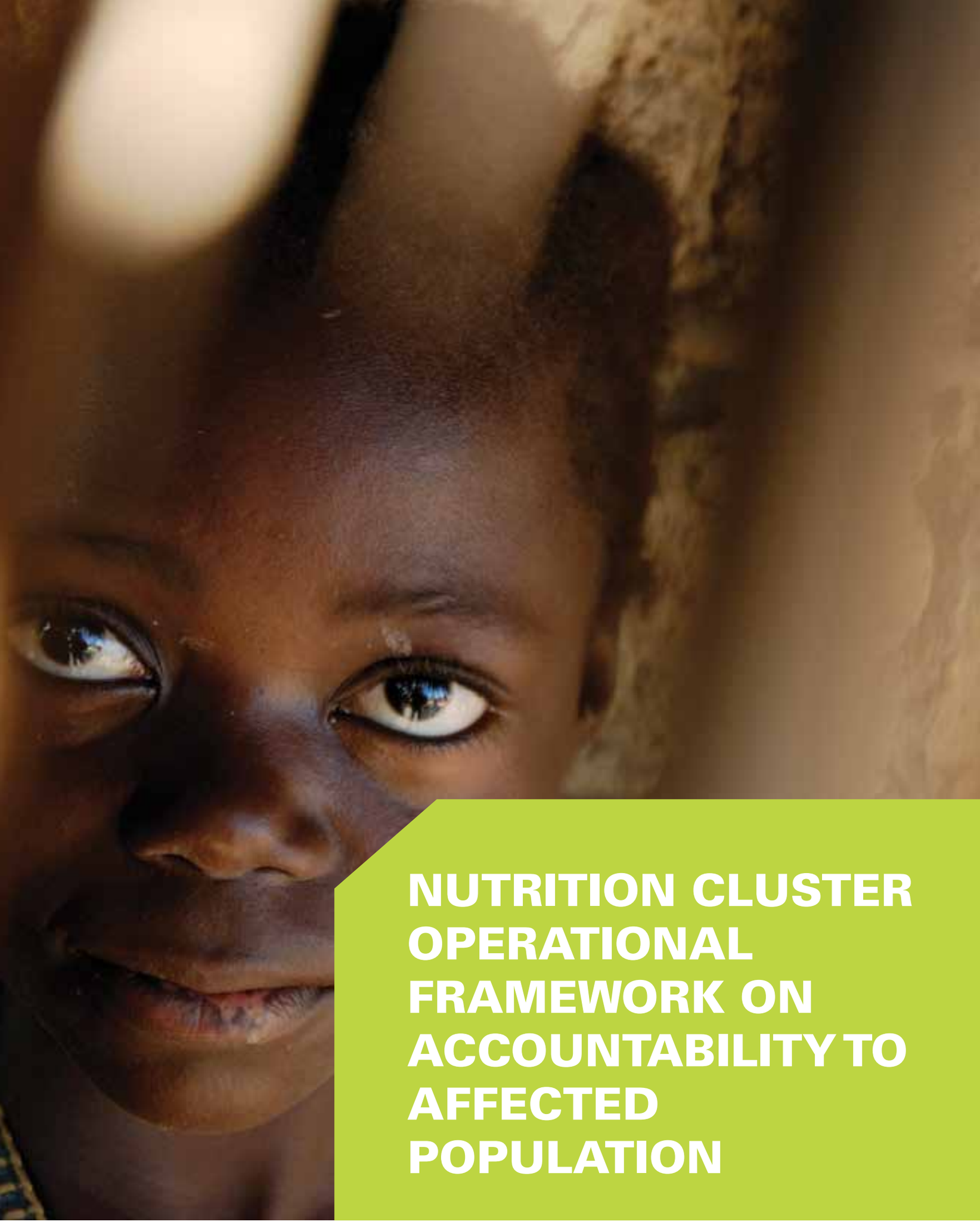

NUTRITION CLUSTER OPERATIONAL FRAMEWORK ON ACCOUNTABILITY TO AFFECTED POPULATION

Global NUTRITION CLUSTER

Partner Agencies

NUTRITION CLUSTER OPERATIONAL FRAMEWORK ON ACCOUNTABILITY TO AFFECTED POPULATION

INTRODUCTION

International organisations balance a complex system of accountabilities internally and externally to public and institutional donors, national and local authorities, partner agencies, host communities and the people they seek to assist. Since the 1998 Joint Evaluation on the International Response to the Genocide in Rwanda, evaluations of humanitarian responses have repeatedly highlighted a serious and persistent lack of accountability to people affected by crisis and disaster, noting the negative impact this has not only on those receiving assistance, but also on the quality of humanitarian response. The NGO sector led the humanitarian community's efforts to grapple with how best to respond to this from the late 1990s, and then in 2011 the Principals of the Inter-Agency Standing Committee agreed to a series of commitments pertaining to the United Nations IASC member agencies that set a framework for the engagement of UN agencies in the agenda, coining the phrase "accountability to affected populations", or AAP. The Principals agreed "to incorporate the commitments on AAP (also referred to as the CAAP) into policies and operational guidelines of their organisations and to promote them with operational partners, within the HCT and amongst cluster members" with a draft Operational Framework on AAP and associated tools being designed and piloted in 2012. In the ensuing years it has been found that even though there are "increasing numbers of NGOs demonstrating considerable success in building an organizational 'culture of accountability' and the commitments endorsed by the IASC Principals in 2011, accountability to affected populations is still not sufficiently prioritised at the senior, inter-agency, or cluster levels"[a]. The IASC's key objective for 2014-2016 is to "create a system-wide culture of accountability".

AAP is defined as an active commitment to use power responsibly by taking account of, giving account to, and being held to account by the people humanitarian organisations seek to assist[b]. It proposes a people-centred and rights-based framework that links many of the core, people-centred issues[c] and related response paradigms, including age, gender, diversity, disability, protection and communicating with communities[d]. It is concerned with respecting the rights, dignity and safety of people affected by disaster and conflict, identifying their unique needs by gender, age, disability and diversity, and ensuring that all segments of an affected community can equally access and benefit from assistance. The women, men, girls and boys, including older people and persons with disability, receiving humanitarian assistance are the primary stakeholders of any humanitarian response and have a basic right to participate in the decisions that affect their lives, receive the information they need to make informed decisions and to complain if they feel the help they receive is not adequate or has unwelcomed consequences.

The Global Nutrition Cluster (GNC) is committed to integrating its commitments on AAP in the humanitarian Nutrition in Emergency (NiE) response, as a part of the Transformative Agenda. The development of operational guidance is supported by the GNC 2014-2015 work plan under Strategic Pillar 1 (partnership, communication, advocacy and resource mobilisation), objective 1 (Strengthen existing partnerships and support the development of new partnerships to enhance accountability within a coordinated response), activity 1.6. This initiative is an operationalization of the IASC Principals' CAAP[e], endorsed in December 2011 (reproduced below) and constitutes concrete action on behalf of the GNC and its partners to contribute to the achievement of a system wide culture of accountability.

The CAAP:

1. **LEADERSHIP/GOVERNANCE:** Demonstrate commitment on accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.

2. **TRANSPARENCY:** Provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.

3. **FEEDBACK & COMPLAINTS:** Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction. Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly.

4. **PARTICIPATION:** Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.

5. **DESIGN, MONITORING & EVALUATION**: Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.

This framework and associated tools are founded upon on the IASC CAAP, and take into account the Core Humanitarian Standard (CHS). These are the two most central sets of guiding commitments on quality programming and accountability in the humanitarian sector at the present time. In December 2014, the Core Humanitarian Standard (CHS) was launched, superseding the HAP 2010 Standard in Quality and Accountability and the People In Aid Code, after extensive consultations and technical input across the sector, including quality and accountability initiatives, local and international NGOs, UN actors, donors, affected communities and other stakeholders. Depending upon their governing bodies, global nutrition actors may be accountable for reporting against the IASC CAAP, the CHS, and/or against their agency's accountability framework, which may for some time still follow the structure of the HAP 2010 Standard. The GNC operational framework on accountability therefore is an exploration of how these core commitments might be worked with simultaneously to create common ground amongst actors regardless of their agencies' obligations. It does not generate new commitments, but attempts to provide a shared platform that highlights the nutrition context and the particular priorities identified by nutrition actors, allowing all agencies to meet their particular commitments while working together.

COLLABORATION WITH GLOBAL FOOD SECURITY CLUSTER

In recognition of the complementarity between the Nutrition Cluster and the Food Security Cluster, joint efforts have been recommended for key phases in the Humanitarian Programme Cycle (HPC) such as assessments, analysis, identification of needs and response planning, and analysis of gaps in the response. In order to fulfil these key responsibilities, the two clusters operate under similar working principles including commitment to the Principles of Partnership, the Transformative Agenda and the framework on Accountability to Affected Populations. Both clusters have also committed to document and reinforce the importance of addressing core, people-related issues as outlined above in food security and nutrition responses, aiming for better results in service provision, including to specific vulnerable groups. The two clusters are therefore collaborating on this overall project, and in particular, a core tool developed in 2013 by the global Food Security Cluster's Programme Quality Working Group, entitled "Checklist to Mainstream People Centric Issues in the Humanitarian Programme Cycle" has been reviewed and updated within this project as a key resource to mainstream gender, age, disability and protection across the HPC for use by the two clusters.

"If we were told more about the programmes, we would be able to share ideas on how to improve them"

Young mother, nutrition programme participant, Chad

HOW TO USE THIS FRAMEWORK

This framework and associated tools are intended for use by nutrition actors associated with the nutrition cluster, including partners, cluster lead agencies and cluster coordination staff, responsible for policy and programme design, implementation and evaluation. They should be used in conjunction with each agency's own accountability framework, and serve as a bridge between actors and agencies, through the cluster, to negotiate common or collective approaches.

Global and national nutrition actors consulted in the course of this project requested guidance on how to put the accountability commitments into practice. People stressed that they wanted practical examples of how AAP might look in a nutrition setting if it were being done well. They also requested ideas for performance indicators so they could measure their effectiveness. This framework brings together established practices in the implementation of AAP commitments, tried and tested approaches for addressing the needs of marginalised groups, and the collective wisdom and experience of nutrition actors, to create a resource guide for anyone designing a context specific accountability framework and action plan for nutrition programming that puts people at its centre. As a source document for programme planning and improvement, it aims to provide a range of options and ideas for each of the commitment areas, so that users can decide which aspects to implement. Cluster partners and the cluster team should conduct their own context analysis, including an understanding of what is already working well and what needs to be addressed, and draw relevant priorities and achievable actions and indicators from the framework.

Working collectively with two sets of commitments that don't appear to fit neatly together has the potential for confusion. The CHS commitments go beyond the apparent scope of the IASC commitments, however they also represent a more consultative and recent consensus on what are the most important issues, in addition to being the commitments that much of the NGO community are now working to. This framework attempts to minimise the potential confusion through the following:

- The five IASC commitments (CAAP) form the foundation of this framework. They are re-ordered and linked with the relevant CHS commitments in groups as described below, with the intention of addressing the complexity of the two sets of commitments together in smaller conceptual chunks.

- Key actions are described against each group of commitments to give specific and concrete examples of what could be happening in a nutrition context if each commitment was being met. Most of the actions are described briefly with an accompanying endnote, accessed via the mouse, to give a more detailed description of the action. While the list here is not necessarily exhaustive, it does provide numerous options as advised by experts and practitioners in accountability and in nutrition (obtained during the course of consultations via Skype and in person in Chad, Geneva and Rome), including options that would be consistent with an audit or self-assessment against the CHS or the IASC CAAP.

- Some nutrition specific indicators are given as examples. For a more comprehensive list of indicator options, see the accompanying indicator tool that also includes some notes on implementation. It is acknowledged that indicators tend to benefit from contextualisation and these are given, again, as a resource compendium.

UNDERSTANDING HOW THE IASC COMMITMENTS ON AAP AND THE CHS COMMITMENTS ON QUALITY AND ACCOUNTABILITY FIT TOGETHER

The framework groups the two sets of commitments conceptually to guide users to the basic underlying principles upon which this work is founded:

Category 1: Community Engagement Commitments

Practical and predictable strategies and actions aimed at engaging with affected communities, ensuring their rights, dignity, safety, agency and entitlements are respected. All programming should work towards ensuring that women, men, girls and boys affected by crisis, including older people and persons with disability, have access to:

- Appropriate, relevant and timely information that is sensitive to stated information needs and preferences across age, gender and diverse groups;
- Two-way communications channels that welcome and facilitate feedback and complaints and provide redress for complaints;
- Means to participate in decisions that affect them (from consultation to active involvement), including fair and transparent systems of representation.

Category 2: Organisational Policy and Processes Commitments

2.1 Organisational policy and processes integrate accountability commitments and ensure the delivery of a quality humanitarian response that:

- Is appropriate, relevant, effective and timely;
- Strengthens local capacities and avoids negative effects, and;
- Is coordinated, complementary and facilitates mainstreaming of core people related issues, such as gender, age, diversity, disability, protection and communicating with communities.

2.2 Organisational policy and processes ensure the organisations responding:

- Treat staff fairly and equitably and support them to do their job effectively;
- Manage and use resources responsibly for their intended purpose, and;
- Continuously learn and improve.

COMPANION PIECES FOR THIS FRAMEWORK INCLUDE:

- Guidance for cluster coordinators on activities they could undertake in their role in mainstreaming AAP. This document can also be used for training cluster coordinators.
- A compendium of potential additional AAP indicators to add to the indicators suggested in this document with notes on implementation.
- An adapted version of the gFSC "Checklist to mainstream people centric issues in the humanitarian programme cycle", entitled, "Guidance for Mainstreaming AAP and People-Related Cross Cutting Issues in the Humanitarian Programme Cycle through the Cluster System". This document is designed to bring a common understanding between nutrition and food security actors working together and, as with this framework, targets not only the cluster coordination team, but all cluster partners and stakeholders.

CAAP COMMITMENT	RELATED CHS COMMITMENTS	KEY ACTIONS	
2: Transparency / Information sharing Provide accessible and timely information to affected populations[2] on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue between an organisation and its affected populations over information provision.	**CHS Commitment 4**: Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them.	Assess information needs and preferred communication channels by a minimum of sex and age[3]. Nutrition actors collectively agree on a benchmark for minimum routine provision of information that meets standards[4]. Inform the community about targeting and selection[5].	Information is accessible to all segments of the community in appropriate languages, format and media[6]. Collaborate with other agencies to improve communication and information and to ensure that information provided by different actors is not contradictory[7].
4: Participation Enable affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence.		Participation opportunities throughout the programme cycle[10]. Participatory processes are representative of all segments of the community and are fair[11]. Nutrition actors acknowledge the transformative potential of participatory approaches[12].	Community representatives are supported to fulfil their role well[13]. Review participatory processes to monitor for diversion of humanitarian assistance and other forms of corruption[14]. Incorporate understanding of local dynamics[15].
3**: Feedback and Complaints** Actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction.	**CHS Commitment 5:** Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.	Facilitate feedback across age, gender and diversity[20]. Consult on the means to complain[21]. Complaints mechanisms are designed to address barriers to complaining[22]. Complaints processes for nutrition programmes are streamlined and coordinated with others[23].	Agreement within the cluster on information flow and collective monitoring of systems[24]. Nutrition staff welcome and understand the value of complaints[25]. Nutrition programme complaints mechanisms are responsive and safe[26].

KEY ACTIONS	**EXAMPLE INDICATORS**[1]
Information related to accountability is incorporated into other programmes[8]. Provide feedback to communities[9].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … informed about the programme (who is included, what assistance people will receive, where people can provide feedback and/or complain); … satisfied with the amount of information they receive about nutrition programmes; … aware of the Code of Conduct to which nutrition actors must adhere. Proportion of nutrition assessments that include questions to assess the information and communication needs, and preferred/trusted methods of receiving information, of assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups.
Incorporate understanding of local gender and age dynamics and develop specific strategies to ensure women's participation[16]. Incorporate choice where possible[17]. Build positive relations between nutrition actors and affected people[18]. Creative use of unavoidable waiting times[19].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … satisfied with opportunities to influence nutrition programme design and implementation; … aware of systems in place for representation of their interests; … satisfied with systems in place for representation of their interests; … informed and updated by community representatives throughout the project cycle. Proportion of nutrition programme documents that demonstrate affected women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … were consulted regarding the design of nutrition interventions and programmes; … were consulted to define vulnerability as relevant to their community, and to propose the most vulnerable women, men, boys and girls of all ages and abilities for inclusion.
All segments of the communities understand the mechanisms and give feedback on it[27]. Complaints handling strategy includes receiving and handling sensitive complaints including sexual exploitation and abuse[28]. All complaints data is sex and age disaggregated[29].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … informed on how to complain about any aspect of nutrition programmes; … consider the complaints mechanisms effective, confidential, accessible and safe; … satisfied that the methods to provide feedback and to make complaints are appropriate in their context. Proportion of complaints received investigated and resolved within the timeframe stated. Proportion of relevant nutrition programme documents that document and report on community feedback and programme adjustments made as a result. Proportion of cluster partner agencies who have functioning complaints and response systems in place, or who participate in joint systems. Proportion of surveyed cluster and partner staff informed as to how the complaints and response system works, and their roles in receiving and responding to complaints, especially sensitive complaints.

CAAP COMMITMENT	RELATED CHS COMMITMENTS	KEY ACTIONS	
1: Leadership/ Governance Demonstrate their commitment to accountability to affected populations by ensuring feedback and accountability mechanisms are integrated into country strategies, programme proposals, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting.		Commitments on AAP are integrated into relevant organisational processes and documentation[30].	Cluster partners together agree on how to implement the community engagement commitments[31].
5: Design, monitoring and evaluation Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.	**CHS Commitment 1:** Communities and people affected by crisis receive assistance appropriate and relevant to their needs.	Nutrition actors conduct and/or incorporate available analysis of the context, stakeholders and SADD[33]. Nutrition programme design incorporates context and SADD analysis[34]. Assessments are coordinated to reduce negative impact[35].	Nutrition assessments ensure participation and visibility for marginalized groups including older people and persons with disability. Nutrition programmes are timely[36]. Nutrition actors use relevant technical standards and draw from best practice to plan and assess programmes.
	CHS Commitment 2: Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.		
	CHS Commitment 3: Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action.	Nutrition programmes: • Contribute to resilience[39]. • Incorporate an exit strategy[40].	Nutrition actors: • Identify and mitigate potential negative side effects of programmes[41]. • Consider the impact on women, men, girls and boys, including older people, persons with disability and other vulnerable groups of attending programmes[42].

KEY ACTIONS	EXAMPLE INDICATORS
Organisations and/or the cluster institute a focal point system of committed staff, trained in AAP and core people-related issues[32].	Proportion of Nutrition cluster project plans on the OPS include elements of AAP, including reference to age, gender and diversity considerations.
Nutrition programming responds to change and feedback[37]. Nutrition programmes consider distance and location[38].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … satisfied that nutrition programmes are relevant to their specific needs and culture; … consider their needs were met by nutrition interventions; … satisfied with the timing of the nutrition assistance they received. Proportion of nutrition project proposals that demonstrate… … a clear link between assessments and proposed actions; … adaptation to local factors, the context analysis and the distinct needs of each targeted group; … assessment of the specific needs of marginalized groups including older people and persons with disabilities. Proportion of nutrition programme documents with evidence of programme adaptation in response to changes in situation and feedback.
Nutrition actors: • Analyse the potential for nutrition programmes to contribute to negative coping strategies. • Consider the potential to influence positive change[43].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … consider themselves better able to meet their future nutrition needs and withstand future shocks and stresses as a result of nutrition interventions; … perceive negative effects resulting from nutrition interventions. Before and after assessments demonstrate that relevant skills and knowledge of relevant segments of the target populations have increased as a result of nutrition interventions. Proportion of Nutrition Cluster project plans on the OPS include reference to analysis of local resilience and coping mechanisms.

CAAP COMMITMENT	RELATED CHS COMMITMENTS	KEY ACTIONS	
5: Design, monitoring and evaluation Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process.	**CHS Commitment 6:** Communities and people affected by crisis receive coordinated, complementary assistance.	Cluster stakeholder and role analysis[44]. Nutrition programmes complement other relevant programmes, within the nutrition sector and other sectors[45].	Appropriate coordination (jntersectoral and within the nutrition cluster)[46].
	CHS Commitment 7: Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection.	Nutrition programme proposal and design documents incorporate AAP into their indicators.	Nutrition actors: • routinely involve affected communities in design, monitoring and evaluation[48]. • regularly monitor their performance[49]. • learn, innovate and implement change[50].
	CHS Commitment 8: Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers.	Cluster partners and the cluster coordination team: • adhere to governing policies including a code of conduct[51]. • ensure partners have the competencies to fulfill their roles[52].	• make efforts to balance nutrition science with a human rights approach[53]. • ensure that staff understand and respect the rights of the women, men, girls and boys, including older people, they seek to assist[54].
	CHS Commitment 9: Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.	Work with donors on accountability[57].	Accountability activities are adequately budgeted for[58].

KEY ACTIONS	EXAMPLE INDICATORS[6]
Debate and dialogue keeps nutrition interventions current[47].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups perceive nutrition programmes as well coordinated. Number of joint assessments planned and conducted. Proportion of nutrition assessments conducted where three or more nutrition actors participate together. Proportion of cross sectoral assessments and projects nutrition actors participate in. Proportion of eligible organisations that participate regularly in the nutrition cluster.
	Number of indicators referencing quality programming, including AAP, age, gender, diversity, protection, PSEA. Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … identify improvements to the assistance and protection over time, recorded with SADD. Evidence of programme improvements based on feedback and learning.
• ensure that staff have the skills to engage with each segment of communities[55]. • provide regular opportunities for staff to learn and discuss issues relevant to improved practice in AAP and core people related issues[56].	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … satisfied with the quality of staff. Proportion of cluster / nutrition related job descriptions and ToRs contain clear reference to commitments on AAP and core people related issues, such as gender, age, diversity, disability, protection and communicating with communities. Proportion of cluster partners satisfied with support provided by the cluster to improve their AAP practice. Proportion of partnership agreements between CLAs and partners include reference to AAP and PSEA.
Strategy for financial transparency[59].	Proportion of programme budgets include budget lines for accountability activities. Proportion of programmes with a strategy for sharing basic financial information with communities and other stakeholders.

ACTIVITIES FOR NUTRITION CLUSTER COORDINATORS TO MAINSTREAM THE IASC COMMITMENTS ON AAP IN NUTRITION PROGRAMMING[f]

1. LEADERSHIP / GOVERNANCE

Assessment, analysis, response planning and project design

- Consult with available gender, protection, age, disability, communicating with communities (CwC) and accountability specialized agencies and focal points when developing plans and designing assessments to seek expert input. Advocate for these areas in joint/interagency assessment design.
- Ensure AAP and core people-related[g] issues are referenced in all cluster related documents.
- Ensure Sex and Age Disaggregated Data (SADD) is routinely collected, analysed and used to set a baseline and throughout the response, including an appropriate breakdown of older age groups. Advocate for the inclusion of data on disability.
- Facilitate the implementation and utilization of a context analysis of local culture, customs, beliefs, taking into account the differing needs of women, men, girls and boys, including older

people, persons with disability and other vulnerable groups. Apply a protection and "Do No Harm" analysis.

- Advocate for the inclusion of key findings inclusive of AAP and core people-related issues analysis in the response framework and strategic planning.
- Ensure AAP and core people-related issues are incorporated in project documents for the OPS, and work with partners to establish robust and measurable gender and age commitments in response to the gender and forthcoming age markers.
- Ensure that adequate resources for implementing AAP and core people-related issue interventions are incorporated into project plans and proposal budgets.
- Integrate a realistically achievable number of relevant AAP and core people-related indicators within the strategic response plan and other relevant documents.

Cluster meetings and capacity building

- Establish a standing item on the cluster meeting agenda for AAP and core people related issues, including CwC and protection. Ensure the needs of women, men, girls and boys, including older people and persons with disability are routinely discussed.
- Establish a quality and accountability sub working group.
- Identify cluster partners that have strong policy and practice experience on AAP and the core people-related issues and facilitate their taking a leadership role within the cluster on these.
- Coordinate peer based capacity building on core people related issues and AAP among partners to ensure skill within the cluster to carry out key activities throughout the HPC.
- Seek relevant speakers to attend cluster meetings to educate, inform and stimulate debate and discussion in the cluster on AAP and core people related issues, including members of affected populations.
- Invite representatives from other clusters to cluster meetings to update partners on current issues, promote improved inter-cluster coordination, and harmonise AAP and core people-related issues activities and initiatives.
- Facilitate discussion within cluster meetings on relevant standards, best practice, and how to avoid negative side effects of aid under a Do No Harm banner.
- Identify roles, responsibilities, capacities and skills of nutrition actors through the cluster.

Other activities

- Ensure cluster activities reference and coordinate with those of national actors.
- Work with partners to develop a coherent strategy on targeting and selection of affected women, men, girls and boys, including older people, persons with disability and other vulnerable groups.
- Advocacy and partnership with donors to seek greater flexibility in funding, consistent messaging amongst donors on AAP and core people-related issues, and support for common accountability initiatives such as call centres and CwC projects.
- Seek to engage specialist staff to work collectively with partners and other stakeholders on AAP, CwC, gender, age, disability and protection, whether through Stand By Partners, secondments from partner agencies or short-term missions.

2. TRANSPARENCY / INFORMATION SHARING

- Encourage nutrition partners to collectively assess the information and communication needs, preferences and trusted sources of target populations. Accommodate people with vision, hearing, communication, mobility and literacy limitations and/or difficulties with processing information.
- Develop common cluster strategies on information provision, including messaging and two-way communication, feedback and complaints. Where relevant and possible, use common systems and collect feedback to review at cluster level for programme improvement.
- Support partners to share translation resources to ensure information is provided in relevant community languages.
- Facilitate multi-agency and multi-disciplinary communications initiatives and represent the nutrition cluster on interagency and intersectoral initiatives.

3. FEEDBACK AND COMPLAINTS

- Lead discussion on feedback and complaints and response mechanisms, and encourage partners to consolidate resources and to participate in interagency mechanisms wherever feasible.
- Ensure feedback is built into monitoring and evaluation processes.
- Encourage transparency amongst partners as to the types of complaints received and responses provided, ensuring confidentiality and safety of complainants.
- Assist partners to incorporate flexibility into project design so that feedback can lead to change and improvement.
- Ensure the establishment of safe mechanisms and strategies that work towards the prevention of sexual exploitation and abuse of affected people by humanitarian actors.

4. PARTICIPATION

- Lead discussion amongst partners on processes for participation of women, men, girls and boys, including older people and persons with disability, and analysis of the inclusiveness, fairness and adequacy of representation processes. Encourage measures to include and consult 'hard-to-reach' people with disabilities and older people, and their carers, including those who cannot leave their homes or shelters, including through using specialist organisations.
- Routinely identify, monitor and address barriers affecting participation and access to services for people with disabilities, older people and gender groups.
- Identify learning needs of cluster partners on the skills required to promote age, gender and disability inclusive community participation and explore options for meeting these.
- Ensure that partners pool resources where possible to enable participation and feedback.
- Reduce potential negative impact on communities of multiple assessments occurring in the same places with the same people, while ensuring that adequate and participatory assessments are conducted.
- Facilitate discussion and learning amongst partners through the cluster meeting and other relevant fora to ensure an understanding of the impact of local culture, belief and capacity on the efficacy of nutrition programmes.

5. DESIGN, MONITORING AND EVALUATION

- Ensure nutrition, accountability and core people-related issues are adequately represented in interagency assessments, including SADD, adequately broken down across age groups and with the inclusion of disability information where possible.
- Ensure adequate and accountable assessments are conducted by nutrition actors as early as possible in the response and that assessments influence programme design.
- Facilitate the coordination of nutrition assessments where appropriate.
- Ensure effective and coordinated involvement of affected women, men, girls and boys, including older people, persons with disability and other vulnerable groups in assessment, monitoring and evaluation processes.
- Facilitate discussion in the cluster on the differentiated nutrition needs of the affected communities by gender, age, disability and diversity.
- Facilitate discussion and debate through the cluster as to findings of monitoring and evaluation, impact on programmes and potential for innovation.
- Initiate collaboration between nutrition actors to assess the quality of the nutrition response, for example, as a part of the cluster performance monitoring process, ensure review of collective strengths and weaknesses in nutrition programming against quality commitments, including community consultations / listening exercises, and share results.
- Share findings, tools, data, lessons learned and good practices with the global cluster for further dissemination.
- Share findings with affected communities, ensuring that all segments of the community can access the information.

SAMPLE AAP AND PSEA INDICATORS AGAINST THE IASC COMMITMENTS FOR THE NUTRITION CLUSTER

The following offers a choice of base indicators on AAP for inclusion in programme and planning documentation for nutrition actors. It includes the indicators listed in the document, "Nutrition Cluster Operational Framework on AAP" along with additional options. It is not intended for use in its entirety, rather, a small, realistically achievable and broadly acceptable number of indicators should be selected to suit the unique context and purpose. Each indicator may need to be adapted to further match the context and the available means of data collection, including that once contextualised, they may need to be more precise in what exactly they are measuring.

CATEGORY 1: Community Engagement	SUGGESTED INDICATORS	NOTES ON THE INDICATOR AND METHOD: MEANS OF VERIFICATION, FREQUENCY, TIMING
Commitment 2: **Transparency, Communication and Information Provision**	*Indicators for community surveys, during monitoring and evaluation*	
	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … informed about the programme (who is included and why, what assistance people will receive, where people can complain).	A few survey questions for affected communities can be integrated into existing processes, such as assessments, post-distribution monitoring, beneficiary contact monitoring, participant registrations, etc. Wording should be adapted to make sense and be clear in the local context before being translated. Questions should be test run with a cross section sample of affected community members to ensure comprehension. Questions could be used as before and after surveys in conjunction with an information campaign, or conducted from time to time to monitor routine and base level information provision.
	… aware of their rights and entitlements with respect to nutrition programmes.	
	… satisfied with the amount of information they receive about nutrition programmes.	
	… satisfied that they have access to the information regarding nutrition actors and organisations that they need.	
	… aware of procedures to make a complaint about the nutrition programmes or any of their staff.	
	… aware of the Code of Conduct to which nutrition actors must adhere.	
	… aware of commitments on prevention of sexual exploitation (SEA) and abuse by nutrition or humanitarian actors, and of what to do if SEA should occur.	
	Indicators for document review	
	Proportion of nutrition assessments that include an assessment of the information and communication needs of assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups.	Sample assessments from the humanitarian response website, or conduct review through cluster.
	Proportion of programme sites where updated information adhering to the commitments on accountability is publicly available.	Consider independent, third party or peer review.
	Proportion of nutrition programmes that include a two-way communications and information provision strategy.	From OPS, or voluntary submission through cluster.

CATEGORY 1: Community Engagement	SUGGESTED INDICATORS	NOTES ON THE INDICATOR AND METHOD: MEANS OF VERIFICATION, FREQUENCY, TIMING
Commitment 3: **Feedback and Complaints**	*Indicators for community surveys, during monitoring and evaluation*	
	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … informed on how to complain about any aspect of nutrition programmes.	People should be asked a specific question that tests whether they actually know how the system works. If merely asked if they have been informed, the response cannot be verified.
	… aware of processes to provide feedback on the nutrition programmes.	
	… consider the complaints mechanisms effective, confidential and safe.	As above, any of these questions would need to be broken down to something that makes sense in the local context, and perhaps test run on a small sample of community members.
	… satisfied that the methods to provide feedback and to make complaints are appropriate in their context.	
	… aware of the types and percentage of complaints that have been resolved and fed back on.	
	Indicators for document review	
	Proportion of complaints received investigated and resolved within the timeframe stated.	Complaints systems should be set up with clear steps that are easy to monitor. This is often not the case, so care should be taken from the beginning. This would constitute a productive discussion to have within the cluster.
	Proportion of complaints received and logged that have a record of response.	
	Proportion of cluster partner agencies who have functioning complaints and response systems in place, or who participate in joint systems.	
	Proportion of relevant nutrition programme documents that demonstrate reference to community feedback and to programme adjustments made as a result.	The parameters of which documents to survey should be set early on, linked to the operational context.
	Indicators for staff surveys	
	Proportion of surveyed cluster coordination team and partner staff… … informed as to how the complaints and response system works, and their roles in receiving and responding to complaints.	Staff surveys as a means of verification would need to be planned out with thought to what kind of sampling would provide a reasonable cross section. They could be conducted by independent, third party or peer reviewers. This section of indicators will be shaped by how coordinated complaints mechanisms are between agencies and whether any joint ones exist. Questions should be tailored to make sense to the context.
	… aware of procedures for making and resolving complaints regarding the cluster.	
	… aware of the systems in place to regularly and actively seek feedback on programmes from women, men, girls and boys, including older people, persons with disability and other vulnerable groups, targeted by the intervention.	
	… aware of procedures in place to address allegations of exploitation or abuse.	
	… aware of what acts constitute sexual exploitation and abuse (SEA) and are therefore prohibited.	

CATEGORY 1: Community Engagement	SUGGESTED INDICATORS	NOTES ON THE INDICATOR AND METHOD: MEANS OF VERIFICATION, FREQUENCY, TIMING
Commitment 4: **Participation and Representation**	*Indicators for community surveys, during monitoring and evaluation*	
	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … satisfied with opportunities to influence nutrition programme design and implementation.	A good example of how to review participatory processes can be found in the HAP Camp committee assessment tool. It should be noted that trust of representatives can be a difficult thing to measure, but is important to gauge as far as possible. If representatives are not trusted and act more as gatekeepers or in the interests of a powerful elite, for example, participatory systems have the potential to perpetuate discrimination and abuse rather than tackle it, and humanitarian agencies are implicated.
	… satisfied with the method and process of selection of project participants.	
	… satisfied with the participation of communities in selection and targeting of nutrition programme participants.	
	… aware of systems in place for representation of their different interests and needs.	
	… satisfied with systems in place for representation of their interests.	
	… informed and updated by community representatives throughout the project cycle.	
	… satisfied that systems of community representation occur independently of other political, governmental, or other power based representation structures.	
	Indicators for document review	
	Proportion of nutrition programme documents that demonstrate affected women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … were consulted regarding the design of nutrition interventions and programmes.	Cluster members should be encouraged to document any community engagement they undertake so that it can provide data later on.
	… were consulted to define vulnerability as relevant to their community, and helped identify the most vulnerable women, men, boys and girls, based on those criteria.	

CATEGORY 2: Organisational Policy and Processes	SUGGESTED INDICATORS	NOTES ON THE INDICATOR AND METHOD: MEANS OF VERIFICATION, FREQUENCY, TIMING
Commitment 1: **Leadership, Governance and Staff Competencies**	*Indicators for community surveys, during monitoring and evaluation*	
	Proportion of surveyed assisted women, men, girls and boys, including older people, persons with disability and other vulnerable groups… … identify improvements to the assistance over time.	
Commitment 5: **Design, Monitoring, Evaluation and Learning**	… report feeling unsafe or having experienced safety problems when accessing and utilising nutrition programmes.	While this is a sensitive question to ask, collecting data on reported incidents will not give an accurate picture of protection issues if people don't feel safe to report incidents.
	… are satisfied that nutrition programmes are relevant to their specific needs and culture.	Before measuring this, "specific needs and culture" would need to be determined in the particular context, including how to frame these ideas, or how to word questions. For example, surveys might ask, "do our programmes fit in with (or respect) your community's practices and beliefs?", "does the nutrition programme give you exactly what you need? If not, what is missing?"
	… consider their needs were met by nutrition interventions.	If needs were consulted on and identified at the beginning, people could be given specific examples to report their perceptions against.
	… satisfied with the timing of the nutrition assistance they received.	Many of the questions for affected community members could be adapted to a focus group discussion / listening exercise. Questions regarding resilience and ability to meet future needs could be framed in a very precise manner, or more generally as perception questions, depending upon the programme and what is to be measured. Specific knowledge that is believed to help in the future could be tested through the questions (for e.g. people have a greater knowledge base about nutrition for their children) or their level confidence and satisfaction, taking care to ensure that people don't feel obliged to answer positively to appease the surveyors.
	… consider themselves better able to meet their future nutrition needs and withstand future shocks and stresses as a result of nutrition interventions.	
	… perceive nutrition programmes as well coordinated.	
	… perceive staff to be effective in the implementation of nutrition programmes.	
	Before and after assessments demonstrate that relevant skills and knowledge of target populations have increased as a result of nutrition interventions.	

CATEGORY 2: Organisational Policy and Processes	SUGGESTED INDICATORS	NOTES ON THE INDICATOR AND METHOD: MEANS OF VERIFICATION, FREQUENCY, TIMING
Commitment 1:	*Indicators for document review*	
Leadership, Governance and Staff Competencies	Proportion of Nutrition cluster project plans on the OPS include… … reference to accountability and core people related issues, including concrete reference to age, gender and diversity considerations.	The aim for this indicator should be 100%.
Commitment 5:	… reference to analysis of local resilience and coping mechanisms.	
Design, Monitoring, Evaluation and Learning	Proportion of cluster and response related documents, including the HRP, that have clear reference to accountability and core people-related issues, including concrete reference to age, gender and diversity considerations.	See guidelines for mainstreaming AAP and core people-related issues across the HPC for links to examples.
	Proportion of nutrition programme documents… … with reference to cross-cutting issues.	
	… that refer to planning for resilience and an exit strategy.	
	Proportion of nutrition programme proposal budgets that have resource allocations for accountability commitments.	
	Proportion of cluster member agencies that have undertaken some form of self-assessment on adherence to accountability commitments, and have an accountability action plan.	The IASC have self-assessment tools against the five commitments. Partner agencies may have conducted some form of assessment against the HAP Standard or against the CHS.
	Number of joint assessments planned and conducted.	
	Number of M&E indicators referencing quality programming, including AAP, age, gender, diversity, protection, PSEA.	
	Proportion of assessments explicitly consider the needs of different segments of the population (women, men, girls and boys, older people, people living with disabilities, HIV and AIDS, people from different religious groups) and reflect this data at proposal level.	
	Proportion of assessments that demonstrate the participation of women, men, girls and boys, including older people, persons with disability and other vulnerable groups, in assessments.	
	Proportion of evaluations that demonstrate the participation of women, men, girls and boys, including older people, persons with disability and other vulnerable groups, in assessments.	

CATEGORY 2: Organisational Policy and Processes	SUGGESTED INDICATORS	NOTES ON THE INDICATOR AND METHOD: MEANS OF VERIFICATION, FREQUENCY, TIMING
Commitment 1: **Leadership, Governance and Staff Competencies**	Proportion of nutrition project proposals that demonstrate… … a clear link between assessments and proposed actions.	
	… adaptation to local factors and the context analysis.	
Commitment 5: **Design, Monitoring, Evaluation and Learning**	Proportion of nutrition programme documents with evidence of programme adaptation in response to changes in situation and feedback.	
	Proportion of cluster job descriptions and ToRs contain clear reference to commitments on AAP and core people-related issues.	
	Proportion of nutrition assessments conducted where three or more nutrition actors participate together.	
	Proportion of cross sectoral assessments and projects nutrition actors participate in.	
	Proportion of programme budgets include budget lines for accountability activities. Proportion of programmes with a strategy for sharing basic financial information with communities and other stakeholders.	
	Proportion of overall nutrition interventions implemented that are coordinated between three or more agencies.	
	Proportion of eligible organisations that participate regularly in the nutrition cluster.	How this is measured is shaped by the question that the national cluster wishes to answer, for example; "Are all the agencies operating in the country that could partner the nutrition cluster adequately informed about the existence of the cluster and actively seeking it out and participating?" or "Are the agencies currently registered with the national cluster actively participating and attending meetings on a regular basis (meaning of this determined locally)?" (and if not, why not).
	Indicators for staff surveys	
	Proportion of cluster staff and members… … are aware of the IASC commitments on AAP and have a copy of the operational framework.	
	… are aware of commitments on prevention of sexual exploitation and abuse and which code of conduct they adhere to.	
	Proportion of cluster partners satisfied with support provided by the cluster to improve their AAP practice.	Some of these indicators may be of use for an informal, internal review to adjust cluster approach.
	Proportion of partnership agreements between CLAs and partners include reference to AAP and PSEA.	

APPENDIX

ENDNOTES

a https://interagencystandingcommittee.org/accountability-affected-people

b http://www.fao.org/fileadmin/user_upload/emergencies/docs/Guidance%20Note_Accountability_Publi.pdf

c Some of which are commonly known as cross cutting issues. Given current wisdom that the use of the phrase "cross cutting issues" may inadvertently reinforce the notion that these issues are extraneous to the core work of any sector and therefore constitute an additional workload burden, a different conceptualization is used. Here "core people-related issues" is used to refer to gender, age, diversity and disability, along with two key related response frameworks; protection and communicating with communities.

d Coordination and Funding of Cross-Cutting Issues in Humanitarian Action; A strategic review commissioned by the UN Office for Coordination of Humanitarian Affairs, Dr Piero Calvi-Parisetti.

e IASC website: http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-common-default&sb=90

f This guide is a companion piece to "Nutrition Cluster AAP Framework" and "Guidance for mainstreaming AAP and Core People-Related issues through the HPC".

g Some of which are commonly known as cross cutting issues. Given current wisdom that the use of the phrase "cross cutting issues" may inadvertently reinforce the notion that these issues are extraneous to the core work of any sector and therefore constitute an additional workload burden, a different conceptualization is used. Here "core people-related issues" is used to refer to gender, age, diversity and disability, along with two key related response frameworks; protection and communicating with communities.

ACTION EXPLANATIONS

1 Refer to document "Sample AAP and PSEA Indicators against the IASC Commitments" for further examples for adaptation.

2 While the wording of both IASC and CHS commitments is reproduced here exactly, it should be noted that current practice encourages the replacement of undifferentiated terms, such as "affected populations" or "people affected by crisis" with an explicit de-grouping, along the lines of what is used in the body of this document, i.e. "women, men, girls and boys, including older people, persons with disability and other vulnerable groups".

3 Nutrition actors talk to each segment of the communities they seek to assist about their information needs and preferences for channels and means of communication from the initial assessment phase. Assessment and subsequent information provided differentiates between the different groups targeted and needs being met.

4 Nutrition actors routinely provide information to communities and people affected by crisis about critical issues on nutrition, the organisation, the principles it adheres to, how it expects its staff to behave, the nutrition programmes it is implementing and what they intend to deliver. Minimum expected levels of information provision can be found in the IASC tools: http://interagencystandingcommittee.org/system/files/legacy_files/TOOLS%20to%20assist%20in%20implementing%20the%20IASC%20AAP%20Commitments.pdf

5 Nutrition actors ensure that affected women, men, girls and boys, including older people, persons with disability and other vulnerable groups, understand the targeting and selection process and that those who weren't selected understand why.

6 Nutrition actors communicate in languages, formats and media that are easily understood, respectful and culturally appropriate for different parts of the community, especially vulnerable and marginalised groups. Local literacy levels are taken into account, ensuring there are communication methods appropriate for those who can't read, and also that those who can are respected and potentially even engaged to assist disseminate information. Efforts are made for people with vision, hearing, communication, mobility and literacy limitations and/or difficulties with processing information.

7 Nutrition actors collaborate with and support others to implement multi-agency and multi-disciplinary communications and technology initiatives that deliver information and services. This should include seeking out the expertise of specialist agencies to support tailoring communication and information to the needs of particular groups.

8 Nutrition actors use opportunities afforded during programme activities, such as education programmes and sensitization activities, to routinely incorporate information regarding rights and entitlements, how to give feedback and make a complaint.

9 Wherever possible, affected communities receive feedback from nutrition actors regarding the findings and outcomes of assessments and consultations. Ensure that all segments of the community have access to this feedback.

10 Affected women, men, girls and boys, including older people, persons with disability and other vulnerable groups, receiving nutrition support have opportunities to participate throughout the project cycle.

11 Nutrition actors ensure that participatory processes avoid relying only on traditional and gendered leadership structures and that crisis affected women, men, girls and boys, including the elderly and persons with disability, are represented in an inclusive and fair manner.

12 An exploration of the transformative potential participation when working with women, men, girls and boys, including older people and persons with disability to facilitate acceptance of diversity in voice and input, working to create

dialogue not only with nutrition actors but among community members themselves.

13 Nutrition actors build the capacity of community representatives to meet the requirements of their roles and to sustain participatory processes through commitment, fairness and trust.

14 Participatory processes are reviewed intermittently to gauge community satisfaction and to monitor for abuse or corruption.

15 Nutrition actors take active steps to be aware of and take into account local culture, customs, beliefs, capacity and strategies to survive with dignity, including how community dynamics and social inequities may be played out through participatory processes, and the impact these processes may have on the ability of different age, gender and diversity groups to participate. Actors take measures to include and consult 'hard-to- reach' persons with disability and older people, and their carers, including those who cannot leave their homes or shelters. Use community outreach and/or partner with representative or specialised age and disability organisations.

16 Nutrition actors analyse and consider local gender and age dynamics in the design of their strategies for involving women of all ages throughout the project cycle, ensuring that they take an inclusive approach and consider how to work with men of all ages to open a safer space for women.

17 Wherever feasible, nutrition actors respect the rights and dignity inherent in self determination and the ability to make choices.

18 Nutrition actors attend to the atmosphere at nutrition centres and to interactions between nutrition staff and people receiving assistance to build positive and respectful relationships.

19 Whenever possible, nutrition actors use the gathering of people receiving services and any unavoidable waiting times effectively to respect people's time and maximise opportunities for feedback, monitoring, information exchange and sensitization activities. Use of the time of volunteers for this may help offset lack of time on the part of nutrition staff.

20 Nutrition actors encourage and facilitate people receiving nutrition support to provide feedback on their level of satisfaction with the quality and effectiveness of programmes, paying particular attention to the gender, age and diversity of those giving feedback. This may include outreach activities to capture input from those with mobility restrictions.

21 Where possible, nutrition actors consult with communities and women, men, girls and boys, including older people and persons with disability, affected by crisis on the design, implementation and monitoring of complaints-handling processes.

22 Nutrition actors ensure that complaints mechanisms are designed with options to address barriers to complaining that will be faced by different segments of the community, according to gender, age, disability and diversity and that multiple channels are drawn upon.

23 Where relevant complaints handling systems exist already, nutrition actors make every effort to streamline processes so that affected communities are not confronted by an array of disconnected mechanisms. Complaints processes are shared with other clusters and relevant stakeholders.

24 While each agency may wish to establish their own systems and to keep complaints against them confidential, it would be of benefit to the partnership as a whole to agree on systems for collating overall information coming in from complaints mechanisms to monitor for broader trends and hotspots, and to allow all nutrition actors to benefit from the feedback. Sensitive complaints should be de-identified and means to satisfy agency requirements for confidentiality agreed upon.

25 Nutrition actors sensitize their staff to welcome and accept complaints and communicate effectively how the mechanism can be accessed and the scope of issues it can address.

26 Those responsible manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.

27 Communities are sensitized on how to use the complaints mechanisms and to give feedback on it, with particular attention to ensuring that women, older people, and others with potential barriers to access are involved.

28 Every effort is made to ensure that complaints systems include avenues for sensitive complaints, and that communities are sensitized to their rights and to the codes of conduct that nutrition actors are bound, as an expression of commitment to the prevention of sexual exploitation and abuse. Recognition is made of the additional risks faced by marginalized groups including older and disabled women and girls.

29 Records of complaints should capture data such as, gender and (approximate) age/age group of complainant, if they are making the complaint for themselves or on behalf of someone else, and if so, the gender and age of the person with the complaint. Reporting should break age groups into 10 year cohorts without a large, generic older age group.

30 The cluster and other nutrition actors ensure accountability to affected populations is integrated into relevant and key organisational processes and documentation, such as; Strategic Response Plans, assessments, country strategies, nutrition programme and project proposals, monitoring and evaluation, recruitment, staff inductions, trainings and performance management, partnership agreements, reporting, cluster performance framework.

31 The cluster partnership agrees on and documents expectations and processes for communicating and sharing information with the people the cluster seeks to assist, and for enabling women, men, boys and girls, including older people and persons with disability, and other stakeholders, to participate in decisions that affect them, provide and receive feedback, and to participate in monitoring and evaluation. This may be best achieved through the establishment of a committee to lead on it.

32 Including gender, age, disability, diversity, protection and communication with communities.

33 Age disaggregated data includes 10 year cohorts with no upper limit.

34 Nutrition programme design and implementation takes into account assessment of local needs, risks, vulnerabilities, roles and capacities of different groups, considered in particular by age, gender and diversity. For example, recognising the role older women play in decision making on household food use, and the potential positive impact of older women on the nutritional status of children.

35 Nutrition actors coordinate assessments with each other and across sectors whenever possible to ensure a reduction of the impact of multiple assessments on affected communities, however, the potential for multiple assessments is not used as an excuse to not consult with representatives of each segment of affected communities.

36 Nutrition actors deliver nutrition programmes in a timely manner, making decisions and act without unnecessary delay.

37 Nutrition programmes are adapted at different stages of the programme cycle to respond to changes in context, feedback, experience, monitoring and evaluation.

38 Nutrition actors take into account distance and location of programmes, and consider the impact of travel for affected communities particularly for those with mobility issues or those with carer roles that make it difficult for them to travel, both from a financial and protection perspective.

39 Nutrition programmes build on local capacities and support communities and people affected by crisis to identify how best to increase their resilience to face future nutrition challenges.

40 Nutrition programmes incorporate a transition/ hand over or exit strategy from the early stages to ensure longer-term positive effects and reduce the risk of dependency. These strategies might include capacity building activities.

41 Nutrition actors identify and act upon potential or actual unintended negative effects as a result of nutrition programmes in a timely and systematic manner, including in the areas of:

a. Safety, security, dignity and rights;
b. Sexual exploitation and abuse by staff;
c. Culture, gender, age and social and political relationships;
d. Livelihoods;
e. The local economy; and
f. The environment.

42 Nutrition actors consider the impact on the women, men, girls and boys they seek to assist, including older people, persons with disability and other vulnerable groups, of attending programmes, including financial and time consumed, ensuring respect is maintained for the daily activities people must undertake and the potential cost to them of attendance. One of the most common examples of this is the distance people are required to travel to attend programmes, and whether this involves additional cost to them, poses any protection risks (especially for women), the added time that travel will mean they are away from their family and daily responsibilities, what options they may have for childcare or care for older people/persons with disability during time away, the weight of distributed items they may be required to carry, etc.

43 Nutrition actors consider the potential for the design of their programmes to influence positive change and greater equality among the communities they serve, as opposed to following and reflecting existing community dynamics and inequities.

44 Nutrition actors identify the role, responsibilities, capacities and interests of different stakeholders, especially through the cluster, and make constructive links with other actors dealing with, for example, age and disability.

45 Nutrition actors ensure nutrition programmes complement those of national and local authorities and of other humanitarian organisations.

46 Nutrition actors participate in relevant coordination bodies, including the cluster, share relevant information and collaborate with others. The nutrition cluster coordination team liaises effectively with the Food Security Cluster coordination team.

47 Nutrition actors debate and discuss recent trends and learning together to ensure their approaches remain up to date and dynamic.

48 Including ensuring representative participation of affected communities by age, gender, disability and diversity in programme review processes, and budgeting for facilitating this participation (transport, accommodation, interpreters).

49 Including in relation to accountability commitments, and communicate findings and progress to stakeholders, including the people they seek to assist.

50 On the basis of assessment, monitoring, evaluation, feedback and complaints.

51 Nutrition actors adhere to the policies that are relevant to them, including a Code of Conduct explicitly addressing protection of affected people from sexual abuse, corruption, exploitation and other human rights violations, and understand the consequences of not adhering to them.

52 The nutrition cluster and other relevant actors draw upon available resources to provide training and learning opportunities, including that all staff, partners and volunteers are trained in gender and age, and understand how to work with both women and men of all ages to achieve better outcomes on gender equality.

53 Nutrition actors develop the skills to balance the science of nutrition with a human rights, accountability and community engagement frame of reference.

54 Nutrition actors ensure that strategies to raise awareness of communities regarding their rights, entitlements

and programmes, for example, are coupled with capacity building for the staff who interact with them and recognizing the rights of marginalized groups such as older people and persons with disability are often not considered or understood and may require additional consideration.

55 Nutrition actors ensure that the staff and volunteers responsible for managing participatory processes have the skills required to facilitate and maintain positive processes. Ensure staff have the awareness and capacity to include direct and meaningful consultation with persons with disability and older people, and their carers, to identify and address specific risks and barriers that affect them, and their capacity to participate in the response.

56 Including gender, age, diversity, disability, protection and communicating with communities. Establish as a regular item on staff meeting agenda.

57 Nutrition actors advocate and work with donors to ensure that funding processes support accountable programming.

58 Money for effective accountability and cross cutting activities is budgeted for, including whenever possible for additional staffing, such as community mobilisers, trainers and communications officers.

59 Nutrition programme managers develop a strategy for financial transparency, within organisational limits and policies, that aims to share even basic financial information regarding programmes and where the funds originate.


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