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| **EVALUATION FRAMEWORK** | |  |  |  |  |  |
| **Topic** | **Questions** | **What worked** | **What didn't work** | **Key challenges** | **Recommendations** |  |
| **1 Coordination and Leadership Management** |  |  |  |  |  |  |
| 1.1 Coordination National, Provincial, District | What was your experience regarding participation, mutual problem-solving, and collective decision-making? |  |  |  |  |  |
| To what extent did the cluster ensure strong mutual understanding and collaboration with government entities? |  |  |  |  |  |
| How were decisions on the agenda, priorities, and action points made? |  |  |  |  |  |
| What coordination structures were established at national and sub national level? (FROM CLA INTERNAL DOCUMENT) |  |  |  |  |  |
| How quickly the cluster coordinators were in their position? (timeline) (FROM CLA INTERNAL DOCUMENT) |  |  |  |  |  |
| To what extent were the cluster partners and the CLA consulted in making decisions on required structure at national and sub national level? |  |  |  |  |  |
| To what extent did the cluster ensure that the interface between national and sub-national levels was mainstreamed, clarified and understood? |  |  |  |  |  |
| To what extent have coordination meetings been effective (i.e. meet their purpose, are inclusive, are well managed and action-oriented? |  |  |  |  |  |
| To what extent the response avoided unnecessary duplications in the service delivery as a result of cluster coordination? |  |  |  |  |  |

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| **1.2 Leadership** |  |  |  |  |  |  |
| Impartiality and independence (double hatting) | To what extent the Cluster Coordinator was perceived as being an independent and impartial representative of the Cluster rather than that of UNICEF? |  |  |  |  |  |
| Clarity in terms of roles of responsibilities (Cluster Coordinator , Cluster Lead Agency, Partners including government) | How were action points followed and feedback provided? |  |  |  |  |  |
| How were the roles and responsibilities of the cluster coordination, UNICEF and partners clarified |  |  |  |  |  |
| Mentoring (Global Nutrition Support including cluster lead agency at both country and regional level)  Interaction between Cluster coordinators, and the Humanitarian Coordinator -OCHA-UNICEF | To what extent does the Global Cluster Lead ‘add value’ in terms of providing timely and correct advice and support to the Cluster Coordinator? |  |  |  |  |  |
| How was the interaction between Cluster coordinators, Humanitarian Coordinator, OCHA, UNICEF? |  |  |  |  |  |
| To what extent was the CLA able to provide adequate and timely support to the cluster coordinator including logistics and ICT? |  |  |  |  |  |
| **1.3  Human Resources related to cluster coordination capacity** | | | | | | |
| **1 Surge \ recruitment (Cluster Coordinators, Information Manager)** | To what extent the key positions within the cluster (Cluster coordinator, Information manager) were promptly covered by technically capable and well oriented (guidelines, skills and TORs) staffs? |  |  |  |  |  |
| How manageable was the turn-over of cluster coordinators and Information Managers? |  |  |  |  |  |
| **2  Partnership; (strategic) engagement with government, international, national partners & beneficiaries** | To what extent did the Cluster actively involve government, local NGOs, CBOs, and civil society in the decision making process? |  |  |  |  |  |
| To what extent NGOs acted as Cluster Lead in sub-national coordination ‘hubs’? |  |  |  |  |  |
| To what extent was the cluster able to mobilize capacity and comparative strength of the cluster partners to address needs and critical gaps? |  |  |  |  |  |
| To what extent were affected communities involved in assessing their own needs, vulnerabilities, and capacities? |  |  |  |  |  |
| To what extent were people affected by the emergency provided with information about the relief activities that affected them (and in their own language)? |  |  |  |  |  |

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| **3  Needs Assessment** |  |  |  |  |  |  |
| 3.1       Initial rapid assessment | If no initial rapid assessment was conducted, please explain why? |  |  |  |  |  |
| How was the initial rapid assessment conducted? |  |  |  |  |  |
| To what extent was the needs assessment undertaken in a timely manner with preagreed tools informed by international standards? |  |  |  |  |  |
| 3.2       Nutrition Survey (including FANS) | How were the assessments coordinated including tools, partners involvement data collection and report writing |  |  |  |  |  |
| In terms of nutrition survey, what worked and what did not worked (usefulness, acceptability, representatively, quality, inclusion of other sectors, timeliness)? |  |  |  |  |  |
| 3.3       Other surveys | To what extent was the cluster was aware and involved in other survey specially related to health, WASH, and FS? |  |  |  |  |  |
| **4  Nutrition cluster response strategy** |  |  |  |  |  |  |
| 4.1       Gap and capacity analysis | To what extent has data and information gathered from the needs assessment been analysed by the Cluster to inform decision making? |  |  |  |  |  |
| To what extent other issues including but not limited to security, capacity, resources, officials influence, etc, influenced cluster response? |  |  |  |  |  |
| 5.1.1 Human resources of partners | To what extent the key nutrition positions within partners were promptly covered by adequate staffs? |  |  |  |  |  |
| 4.2       Planning assumptions (including supplies and logistics) | What assumptions were used for planning? |  |  |  |  |  |
| To what extent were the stakeholders involved in deciding the planning figures including supplies and logistical the nutrition interventions? |  |  |  |  |  |
| To what extent did the cluster ensure the planning assumptions were done in a phased manner (for example: clear target for phase 1 which is month 1 to 3, then 3 to 6, etc)? |  |  |  |  |  |
| To what extent did the cluster consider phasing out in the cluster plan? |  |  |  |  |  |
| 4.3       Objectives (beneficiaries, target groups, areas of focus) | To what extent were cluster objectives defined or responsive to evidence based needs? |  |  |  |  |  |
| To what extent were the operational partners within the Cluster able to adjust their programmes to reflect the priorities in the cluster strategy? |  |  |  |  |  |
| 4.4       Priority interventions | To what extent did the cluster priorities reflect the cluster assessed needs as a whole as opposed to agency specific interest? |  |  |  |  |  |
| 4.5       Alignment of the cluster strategy with the strategy of the government in nutrition | To what extent was the cluster strategy aligned with the existing government policies\strategy? |  |  |  |  |  |
| 4.6       Previous contingency planning and preparedness inclusion | To what extent were the existing preparedness\contingency plans used as the basis for the cluster strategy? |  |  |  |  |  |
| 4.8       Cross-cutting issues ( issues around gender, HIV, age) | To what extent did 1- the need assessment and 2-the response capture the needs of identified vulnerable groups? (i.e. Female headed households, unaccompanied\orphan children, older people, HIV, culturally and ethnically diverse groups?) |  |  |  |  |  |
| To what extent does cluster strategy adequately reflect efforts to mitigate environmental damage? |  |  |  |  |  |
| 4.9       Funding | To what extent were the Cluster partners involved in resource mobilisation efforts e.g the flash appeal and its revision? |  |  |  |  |  |
| To what extent was the cluster effective in advocating for funding for the sector? |  |  |  |  |  |
| To what extent did the cluster ensure that the CERF or pooled funds was conducted in an equitable and transparent manner and in agreed criteria? |  |  |  |  |  |
| 4.10 Donor relationship | To what extent were the donors proactive & committed in allocating resources to the nutrition cluster? |  |  |  |  |  |
| **5  Inter-Cluster coordination aspects** |  |  |  |  |  |  |
| 5.1       Survival Strategy (WASH, Food Security, Nutrition and Health) | How was the survival strategy developed? |  |  |  |  |  |
| To what extent was the survival strategy a product of a close collaboration between the nutrition cluster, agencies and other clusters? |  |  |  |  |  |
| 5.1.2   Implementation | To what extent did the survival strategy enhance the strategy of the nutrition cluster and the coordination between the concerned clusters? |  |  |  |  |  |
| To what extent was the survival strategy understood and received at the implementation level? |  |  |  |  |  |
| To what extent the strategy contributed to the outcome? |  |  |  |  |  |
| 5.2       Coordination with other clusters including linkages with OCHA | Outside of the survival strategy, to what extent did the cluster undertake coordination and engagement with other relevant clusters and OCHA? |  |  |  |  |  |
| To what extent was the cluster responsive to inter-cluster coordination? |  |  |  |  |  |
| **6  Information Management** |  |  |  |  |  |  |
| 6.1    Harmonization of reporting | To what extent was the cluster able to harmonize the reporting of all the partners? |  |  |  |  |  |
| To what extent did Cluster partners monitor progress in a common, coordinated way? |  |  |  |  |  |
| 6.2       Relevance and usefulness of data (all levels field and nationals, user friendly interface) | To what extent was the data collected by the cluster collated into a user friendly interface, was timely, was able to track results against objectives and targets, identify gaps, and help inform the corrective action? |  |  |  |  |  |
| 6.3       Dissemination | To what extent was the information provided by the cluster valid, relevant, consistent, and timely? |  |  |  |  |  |
| To what extent were reports, minutes, bulletins documenting progress in cluster response frequently produced? |  |  |  |  |  |
| 6.4      Coverage in data collection and reporting | To what extent was the cluster able to collect and collate data from all partners? |  |  |  |  |  |
| 6.5       Timeliness | To what extent was the system able to collect data and analyse results in due time (according to the different phases)? |  |  |  |  |  |
| **7  Standards\guidelines and application** |  |  |  |  |  |  |
| 7.1       Adaptation and harmonization of existing guidelines | To what extent the response was guided by a clear set of standards and tools? |  |  |  |  |  |
| 7.1.1 Process | To what extent was the cluster involved in harmonizing, adapting and or developing standards and guidelines that reflect the international standards? |  |  |  |  |  |
| 7.2       Relevance and effectiveness of the technical working groups | To what extent the Technical Working Groups were effective in serving the needs of the cluster? |  |  |  |  |  |
| To what extent are all the technical areas of responsibility of the Cluster addressed with the same attention? |  |  |  |  |  |
| 7.3       Capacity building |  |  |  |  |  |  |
| 8.3.1 Process | To what extent the cluster promoted adequate capacity building of local partners? |  |  |  |  |  |
| 8.3.2 Human resources mobilization | To what extent were the cluster partners able to mobilize the human resources in terms of quality quantity and timeliness |  |  |  |  |  |
| 8.3.4 Coverage | To what extent the training covered the priority areas (geographical and programmatic) identified? |  |  |  |  |  |
| 7.4       Quality assurance | To what extent were the Cluster endorsed training materials translated into the local language (or vice versa)? |  |  |  |  |  |
| To what extent were the trainings based on cluster and government endorsed and pre ageed upon guidelines and standards involving qualified trainers? |  |  |  |  |  |
| **8  Outcome** |  |  |  |  |  |  |
| 8.1. Outcome in relation to the objectives | To what extent have the Cluster response strategy and objectives been implemented according to the present outcome? |  |  |  |  |  |
| To what extent did the Cluster Lead Agency able to fill the gap as the Provider of Last Resort? |  |  |  |  |  |
| 8.2   Effectiveness | To what extent the cluster output\outcome indicators meet the nutrition related Sphere standards? |  |  |  |  |  |
| **9  Transition** |  |  |  |  |  |  |
| 9.1       Early recovery | To what extent was the decision of transitioning consultative? |  |  |  |  |  |
| To what extent did the Cluster coordinate with the Early Recovery Working Group? |  |  |  |  |  |
| To what extent did the planning of the early recovery phase take into account the existing cluster phase out strategy? |  |  |  |  |  |
| To what extent were roles and responsibilities clarified in order to ensure that adequate and sustainable government coordination structures are maintained? |  |  |  |  |  |
| 9.2 Emergency Preparedness for the future | To what extent did the early recovery working group preparedness plan include adequate early recovey Interventions? |  |  |  |  |  |
| To what extent, government and partners, incorporated a costed preparedness plan in its plan? |  |  |  |  |  |
| To what extent did the preparedness plan incorporate a costed capacity mapping regional, sub regional and national? |  |  |  |  |  |
| To what extent did the working group advocate for a plan to be put in place for a predefined interagency assessment that incorporates the nutrition indicators? |  |  |  |  |  |
| To what extent are the guidelines and standards adapted and updated as a preparedness measure? |  |  |  |  |  |
| To what extent is the working group involved in the interagency contingency planning? |  |  |  |  |  |
| **10 Monitoring and Evaluation of the cluster performance** | To what extent was a feedback mechanism put in place to incorporate beneficiaries satisfaction? |  |  |  |  |  |
| To what extent did the cluster incorporate real time evaluations, lessons learned, peer review? |  |  |  |  |  |
| **11 Advocacy** | Were the cluster partners able to take a joint advocacy position on the situation, the needs, the targets, the funding, etc? |  |  |  |  |  |
| To what extent was the advocacy joint position effective inducing a response from the HCT and donors? |  |  |  |  |  |
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