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| **Cluster Performance Monitoring** | | |
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| ***Final Report*** | | |
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| **Cluster:** | **Nutrition** |  |
| **Country:** | **Philippines** |  |
| **Level:** | **National** |  |
| **Survey completed on:** | **24/06/2014** |  |
| **Discussion completed on:** | **05/07/2014** |  |
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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** |
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| **Performance status legend:** | Green = **Good** | Yellow = **Satisfactory**, needs minor improvements | Orange = **Unsatisfactory**, needs major improvements | Red = **Weak** |
| **1.Supporting service delivery** |  |  |  |  |
| 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities | *Established, relevant coordination mechanism recognising national systems, subnational and co-lead aspects; stakeholders participating*  *regularly and effectively; cluster coordinator active in inter-cluster and related meetings.* | Good to Satisfactory | Regular cluster meetings with schedules set in advance organized. The meetings are well attended especially by INGOs, notice of meetings sent on time  Designation of IMOs, creation of yahoo group, uploading of documents including highlights of meetings to the website for info sharing is good.  Constraints/issues:  Poor attendance in cluster meetings of some partners especially from government  Rationalization plan which affected government agencies sending representatives to the meetings  Fast turnover of expats.  In terms of decision-making, some partners who attended cannot fully commit or share information pending clearance | Cluster partners to furnish names of agency permanent focal points for the Nutrition Cluster and permanent alternate focal points to attend cluster meetings – by August 2014. If agenda calls for decisions, representative of partner agencies should be able consult within his/her organization prior to the meeting.  NNC and UNICE to initiate dialogue with OCHA for better representation of the cluster in HCT-ICC – July 2014.  IMOs and NNC to look at the HEARS Report to ensure that efforts of cluster are captured (July 2014); NNC to regularly share updates with the cluster (onward).  DOH-NNC to appoint a liaison officer for outreach work to the non-participating INGOs - ASAP. |
| 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.* | Good | Generally good however some gaps occur. Information is regularly shared within the cluster. | NNC to establish baseline information of nutrition situation, programmes and capacities – by December 2014  NNC (with support from UNICEF and PhilCAN) to produce maps to show geographic and programmatic coverage of services – by September 2014. |
| **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 | Parallel structures of HCT and government with inadequate coordination | NNC and UNICEF to dialogue with Social Services Cluster under OPARR to strengthen HCT and NDRRMC coordination - in July 2014. |
| 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 |  |  |
| 2.3 Prioritization, grounded in response analysis | *Joint analysis supporting response planning and prioritisation in short and medium term* | Weak | Basis of prioritization of municipalities for Yolanda response is not clear. Limited consultation with regions due to time constraints. | NNC (with support from UNICEF) to strengthen analysis of mapping of resources to check any duplication or gaps in programming and anticipate issues on resource programming.  NNC together with cluster partners to develop composite indicators to guide vulnerability analysis and prioritizing areas for interventions in a major event (including IPC classification) by September 2014.  All partners to agree on indicators for prioritisation – September 2014.  CMAM WG to develop exit strategies for CMAM programmes to prevent commodity gaps – by August 2014.  IYCF WG to develop exit strategies for IYCF-E programmes – by August 2014. |
| **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.* | Good at national level but week to satisfactory at regional level | SRP Centrally-prepared, regional consultation was minimal (i.e. draft document already done when shared)  Some questions had no time to be addressed (e.g. exclusion of target municipalities)  Not all agencies and communities were aware of how the needs were prioritized (e.g. which will be covered by SRP, government. Etc.)  Inter-cluster communication minimal  Participation in planning of other clusters was minimal  Even at regional level, input is “centralized” to specific focal points – and subject to frequent rotation of expats  Main constraints: Time, HR turnover, communication. E.g. tight deadlines vs field work. | NNC to ensure representation and participation of Regional Cluster focal points in planning meetings by National Nutrition Cluster – ASAP. In case impossibility to attend the meeting, regional focal points should be consulted prior each such meeting. |
| 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 | Existing guidelines were already adhered to (e.g. NiE “package”, caseload calculation, coverage targets)  Indicators based on standards (e.g. Cure rate, etc.)  National Cluster was able to provide guidance based on existing standards and guidelines that were not yet fully rolled-out sub-nationally at the time of Yolanda  Main constraint: Planning process (broader) will tend to disregard Nutrition interventions | Nutrition Cluster to update, approve, and endorse PIMAM guidelines (ensure integration with IYCF, etc.) by first quarter of 2015.   * Consider other vulnerable groups (e.g. children with congenital problems, people living with HIV, other cross-cutting) * CMAM working group to update current draft guidelines (review on 24-26 July 2014 to be confirmed) * MAM guidelines workshop 28-29 July 2014 * First draft document to be submitted early December * NNC to push for official endorsement of DOH before the end of the year |
| 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 | At central level, the process was clear and transparent  Information on requirements and prioritization is available and accessible  At sub-national level, questions are raised on distribution of funds (e.g. Region VI and VIII, specific municipalities)  Questions were raised on municipal selection which influenced funding needs  Area selection did not accurately reflect needs (e.g. selection of 81 municipalities) | See other functions (1.2 and 2.3) |
| **4. Advocacy** |  |  |  |  |
| 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action | *Concerns for advocacy identied with partners, including gaps, access, resource needs.* | Good | Unified inter-agency support of E.O. 51 (non-amendment)  Advocacy grounded on existing legislation  Constraint: Limited understanding of Nutrition in general (not just Milk Code) of general public and government line agencies | The Nutrition Cluster to identify guidelines and standards which require stronger policy support within the year.  The Nutrition Cluster to conduct NiE orientation to other line agencies (e.g. DSWD, DILG) and UN agencies (e.g. UN-OCHA) - before the end of the year. |
| 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population | *Common advocacy campaign agreed and delivered across partners.* | Good | Existing advocacy initiatives were applied to emergency context. E.g. Nutrition month advocacy activities | NNC to revive advocacy and communication working group (e.g. finalize TORs, review membership, etc.) – by August 2104  Advocacy and communication working group to develop set of recommendations to guide NNC strategic planning – by September 2014  Advocacy and Communication Working Group to pool key messages and materials, preposition, and support reproduction and distribution as needed – before the end of the year.  Advocacy and Communication Working Group to develop advocacy and communication materials (e.g. bulletins)  NNC to develop dedicated Nutrition Custer webpage in NNC website. |
| **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 | The monitoring and reporting is good but due to cluster transition the function should be handed over from the UNICEF to NNC.  Community templates were developed to complement municipality level reporting, however they were implemented in one region only. For their scale up more information on the process and their effectiveness is needed.  Lessons learned from Typhoon Yolanda response are not documented and not used for programming and decision making. | AWG to discuss with the health cluster and to include nutrition indicators to the HIS by the end of the year.  Nutrition cluster to prepare a case study and lessons learned on the utilization of community-based reporting forms in order to document experience and use it for decision making on implementation in all other regions by the end of August. (By who and how – to discuss during next cluster meeting or bilaterally with UNICEF)  Based on the case study AWG to review and discuss effectiveness of the community-based reporting calls and if approved, prepare a plan for their nation wide scale up (in this case to be scaled up by the end of the year) – by the end of October.  NNC to attend all OPARR meetings and advocate for nutrition issues – starting ASAP.  NC and WGs to identify technical NiE areas to conduct case studies and lessons learned and agree with partners on a plan for conducting tem – by August 2014.  IYCF WG to share outputs of the 2-day workshop on IYCF-E response – July 2014.  Regions VI and VIII to conduct Cluster Performance Monitoring discussions based on preliminary results of the survey – July 2014. |
| **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.* | Good | Several preparedness plans exists however they are outdated and are in need of urgent review.  HR capacity is week at national and sub-national levels.  Early warning systems needs scale up. | National Cluster to establish capacity development for preparedness working group including preparation of ToR and appointment of members by August 2014.  Capacity development for preparedness working group (to be formed) to develop capacity development plan focusing on NiE, Cluster Coordination and information management trainings by October 2014.  UNICEF, FAO, WFP, NNC to report to the cluster on the plan and its progress on expansion of EWS – starting ASAP.  UNICEF to facilitate documentation of lessons learned on Cluster Coordination Yolanda response and reflect lessons learned on the preparedness and contingency action plans.  External consultant with NPPD in consultation with DOH-HEMS, NNC governing board and regional focal points to review 2007 preparedness plan for DOH-HEMs; MSP; regional contingency plans; PPAN as pre-disaster preparedness plan and to draft a preparedness plan – by end October 2014. |
| **7. Accountability to affected population** | | | | |
|  | *Disaster-affected people conduct or actively participate in regular meetings on how to organise and implement the response; agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided* | Satisfactory | Some partners incorporate accountability to affected population in their programming.  There was a brief introduction to AAP but it was very briefly done and wasn’t followed up in terms of how to actually implement it, or what AAP mechanisms exist.  Feedback mechanisms do exist in most organizations but it is not necessarily contextualized, and the mechanisms supported.  No consultation with communities about need for breastfeeding centres, no communication of where to put it, or - child friendly spaces appropriateness.  Need opportunities to integrate nutrition into the onset – through others. Focus Group Discussion occurring but ad hoc.  Capacity building with local partners should be done before the emergency. | Nutrition Cluster in consultation with OCHA to tailor generic accountability to affected population toolkit to Nutrition response – by September 2014.  Include capacity building in AAP in the capacity development plan (see function 6). |