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|  | |  | | --- | | **Cluster Performance Monitoring**  **Final Report** | | | | | | | |  |
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|  |  | |  | | --- | | **Cluster:** | | |  | |  | | --- | | **Nutrition** | |  |  |  |
|  |  | |  | | --- | | **Country:** | | |  | |  | | --- | | **Yemen** | |  |  |  |
|  |  | |  | | --- | | **Level:** | | |  | |  | | --- | | **Sanaa** | |  |  |  |
|  |  | |  | | --- | | **Completed on:** | | |  | |  | | --- | | **30/10/2018** | |  |  |  |
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|  |  |  | |  | | --- | | This report provides the findings of the Cluster Performance Monitoring and allows the reporting of good practices, constraints and action points that will be identified and agreed upon by the cluster during the revision of the preliminary report. | | | | |  |  |
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|  |  | |  | | --- | | ***This is a template of the final report to be filled in and shared publicly. The performance status is filled from the results of the survey. The last 2 columns need to be filled according to discussions held with partners during the meeting reviewing the results of the cluster performance*** | | | | | |  |  |
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|  |  |  | |  | | --- | | **Table 1. Response rate among partners** | | | | |  |  |
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|  |  |  | |  |  |  |  | | --- | --- | --- | --- | | **Partner Type** | **Number of responded partners** | **Total number of partners** | **Response Rate (%)** | | **Donors** | 0 | 0 | 0.0% | | **International NGOs** | 4 | 8 | 50.0% | | **National Authority** | 0 | 1 | 0.0% | | **National NGOs** | 6 | 8 | 75.0% | | **ICRC/IFRC** | 0 | 0 | 0.0% | | **UN Organizations** | 1 | 2 | 50.0% | | **Total** | 11 | 19 | 57.9% | | | | |  |  |

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|  | |  | | --- | | **Table 2. Score matrix** | |  |  |
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|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Core Functions** | **Indicative characteristics** | **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** | **Who / lead** | **Time line / commence** | | **1. Supporting service delivery** | | | | |  |  | | 1.1 Providing a platform that ensures service delivery is driven by Humanitarian Response Plan and 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 |  |  |  |  | | 1.2 Developing 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 |  |  |  |  | | **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** | | | | |  |  | | 2.1 Preparing needs assessments and analysis of gaps (across and within Clusters, using information management tools as needed) to inform the setting of priorities | *Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.* | Unsatisfactory | 1. Uncoordinated Needs   Assessment conduction   1. Unavailability of any standards or unified tools to conduct the NA 2. Using on old needs assessment results | 1. Constant and prior coordination between partners through the cluster 2. Unifying the tools and assessment procedures according to the high standards. 3. Updating the data on regular basis and share it with all partners through dedicated online webpage | 1. Sally, Sub national Cluster Co. 2. IRY as a coordinator for forming the committee (GHO, MoH, Cluster, Cluster Partner) mechanism 3. Sub Nut. Cluster (IOM) | 1. Monthly 2. One month 3. Quarterly | | 2.2 Identifying and finding solutions for (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.* | Satisfactory | 1. No unified mechanism to analyze the needs and gaps 2. Duplication in providing services by more than one NGO | 1. Finding unified mechanism to analyze the gaps and needs 2. Prior coordination with GHO, and DHO and getting their approval, and then informing the cluster with the proposed activities and area of intervention. | 1. Committee (GHO, MOH, Cluster, Cluster Partner) 2. GHO, DHO, sub national Cluster and National Cluster | 1. Will start in 2 weeks 2. Will start in 2 weeks | | 2.3 Formulating priorities on the basis of analysis | *Joint analysis supporting response planning and prioritisation in short and medium term* | Good |  |  |  |  | | **3. Planning and implementing Cluster strategies** | | | | |  |  | | 3.1 Developing sectoral plans, objectives and indicators that directly support realization of the overall response’s strategic objectives | *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 | * Weakness of sharing the data on time. * Weak coordination between the INGOs, NGOs, and Government * Weak monitoring and evaluation according to the quality standards. | * Enhance the ownership of the data to the government. * Scheduling a monthly meeting prior to the regular cluster meeting to strengthen the coordination between the partner to reach the planned results * Having a clear supervision plan, developing of the guidelines and Training of the coordinators and monitors. | * Sub national cluster coo. + MoPHP * BFD- Naif * WHO- Dr. Nabiha | * MoPHP (IMO) regularly monthly. * BFD regularly before the cluster meeting. * On Annually basis. | | 3.2 Applying and adhering to common standards and guidelines | *Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.* | Satisfactory | * Endorsement of the updated guidelines take long time, example CMAM. * Non contextualize some guidelines (MTMSGs and IYCF-E). | * Sharing the updated guidelines once it is updated. * Contextualization of the non-existing guidelines. | * NATIONAL Cluster Co. With UNICEF/MoPHP * NATIONAL Cluster Co. With SCI/MoPHP | * ASAP * ASAP | | 3.3 Clarifying funding requirements, helping to set priorities, and agreeing Cluster contributions to the HC’s overall humanitarian funding proposals | *Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.* | Satisfactory | * Weak information regarding the funding status? . | * Prepare funding monitoring tool that will be completed by all partners * Formulating a group to ensure proper follow and timely sharing of the information. | * Nutrition cluster Co. | ASAP | | **4. Monitoring and evaluating performance** | | | | |  |  | | 4.1 Monitoring and reporting on activities and needs | *N/A* | Good |  |  |  |  | | 4.2 Measuring progress against the Cluster strategy and agreed results | *N/A* | Satisfactory | * No systematic and timely information sharing from partners * National cluster is not following up with the progress reports and evaluation of the results against the objectives | * Midterm review/ develop a systematic information sharing from partners and the line ministries. | * Nutrition cluster/TPM +Sub national | * Midterm and at the end. | | 4.3 Recommending corrective action where necessary | *N/A* | Satisfactory | * There is no proper analysis for the received data which the action will be based upon it. * (GHO+DHO+NGos) weakness capacity | * Conduct Regular analysis. * train all partners (GHO+DHO+NGos) on data analysis | * Nutrition Cluster | * On quarterly basis. * ASAP | | **5. Building national capacity in preparedness and contingency planning** | | | | |  |  | | 5.1 National contingency plans identified, updated and shared | *N/A* | Satisfactory | 1-More proactive members to identify, share, and update regarding contingency plans. | -More stringent regulations  - Ensure proper training for focal points on contingency planning? | 1-Cluster Co. | ASAP  ASAP | | 5.2 Cluster roles and responsibilities defined and understood | *N/A* | Satisfactory | 1-It became clear after CCPM training | 2-Refreshment workshop for cluster partner is Advised. | Cluster Co. | 1st Quarter? Or on quarterly basis? | | 5.3 Early warning reports shared with partners | *N/A* | Weak | 1-No updated information provided to partners for example: Al-Hudidah IDPs nutritional status updating weekly (IDPs influx).  2-More active participation from CPs in collection ER data on Governorate levels. | 1-Share information more frequently particularly ER IDPs information.  2-Determine focal points from CPs can help cluster in collecting ER data for example to conduct nutritional survey in IDPs situation. | 1-Cluster Co.  2- Cluster Co. coordinate CPs according to their activities in governorates. | 1-Weekly basis.  2- ER periods | | **6. Advocacy** | | | | |  |  | | 6.1 Identify concerns, and contributing key information and messages to HC and HCT messaging and action | *N/A* | Satisfactory | 1-Sub cluster wasn’t share key information sometimes for example in Cholera wave response to nutrition interventions was late and not shared with CPs, only shared with GHOs.  2- sub cluster wasn’t active | 1-To share updating nutrition interventions in ER period with all CPs at same time  2-Now there is regular meeting started after this workshop. | 1-Clusetr CO  2- Cluster CO | 1-ASAP  2- Monthly | | 6.2 Undertaking advocacy on behalf of Cluster, Cluster members and affected people | *N/A* | Satisfactory | Statement isn’t clear, however, the advocacy massages isn’t unified between cluster and CPs. | Cluster to advocate for gaps and needs, while members can raise advocacy concern to cluster. | Cluster CO | For 2019 | | **7 Accountability to affected people** | | | | |  |  | | 7.1 Mechanisms to consult and involve affected people in decision-making agreed upon and used by partners | *N/A* | Good |  |  |  |  | | 7.2 Mechanisms to receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | *N/A* | Good |  |  |  |  | | 7.3 Key issues relating to protection from sexual exploitation and abuse have been raised and discussed | *N/A* | Satisfactory | This issue weren’t discussed between cluster and CPs. | -Unify forms of reports.  -Activate reporting mechanism and train CPs . | -Cluster CO, PSE specialist in UNCEF. | 2019 | | |  |