strengthen the quality of nutrition report by doing the field joint support visits to the NE states on a regularly basis. *Quarterly NSCT and Partners.*
* Ensure that the content of the 4W reported achievement tally with the figures reported in the database to ensure attribution can be done to the specific partners. *NCCT and IMO Quarterly*
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| **6. Contingency planning/preparedness** |
| Contingency planning/preparedness for recurrent disasters whenever feasible and relevant. | *National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.* | Unsatisfactory | **Agreed with the rating.** Partners noted their minimal involvement in development of the contingency plan. Contingency plan prepared by the National Emergency Management Authority.  | * Share the NEMA contingency plan once finalized, share too the timelines when this exercise is conducted. *FMOH and the NCCT as soon as published by NEMA.*
* Ensure that the sector partners are involved in the contingency planning efforts at the state level *All nutrition sector partners*
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| **7. Accountability to affected population** |
|  | *Disaster-affected people conduct or actively participate in regular meetings on how to organize and implement the response; agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided* | Satisfactory | **Agreed with the rating.** The sector partners indicated the limitation in the timing of the HNO/HRP process to engaging AAP on planning and implementation of the response.  | * Tools and guidelines from the GNC on AAP in nutrition programs to be shared with partners NSCT *by end of January 2016.*
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