



SOMALIA NUTRITION CLUSTER



COORDINATION PERFORMANCE MONITORING REPORT

September 2015



NOVEMBER 2, 2015
SOMALIA NUTRITION CLUSTER

Contents

1. Introduction	2
1.1. Somalia Nutrition Cluster background and context.....	2
1.1. Cluster coordination arrangement in Somalia.....	2
1.2. Emergency nutrition and humanitarian response - 2015:.....	3
2. Somalia Cluster Coordination Performance Monitoring (CCPM)	4
3. Somalia Cluster Coordination Performance Monitoring (CCPM) results.....	5
3.1. Participation of partners in the Cluster Coordination Performance Evaluation:	5
3.2. CCPM Results with Cluster Partners’ Feedback/recommendation on the cluster 6 core functions	6
4. Annex	9

1. Introduction

1.1. Somalia Nutrition Cluster background and context

The Somalia nutrition cluster was activated in 2006 after the country implemented the cluster system following recommendations by the Humanitarian Country Team (HCT) in collaboration with the Global Nutrition Cluster (GNC). The cluster approach/system was established with a vision to safeguard and improve the nutritional status of emergency affected populations by ensuring a coordinated, appropriate response that is predictable, timely, effectively and at scale as part of the humanitarian reform.

The cluster is guided by the following objectives:-

- To contribute to the reduction of malnutrition related morbidity and mortality among vulnerable boys, girls, pregnant and lactating women through systematic equal access to integrated curative and preventive food-based nutrition interventions;
- To improve women, boys and girl's access to evidence-based and feasible nutrition and nutrition related resilience activities, available through the Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and Child Protection programmes;
- To contribute to the availability of timely and quality community and facility based nutrition information, programme coverage and operational research into responses to the causes of malnutrition and related problems.
- To strengthen the coordination and capacity of all nutrition partners including communities and line ministries to deliver quality and sustainable emergency nutrition services through a variety of approaches.

Due to the protracted and recurrent crisis in Somalia, the number of nutrition cluster partners had increased substantially from time to time. This made the SNC one of the biggest clusters globally with more than 141 active partners (pre rationalization plan II) of which close to 80% (111) are national NGOs - most of whom are based in South Central Somalia. However the number reduced to total of 99 partners after restructuring and governance - rationalization plan II conducted in mid-2015 – of which 71% (70) are national NGOs. The country cluster coordination team is composed of a Nutrition Cluster Coordinator (UNICEF), Co-chair (LNGO-CAFDARO), Nutrition Information Management Specialist (UNICEF), Mogadishu Based Nutrition Cluster officer (UNICEF) and nutrition cluster Data Entry Assistant (UNICEF).

In August 2015 SNC conducted cluster coordination performance monitoring survey through online platform in an effort to assess, review the performance of the cluster; document the achievements and identify areas of improvement based on recommendations.

1.1. Cluster coordination arrangement in Somalia

Somalia has an active nutrition cluster coordination team both at national and subnational level. Currently there are 13 functional Sub-national Nutrition Clusters and

3 Nutrition Working Groups (NWG) in Somalia, overall supported by the National Nutrition Cluster (10 sub-national clusters in South Central Zone (SCZ), 1 central nutrition working group in Somaliland; and 2 sub-national clusters/ nutrition working group in Puntland). Most cluster coordination mechanisms on the ground are coordinated by LNGO and INGO in close collaboration with UNICEF nutrition teams in SCZ. The NWGs in Somaliland and Puntland are co-coordinated by the MoH delegate/director of Nutrition and UNICEF. UNICEF also offers secretarial role for these NWGs. The Nutrition cluster holds national cluster meetings on a quarterly basis in Nairobi.

1.2. Emergency nutrition and humanitarian response - 2015:

Acute malnutrition continues to be a significant public health problem in Somalia. In 2015, nutrition cluster focused on responding to the needs of an estimated 720,000 children under-fives who were in need of lifesaving nutritional support. Both preventive and curative basic life-saving nutrition interventions aimed to reach at least 60% (432,000) of the children in need. From these 432,000 targeted children, 260,000 are projected to be moderately malnourished and 172,000 children estimated to be severely malnourished. In addition, 200,000 pregnant and lactating women were also targeted with treatment of acute malnutrition services for this year.

Despite complex challenges and limited resources the cluster partners had supported and effectively reached 240,000 acutely malnourished children under the age of five years served/admitted during the months of January-November 2015 which is 56 % achievement from the annual plan in SRP 2015. Of these 95,000 were severely malnourished children indicating 63% of targeted SAM children reached with the services while the remaining were moderately malnourished children where by 58% of targeted MAM children reached. Providing the limitations mainly insufficient resources this is by far encouraging result. The Cluster partners have been able to do so through last year funded projects continued to date and strong support made by the CLA. There would have been more achievement had there been sufficient resources equivalent to the magnitude of the problem.

Moreover nutrition cluster have been successfully implementing major reform activities in both governance and partnership. Some of the cluster lead major initiatives includes;

1. **Rationalization Plan:** *The Nutrition cluster supported and guided by its strategic advisory group (SAG), CLA and Gov't is embarked on rationalization plan with new concept of assigning maximum of one primary partner per district purely focusing on accountability to affected population to maximize response impact through integrated service delivery. It's strongly believed that following this exercise a shared vision would be built among cluster partners on how to develop emergency preparedness and response programmes that ensure safe*

and equal access, address cross cutting issues, minimize risk of violence and ensure accountability to population.

- 2. Early warning** – *nutrition emergency triggering indicators have been agreed upon and finalized during this month after series of meeting with UNOCHA, FAO and nutrition cluster. Accordingly three major indicators identified to monitor nutrition situation for early warning early action reportable regularly every quarter.*
- 3. Mapping for integrated OTP/TSFP** - *Nutrition cluster had finalized the mapping and identified 176 potential sites for strategic integration between UNICEF and WFP. These are same geographic area where OTP and TSFP run by different partners supported by the aforementioned UN agencies. Nonetheless these could be integrated to 34 districts to be operated in an integrated manner by single service provider per district whenever and whenever possible. It needs high level support and follow up both from agencies and donors to maximize impact, effectiveness and efficiency.*
- 4. The Nutrition Causal Analysis (NCA):** *Sustained Critical nutrition situation in 14 hotspots in South Central in 2014 remains a course of concern given ongoing interventions which urges for further causality analysis to understand issues, inform prioritization of resource allocation, strengthen and expand implementation of comprehensive multi-sectorial interventions to address the nutritional situation of under 5 children. Accordingly, an immediate secondary data review guided by UNICEF Nutrition and WASH sections was conducted in March-April 2015 to determine the on-going response in these areas and the major gaps in terms of response. It has been finalized and draft report had been shared with all relevant. Similarly bigger Somalia nutrition cluster NCA study lead by Somalia Nutrition Consortium is going on involving major stakeholders including research institutes and academia.*

It's in the middle all ongoing changes and initiatives this CCPM was conducted.

2. Somalia Cluster Coordination Performance Monitoring (CCPM)

CCPM is a self-assessment exercise. SNC sought to assess its performance against the six core cluster functions and accountability to affected populations. It was a country-led process, supported by global GNC and EMOPS.

The Nutrition Cluster Performance monitoring (CCPM) was conducted in August 2015 using the Cluster Performance Monitoring tool (CPM). The online survey participation request was circulated to the 120 members including 90 active partners, 1 donor, 3 UN Agencies, 5 National Authority, and 2 others.

The overall process and/or chronological order of events in this CCPM is summarized as follows:-

- A. In August 21st Online questionnaire was shared with all cluster partners and observers, including national local NGOs, International NGOs, UN agencies, National authorities and donors, on the insights of partners about the performance of the cluster in fulfilling its functions,
- B. Two questionnaires were shared with the SNC Coordinator (first questionnaire describing the cluster and its outputs; and the second questionnaire on the cluster performance). A third questionnaire on cluster performance was circulated to all cluster members for inputs. The Inter-cluster information management focal point in EMOPS Geneva provided remote support for the launch and closure of the online survey, as well as analysis and final draft report. In response to both online survey questionnaires, 22 partners responded to the survey, including national & international NGOs, and UN agencies
- C. From the responses that participants provided during the online survey, scores was assigned to each key cluster function and a descriptive report of the cluster and its outputs was generated by EMOPS and shared with the cluster.
- D. Validation workshop was conducted with all cluster partners on October 9th 2015 in Nairobi. Cluster partners reviewed collectively and worked jointly on driving action points for the areas that needs improvement

3. Somalia Cluster Coordination Performance Monitoring (CCPM) results

3.1. Participation of partners in the Cluster Coordination Performance Evaluation:

Table below shows the response of partners which is 22%, the result was later validated in the meeting where more than 90% of the partners attended as shown in the attached participant list (Annex 1)

Partner type	Number partners responding	Total number of partners	Response rate (%)
International NGOs	7	20	35
National NGOs	11	70	16
UN organizations	4	3	133
National authority	0	5	0
Donors	0	1	0
Others	0	2	0
Total	22	101	22

3.2. CCPM Results with Cluster Partners' Feedback/recommendation on the cluster 6 core functions

Below table shows partners agreement on rating & their justification. They identified good practices, success factor, lesson learnt and recommendation for improvement. The color coding on performance status follows the CCPM coding and below is the legend.

Performance status legend:	Green = Good	Yellow = Satisfactory , needs minor improvements	Orange = Unsatisfactory , needs major improvements	Red = Weak
-----------------------------------	---------------------	---	---	-------------------

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
1.Supporting service delivery				
Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	<i>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.</i>	Satisfactory	1. Training of Trainers (ToT) training for sub national cluster chair and co- chair	
Develop mechanisms to eliminate duplication of service delivery	<i>Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.</i>	Satisfactory	2. Continued communication and feedback to partners on importance of accurate information in the 4W	
2. Informing strategic decision-making of the HC/HCT for the humanitarian response				
Needs assessment and gap analysis (across other sectors and within the sector)	<i>Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared</i>	Satisfactory	1. Improved representation of partners in joint assessments – partners to engage	

	<i>and/or carried out jointly as appropriate.</i>		wherever and whenever possible 2. Encourage local authority to take lead in coordination.	
Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues.	<i>Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.</i>	Good	1. Joint analysis through AIMWG (Assessment and Information Management Working Group)	
Prioritization, grounded in response analysis	<i>Joint analysis supporting response planning and prioritisation in short and medium term</i>	Satisfactory	Partners believed this should be green/good	
3. Planning and strategy development				
Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities	<i>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.</i>	Satisfactory	1. Sensitize partners on mainstreaming cross cutting issues.	
Application and adherence to existing standards and guidelines	<i>Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.</i>	Satisfactory		
Clarify funding requirements, prioritization, and cluster contributions to HC's overall humanitarian funding considerations	<i>Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.</i>	Satisfactory		
4. Advocacy				
Identify advocacy concerns to contribute to HC and HCT messaging and action	<i>Concerns for advocacy identified with partners, including gaps, access, resource needs.</i>	Good	1. Development of messages and circulating them among locals in local languages. 2. Capacity building of community; leaders and government.	

Undertaking advocacy activities on behalf of cluster participants and the affected population	<i>Common advocacy campaign agreed and delivered across partners.</i>	Satisfactory		
5. Monitoring and reporting				
Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary	<i>Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.</i>	Satisfactory	<ol style="list-style-type: none"> 1. Harmonization of reporting formats considering needs. 2. Disseminate publication to partners and give information on platform of sharing. 3. Share information on gaps and availability of resources. 4. Technical support and Encourage partners to report. 	
6. Contingency planning/preparedness				
Contingency planning/preparedness for recurrent disasters whenever feasible and relevant.	<i>National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.</i>	Satisfactory		Tools to collect information on contingency planning should be simplified and include items that will provide relevant information-cluster to develop/simplify for 2016
7. Accountability to affected population				
	<i>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</i>	Satisfactory	<ol style="list-style-type: none"> 1. Feedback mechanism to be set up (between the beneficiary and service delivery agents) 2. Community participation in planning process and decision making. 	

			<p>3. Program oversight and surveillance.</p> <p>4. General accountability and focus on the marginalised.</p>
--	--	--	---

4. Annex

A. Participants of validation workshop

Name	Agency	Email address
Morena Bassan	CISP	m.bassan@cisp.nairobi.org
Silas Okumo	CISP	okumu@cisp.nairobi.org
Abdi Hashi	SAF-UK	info@safuk.org
Abdi hassan	RAAS	raassom@yahoo.com
Samuel Kirichu	UNICEF	skirichu@unicef.org
Winnie Omoke	EPHCO	womoke@rocketmail.com
Matilda Kirui	DEH	matildakirui@yahoo.com
Mary Wamuyu	TROCAIRE	mary.wamuyu@trocaire.org
Said Salat Ali	USWRO	haibe2003@gmail.com
Ailish Bryne	SNS consortium	Ailish.Byrne@savethechildren.org
Onesmus Kilungu	SNS consortium	onesmus.kilungu@savethechildren.org
Halima s. Hillow	World concern	hsaadhiya@wcdro.org
Abdifatah Ahmed	EPHCO	fathi1020@hotmail.com
Abdiwahab Hussein	SAF-UK	info@safuk.org
Rachel Mose	SCI	rachel.mose@savethechildren.org
Rachel Muthoni	Mercy USA	rmuthoni@mercyusa.org
Susan Wako	Mercy USA	wswako@mercyusa.org
Abdi Ali	Zamzam	aavussuf@hotmail.com
Frank Tipatet	CEDA	ceda.org@hotmail.com
Ahmed Adawe	AID - Africa	aidafrika@gmail.com
Maryan Hish Mohamed	CARE	Maryan,hish@care.org
Martin Ahimbishwe	WFP	
Zivai Murira	UNICEF	zmurira@unicef.org
Christy Forster	IMC	cforater@internationalmedicalcorps.org
Mark Gordon	WFP	mark.gordon@wfp.org
kennedy Otieno	ACF	kmusumba@actioncontrelafaim.ca
Luca sareceno	INTERSOS	health.somalia@intersos.org
Wilfred Bengwi	WFP	wilfred.bengnwi@wfp.org
Mohamed Alshafe	PAC	wdalshafe@pacglobal.org
Aden Bundid Duale	WRRS	wrrs_ngo@yahoo.com
Phyllis Oyugi	UNICEF	poyugi@unicef.org
Rose Chelangat	RRP	riverinereliefprogram@gmail.com
Naema Hiram	WFP	Naema.Hiram@unicef.org
Gloria Kisia	WFP	gkisia@gmail.com
Mohamed Ali Issack	Direct Aid	yahya-amir@hotmail.com
Mohamed Aden	PASOS	passo970@gmail.com
Felix Karan	PASOS	passo97@yahoo.com
Mohamed rage	RRP	riverinereliefprogram@gmail.com
Maryan Dualle	MOH Puntland	duallemi@gmail.com
Abdirahman Yusuf	SRC	
Abdullah Shariff	Zamzam	abdullah.shariff@zamzam.org

Ahmed Keinan	JCC	ahmed.keinan@jcc.som.org
Mohamed Haibe	USWRO	uswrowaris@gmail.com
Ahmed Muhumed	WASDA	ahmed.shill@wasda.or.ke
Abdullahi Nur Aden	Nutrition Cluster	anaden@unicef.org
Mohammed Borle	FAO	mohammed.borle@fao.org
Hassan Ahmed Shariff	Swisso-Kalmo	hassansharriff2012@gmail.com
Abukar Mohamed	WARDI	
Hussein hassan	WRRS	hussein-aden@warmorelief.org
Abdirahman Idris Hufane	MOH/FGS	drhufane77@gmail.com
Abdirizak Hersi	MOH Puntland	abdirizak30@yahoo.com
Hassan Iftin	ARD	ard.relief@gmail.com
Samson Desie	Nutrition Cluster	sdesie@yahoo.com
Abukar Yusuf Nur	FSNAU- FAO	abukar.yusuf@fao.org
Mercy Khamala	OXFAM	mercy.khamala@uniceg.org
Abdullahi Muhumed	New ways org	new.ways.org@gmail.com
Shamsa Dubow	MARDO	shamsa.org@gmail.com
Adan Sheikh	BTSC	btscngo@yahoo.com
John Kolia	Himili Foundation	johnkolia@himfo.org
James saita	SRDA	jmsaita@srdaorganization.org
Valentine Mose	AYUUB	nai@ayuubngo.com
Mohamed Adan	SHAHRO	info@shahro.org
Ahmed Osman	UNICEF	oh@mohamed.org
Daud Hussein	SAF	saf.orgz@gmail.com
Njoroge kamau	CWW	njoroge.kamau@concern.net
Jawahir Abdullahinur	SRDA	jawashirnur0@gmail.com
Risala Hussein	APD	risala.hussein@gmail.com
Marco Tamburro	CESVI	
Louise Mcgrath	THET	Loise.mcgrath@thet.org
Paul Ahura	THET	Paul.ahura@thet.org
Shadrack Onje		sonje@yahoo.com
Everlyne Adhiambo	CAF DARO	adhiamnoevelyne@gmail.com
bashir Mohamed	WASDA	bashir.hashi@wasda.or.ke
Joseph Mutunga	WOCCA	livelihoods@woccaorg.com
Robbert Vanderstag	WOCCA	robbert.vandersag@woccaorg.com
lauryne Mukulu	Nutrition cluster	lmukulu@yahoo.com
Ezatullah majeed	UNICEF	emajid@unicef.org
Imelda Awino	SMART Global	iawino@action.contrelafaim.ca
Said hassan	Mercy USA	shassan@mercyusa.org
Abdi Hersi	Swisso- kalmo	Hersi195@yahoo.com
Dr. Abdiqani sheikh Omar	MOH/FGS	dr.abdiqani@hotmail.com
Peris Mwaura	WFP	Peris.mwaura@wfp.org
Donard Nyirrenda	SNS	Donard.nyirrenda@savethechildren.org
Ahono Busili	SAGE	sageorganization@gmail.com
Abdirahman M	URDO	urdosom@gmail.com