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| |  |  |  | | --- | --- | --- | | **9 December 2015** | | | |  |  |  | | **Cluster Performance Monitoring** | | | |  |  |  | |  |  |  | | ***Final Report*** | | | |  |  |  | |  |  |  | |  |  |  | | **Cluster:** | **Nutrition** |  | | **Country:** | **Sudan** |  | | **Level:** | **National** |  | | **Completed on:** | **9 DECEMBER 2015** |  | |  |  |  | |  |  |  | |  | 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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| |  | | --- | | **1. INTRODUCTION**  **The Cluster Approach**  The cluster approach was established in 2005 following an independent Humanitarian Response Review, to address gaps and to increase the effectiveness of humanitarian response by building partnerships. Thus, the cluster approach has been implemented for 10 years now.  Following the experience the experience of the Humanitarian community in responding to the two L3s, the Haiti earthquake and the Pakistan floods in 2010, the IASC Principals “agreed there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results”.[[1]](#footnote-1) At the global level, the aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies by ensuring that there is predictable leadership and accountability in all the main sectors or areas of humanitarian response[[2]](#footnote-2).  Similarly, at the country level the aim is to strengthen humanitarian response by demanding high standards of predictability, accountability and partnership in all sectors or areas of activity. The cluster is about achieving more strategic responses and better prioritization of available resources by clarifying the division of labour among organizations, better defining the roles and responsibilities of humanitarian organizations within the cluster/sectors, and providing the Humanitarian Coordinator with both a first point of call and a provider of last resort in all the key sectors or areas of activity.  **Sudan Nutrition Cluster**  **Brief context and establishment of nutrition cluster in Sudan:**  In October 2008, the HCT in Sudan adopted the cluster approach as a means to strengthen and improve the overall coordination of humanitarian action in Sudan. In April 2009, the HCT agreed to roll-out the cluster approach in Darfur. Initially, the nutrition sector was part of a joint Health and Nutrition sector. Since the nutrition problem is large and complex in Darfur, the Humanitarian Country Team in June 2009 took the decision to follow the global cluster structure and separate the health and nutrition clusters. Accordingly the sector commence functioning in only the three Darfur states with over 20 NGOs and three UN organizations involved in nutrition work. At early phases of the sector engagement the biggest challenge was service delivery due to access related issues. There has also been difficulty in setting standards and ensuring that appropriate guidelines are available, which means that cluster members for the most part use agency specific standards. Another major challenge for the cluster lead agency is acting as the provider of last resort in a context of the NGO expulsions, in which the sector lost nearly 30% of its treatment capacity for acute malnutrition. To find a sustainable solution to this gap and to further improve on the coordination mechanism a decision was also made to separate the nutrition cluster role from UNICEF’s nutrition work at Khartoum level. The first full time Nutrition Cluster coordinator took up post on 25 May 2010 and initiated the work planning process for 2011 covering the rest of Sudan.  ***The 2015 emergency nutrition humanitarian situation.***  In 2015 Overall, 5.1 million people have been in need of humanitarian assistance in Sudan. About 2 million children are acutely malnourished in 2015. The Humanitarian response plan targeted 1.5 million people for emergency nutrition interventions. Overall, economic hardship, low access to health care and safe drinking water has affected the nutritional status of large portions of the population. Sudan has one of the highest prevalence of wasting in the MENA region at 16% global acute malnutrition (GAM) rate amongst children under five years. Malnutrition is chronic in Sudan and emergency level rates have been observed for the last decades.. The malnutrition problem in Sudan is not limited to conflict –affected areas. It is important to note that about 52 per cent of the acutely malnourished children live in nine non-conflict affected states (Red Sea, Kassala, Gezira, Khartoum, Northern, River Nile, Gedaref, Sennar and White Nile). Displacement in conflict affected areas clearly increases fragility and the prevalence of malnutrition but additional factors are important as well, including feeding habits, awareness and practices of child care, sanitation and access to health services.  Despite the magnitude of the problem, only 41 per cent of the required funds (US$39.4 million out of US$95.2 million) have been received to date. However, the sector is delivering results reaching 53% of targeted beneficiaries as of end of November 2015 through 31 partners operational in the sector.  ***The coordination arrangement in Sudan:***  The current nutrition sector coordination in Sudan is organized with better arrangement of bringing government on board as co-lead at all levels with vision of full-fledged government lead in the upcoming years. Sub – national clusters are running in eight major states lead by the sector lead agency- UNICEF - and SMOH nutrition director co-chairing coordination meetings to ensure a close link with the government. At the Khartoum level, the cluster coordinate closely with the nutrition directorate in the FMOH and it’s separate from UNICEF’s nutrition team, with a senior international cluster lead directly reporting to the representative and a part-time national officer who will provide support on monitoring and reporting. Hosting and IM functions rotate on regular basis with the NGO community to ensure broad commitment to the cluster approach and that the perspective of the nutrition NGOs is represented. However IM remain still a key challenge for the sector as the sector doesn’t have IMO and lacks agreed national database for all nutrition program.  The cluster has four effectively functional working groups :   * **Strategic Advisory Group (SAG)** – supports in collective decision making on strategic issues   + - Consists of – FMoH –NNP , Sector Coordinator , 2 UN agencies, 2 National NGOs,2 International NGOs * **Peer Review Group (PRG)** – Project prioritization for pooled funds and HRP   + - MoH-NNP and Sector Coordinator (observers),2 National NGOs,2International NGOs, and 2 UN agencies. * **Technical Working Groups** – ad hoc arrangement as deemed necessary   + - CMAM – technical support for CMAM scale up     - Multi- sector strategy to tackle malnutrition   ***Nutrition cluster reporting lines and information sharing:***  Due to the protracted nature of emergency in Sudan and stagnation of the emergency nutrition situation over the last decade; Sudan nutrition sector top priority has been set to monitoring of performance and evaluation of results delivered. Accordingly the sector had strong monitoring mechanism in place than any other sector in country as witnessed by latest independent global CERF & CHF monitoring. The sector had embarked on new initiatives such as establishment of national level monitoring task force with involvement of all stakeholders, joint monitoring missions, development and regular maintenance of monitoring databases with key activities and results of all level, third party monitoring in access constrained areas, bottleneck analysis and coverage surveys. In all the exercise performances are measured against planned strategy and results with an immediate follow up actions that include coaching, on job training, and refresher trainings for an improvement. Moreover key performance indicators are published and shared widely on quarterly basis in a bulletin form.  ***State and sub state level coordination arrangements :***  Sub – national clusters are running in eight major states lead by the sector lead agency- UNICEF - and SMOH nutrition director co-chairing coordination meetings to ensure a close link with the government. At Sub National Level coordinators are double-hatting UNICEF Nutrition officers. MoH Reporting and database officers provide information management support at state level. The coordination meetings take place every two week in most of states and mainly focus on operational issues. There is strong participation of national NGOs ate state level.  **The Cluster Coordination Performance Monitoring**  The purpose of a Cluster Coordination Performance Monitoring is to identify areas for support and improvement, to ensure that clusters are efficient and effective coordination mechanisms, which fulfill the core cluster functions, meet the needs of constituent members, and support delivery to affected people. It is also an effective way of demonstrating accountability and the added value of the cluster and to justify the cost of coordination. A Cluster Coordination Performance Monitoring provides an in-depth assessment based on the perceptions of partners and cluster coordinator about the functioning of the cluster in fulfilling its six specific core functions, which are:   1. Supporting service delivery 2. Informing strategic decision-making of HC/HCT for humanitarian response 3. Planning and strategy development 4. Advocacy 5. Monitoring and reporting 6. Contingency planning/preparedness   + Accountability to affected populations  **2. SUDAN CLUSTER COORDINATION PERFORMANCE MONITORING**  Following reflections on the performance of the Sudan Nutrition Cluster, an agreement was reached amongst the Sudan Federal Ministry of Health Nutrition Programme, OCHA, cluster partners and the Cluster-lead agency, UNICEF, to conduct and CCPM for the Sudan National Nutrition Cluster in the months of September-October 2015.  **A: Methodology:**  The Nutrition Cluster Coordination Performance Monitoring (CCPM) process consisted of four components:   1. In August - September 2015, the Sudan Nutrition Cluster coordination team initiated a discussion with the Sudan Federal Ministry of Health Nutrition Programme, UN OCHA office and agreed to conduct the Nutrition Cluster Coordination Performance Monitoring exercise to identify and address coordination gaps that might affect the performance of the Nutrition Cluster. Following an agreement with the Sudan Federal Ministry of Health Nutrition Programme, UN OCHA and the CLA, the cluster coordination team conducted an orientation on the CCPM exercise for all partners during the cluster meeting on 2nd August 2015. During the presentation, nutrition cluster members were sensitized on the CCPM process, the objectives, its importance and methodology, as well as the online survey questionnaire. The date for the launch of the questionnaire was communicated, as well as the date for the CCPM results feedback and action plan meeting. 2. The CCPM online survey was sent out to 34 cluster partners and observers, comprising of local NGOs, International NGOs, UN agencies, National authorities (including the FMOH) and donors, with a detailed explanatory email on 8th September 2015. Two questionnaires were submitted to the Nutrition Cluster Coordinator (one questionnaire describing the cluster and its outputs; a second questionnaire on the cluster performance). A third questionnaire on cluster performance was submitted to cluster members. 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 regular feedback on the survey response rate. Two online survey questionnaires, whose responses were anonymous were completed on 03 October 2015 by 29 cluster partners and a cluster coordinator –an overall response rate of 85%, ***(see Table 1-Response rate among partners).*** 3. From the responses that participants provided during the online survey, scores were assigned to each key cluster function. These scores were compiled into an automatically-generated report summarizing the performance for each of the core cluster function. A descriptive report of the cluster and its outputs was also automatically generated. Both reports were shared with all cluster partners and the Global Nutrition Cluster (GNC) on 05 October 2015 for review and further analysis. The median score for each sub-function was calculated, and then further classified into a performance status. 4. Both reports (results of the survey and descriptive report of the cluster and its outputs) were then presented to the cluster partners during a workshop held on 9 December 2015 in Khartoum, organised by the Sudan Federal Ministry of Health Nutrition Programme, National Cluster Coordination Team with facilitation support from the GNC-Coordination Team and UNICEF Global Cluster Coordination Unit. The CCPM validation workshop was organised following a two-day training event for all cluster partners on the cluster approach. The last session of workshop (during the presentation of the action plan) was also attended by a number of heads of nutrition cluster partners’ agencies. The workshop provided cluster partners the opportunity to review and discuss the findings of the online survey. This process was guided by the criteria developed by the IASC for evaluating the performance of the cluster, where the partners jointly agreed on actions needed to improve the performance of the cluster. This was done through self-reflection and by identifying areas that are working well and those that required increased attention from the nutrition cluster coordination team, cluster lead agency, partners, and/or global clusters and others. This participatory process contributed to strengthening transparency and partnership within the cluster. The different action points proposed by the working groups were then consolidated into one cohesive action plan for the Sudan National Nutrition Cluster, and this report was then shared with the Sudan Federal Ministry of Health Nutrition Programme , the cluster-lead agency (UNICEF) and the SAG for review and endorsement. The outcome of this consultative process, with collectively agreed actions on areas of support and area that needed improvement, by whom and by when, are presented below *(see* ***Table 3*** *-* ***Results of the cluster coordination performance monitoring and follow up actions)***   The Global Nutrition Cluster Coordination Team supported facilitation of the process by managing the data from the questionnaire and compiling the responses into the preliminary report and facilitating the post-survey consultative workshop with partners. The Cluster Coordinator then prepared the final report.  **Participation of partners in the Cluster Coordination Performance Evaluation:**  The table below shows the number of cluster partners in Sudan and the affiliation of the various partners. Out of 29 partners 34 responded, which gave a response rate of 85%, indicating high number of cluster partners participated in the on-line survey. Compared with other online surveys, this is regarded as a very good response rate. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | **Table 1 Response rate among partners;** | | | | | **Partner type** | **Number partners responding** | **Total number of partners** | **Response rate (%)** | | **International NGOs** | 17 | 16 | 106 | | **National NGOs** | 6 | 11 | 55 | | **UN organisations** | 4 | 4 | 100 | | **National authority** | 0 | 2 | 0 | | **Donors** | 1 | 1 | 100 | | **Others** | 1 | 0 | 0 | | **Total** | 29 | 34 | 85 | |  | |  |  |   The table below shows the cluster partners’ participation rate during the discussions of the CCPM report and the development of action plan. 49 people from 25 cluster partner agencies participated in the discussions and plan of action development, and the rate of partners’ participation was 73.5%. Total number of participants, including the cluster coordination team was 56.   |  |  |  |  | | --- | --- | --- | --- | | **Table 2 Participation rate in the CCPM validation workshop;** | | | | | **Partner type** | **Number partners participated** | **Total number of partners** | **Participation rate (%)** | | **International/National NGOs** | 16 | 27 | 59.3 | | **UN organisations** | 6 | 4 | 150.0 | | **National authority** | 3 | 2 | 150.0 | | **Donors** | 0 | 1 | 0.0 | | **Others** | 0 | 0 | 0.0 | | **Total** | 25 | 34 | 73.5 |   **B:** **Results of the Cluster Coordination Performance Monitoring (CCPM) and follow up actions – The Cluster Coordination Performance Evaluation Report**  The chart below describes the meaning of the various colors that represents the classification of the performance of the cluster according in the six core functions.  **Chart 1: Classification of performance status**   |  |  |  |  | | --- | --- | --- | --- | | Green = Good | Yellow = Satisfactory; needs minor improvements | Orange – Unsatisfactory; needs major improvements | Red = Weak |   The table below presented the key IASC core functions, the indicative characteristics of the functions and the performance status on those functions as per the online report and a note showing whether they have been endorsed in the discussions. This is followed by the record of the performance status, the actions needed to improve them, by who and the timeframe within which actions are to be taken. | |  |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **IASC core functions** | **Indicative characteristics of functions** | **Performance status** | **Performance status**  **Constraints: unexpected  circumstances and/or success factors and/or good practice identified** | **Follow-up action, with timeline,** **(when status is orange or red) and/or  support required** | **Timeline and resposible** | | **Performance status legend:** | Green = **Good** | Yellow = **Satisfactory**, needs minor improvements | Orange = **Unsatisfactory**, needs major improvements | Red = **Weak** |  | |  |  |  |  |  |  | | **1.Supporting service delivery** |  |  |  |  |  | | 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities | *Established, relevant coordination mechanism recognising national systems, subnational and co-lead aspects; stakeholders participating*  *regularly and effectively; cluster coordinator active in inter-cluster and related meetings.* | Good | **Agreed with the rating.**  Cluster meeting organised regularly and chaired by FMOH and UNICEF, but participation of partners is somewhat limited.  Links between national and sub-national coordination requires some improvement, specifically on information sharing.  All sub-national coordination platforms are chaired by the State MoH and co-led by UNICEF Nutrition Officers who double-hat. | Request partners to send proposed agenda items prior to the meetings  Share updated contact lists with partners monthly  Request partners to have a wider representation at cluster meetings ie. MoH (Co Lead) with NGOs and UN but also donors/ stakeholders, other clusters  Review HR structure for sub-national coordination and if possible avoid double hatting of cluster/ sector  Enhance information sharing between state (subnational) and federal (national) to coordinate service delivery against strategy through website, shared drive, regular meetings/calls  Develop introduction/orientation package for new cluster members  Regularly share all cluster/sector related information through a website | NCC, partners, continuously  IMO, continuously  Partners, continuously  NCC to follow-up    UNICEF, MoH, NCC, February 2016  NCC, MoH, sector lead at state and national, January 2016  NCC, MoH,  March 2016  IMO, continuously | | 1.2 Develop mechanisms to eliminate duplication of service delivery | *Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.* | Satisfactory | **Agreed with the rating.**  Cluster completes the 4Ws at the national level, however, a clear overview of gaps at sub-national level requires improvement. | NCC to advocate to OCHA to improve 4Ws to be more dynamic to show real time coverage at field and share widely  Information sharing across sub national clusters to national and vice versa needs to be better (meeting minutes/ updates/ bulletins/ reports) website  Cluster needs to develop a clear overview of what is going on at field level – gaps vs. duplication in collaboration with MoH | OCHA/ Cluster lead and MoH, 2016  IMO, state and national NCC, continuously  MoH/ NCC, February 2016 | | **2. Informing strategic decision-making of the HC/HCT for the humanitarian response** |  |  |  |  |  | | 2.1 Needs assessment and gap analysis (across other sectors and within the sector) | *Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.* | Satisfactory | **Agreed with the rating.**  Surveys are conducted regularly and identifying the gaps when needed  S3M Methodology recently adopted provide essential data base at locality level.  Enhanced collected data quality and reporting. Deep analysis used to be shared with partners. Not all the partners are involved.  Emergency response mechanism delay in some areas where the response teams are either not formed or inactive.  The approval of nutrition survey results at sub-national level is a lengthy process | Facilitate increased involvement of all cluster partners throughout the whole process in need assessments and gap analysis, especially in wide survey like S3M  Conduct capacity mapping and identify what trainings should be done in needs assessments, including coverage assessments and nutrition surveys  Identify partners to conduct needs assessment trainings and facilitate their organization  Establish a technical review groups at the federal and state level to design assessments criteria and validate sampling size and population figures. | Partners, continuously with NCC to follow-up  NCC, February 2016  NCC, partners, March 2016  NCC, MoH, March 2016 | | 2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues. | *Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.* | Good | **Agreed with the rating.**  Cluster support all partners to identify gaps and needs (HNO).  Sub clusters share the information with partners to avoid duplication | In collaboration with all partners, initiate a discussion on how to improve methodologies and process for gap analysis | NCC, IMO, partners, April 2016 | | 2.3 Prioritization, grounded in response analysis | *Joint analysis supporting response planning and prioritisation in short and medium term* | Satisfactory | **Agreed with rating.**  Sharing the response analysis results with all partners | Better communicate of the prioritization based on partners capacity, accountability and transparency. | Partners, continuously | | **3. Planning and strategy development** |  |  |  |  |  | | 3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities | *Strategic plan based on identified priorities, shows synergies with other sectors against strategic objectives, addresses cross cutting issues, incorporates exit strategy discussion and is developed jointly with partners. Plan is updated regularly and guides response.* | Good | **Agreed with rating.**  The National nutrition strategy was developed 2014 -2018 and contains sectorial plans, objectives, indicators.  The Humanitarian plan is developed, prioritized other sector indicators (wash, health ….etc), focusing on the children U5 (sex disaggregated), PLW. Due to lack of capacity, no programmes for elderly population. | Initiate a discussion during the HNO/HRP process for inclusion of needs, priorities, activates of elder group, and HIV. | Sep 2016, TF on elder people and HIV (see below) | | 3.2 Application and adherence to existing standards and guidelines | *Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.* | Good | **Agreed with rating.**  CMAM (Inpatient, outpatient and moderate malnutrition), IYCF, guidelines exist.  NiE guideline is developed. | Develop home fortification guideline with MNP (add chapter in the national guidelines on this)  Form a task force to include cross-cutting issues - the elderly, HIV - in the humanitarian guideline | MOH/2016  MOH, NCC and partners , Feb – March 2016 to form TF, guideline by Aug 2016 | | 3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations | *Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.* | Good | **Agreed with rating.**  Funding determined with partners, allocation under jointly agreed criteria and prioritization. PRG identified criteria for prioritization. NCC is tracking the status of funding and sharing information | Early consultation and follow up of the humanitarian plan with the sub national level.  Improve communication of prioritization to sub-national level partners | NCC, MoH, partners, October 2016  State MoH, State NCCs with support from national level | | **4. Advocacy** |  |  |  |  |  | | 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action | *Concerns for advocacy identied with partners, including gaps, access, resource needs.* | Good | **Agreed with rating.**  The national Nutrition & food security committee headed by the vice president is established, the fund allocated to nutrition programme by government significantly increased (procurement of RUTF).  IYCF strategy endorsed through National council for child welfare (NCCW), NCCW addressed the issue to the President.  Sudan has joined the SUN movement | Establish sub-committees of Nutrition& Food Security (at the Gov’t level) at sub-national level.  Advocate for wider use of the IYCF strategy  Establish TF on advocacy and use GNC toolkit. Potentially be a pilot country for the advocacy toolkit implementation | MoH  MoH, NCC, partners  NCC, MoH, partners, May 2015 | | 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population | *Common advocacy campaign agreed and delivered across partners.* | Satisfactory | **Agreed with rating.**  Adoption of CMAM approach as one of the national protocols. Other departments of MOH (pediatricians), contributed to enhance the treatment.  Sustainability of CMAM programmes is a concern | Conduct an advocacy workshop to determine main advocacy concerns | NCC, MoH, partners, May 2015 | | **5. Monitoring and reporting** |  |  |  |  |  | | Monitoring and reporting the implementation of the cluster strategy and results; recommending corrective action where necessary | *Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.* | Satisfactory | **Agreed with rating.**  Insufficient information sharing and lack of feedback mechanism.  Incomplete & low quality data reported from the field sites.  Low commitment of partners’ in attending and updating in cluster meetings. Some of the reporting tools used by the cluster are not in line with the MoH tools | All partners to work closely with the field sites and ensure completeness and quality of the reports.  Organise a refresher workshops for partners on how to report  Introduce a monthly joint monitoring plan.  Review cluster reporting tools and ensure they are in line with MoH tools where possible | Partners, continuously  MOH, IMO, NCC,, partners  MOH, NCC  MoH, NCC | | **6. Contingency planning/preparedness** |  |  |  |  |  | | Contingency planning/preparedness for recurrent disasters whenever feasible and relevant. | *National contingency plans identified and share; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.* | Satisfactory | **Agreed with rating.**  Individual agency contingency and preparedness plans are in place. Cluster plan is to be developed. | Organise a Training for partners in contingency planning  All partners to involve in contingency planning  Distribution of early warning reports | NCC to identify partners to conduct the training, May 2016  Partners  MoH?? | | **7. Accountability to affected population** |  |  |  |  |  | |  | *Disaster-affected people conduct or actively participate in regular meetings on how to organise and implement the response; agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided* | Good | **Agreed with rating.**  Needs description here | Continue engagement of affected population to all programme cycle stages  Review new GNC guidance and propose a set of activities to be included in the 2016 HRP process. | Partners, continuously  NCC | |  | | |  |  |  | |  |

1. Recommendation 26, IASC, *Transformative Agenda: Chapeau and Compendium of Actions*, January 2012. [↑](#footnote-ref-1)
2. Interagency Standing Committee (IASC). Nov. 2006. Guidance note on using the cluster approach to strengthen humanitarian response [↑](#footnote-ref-2)