NUTRITION CLUSTER EVALUATION PAKISTAN FLOOD RESPONSE SEPTEMBER 2011

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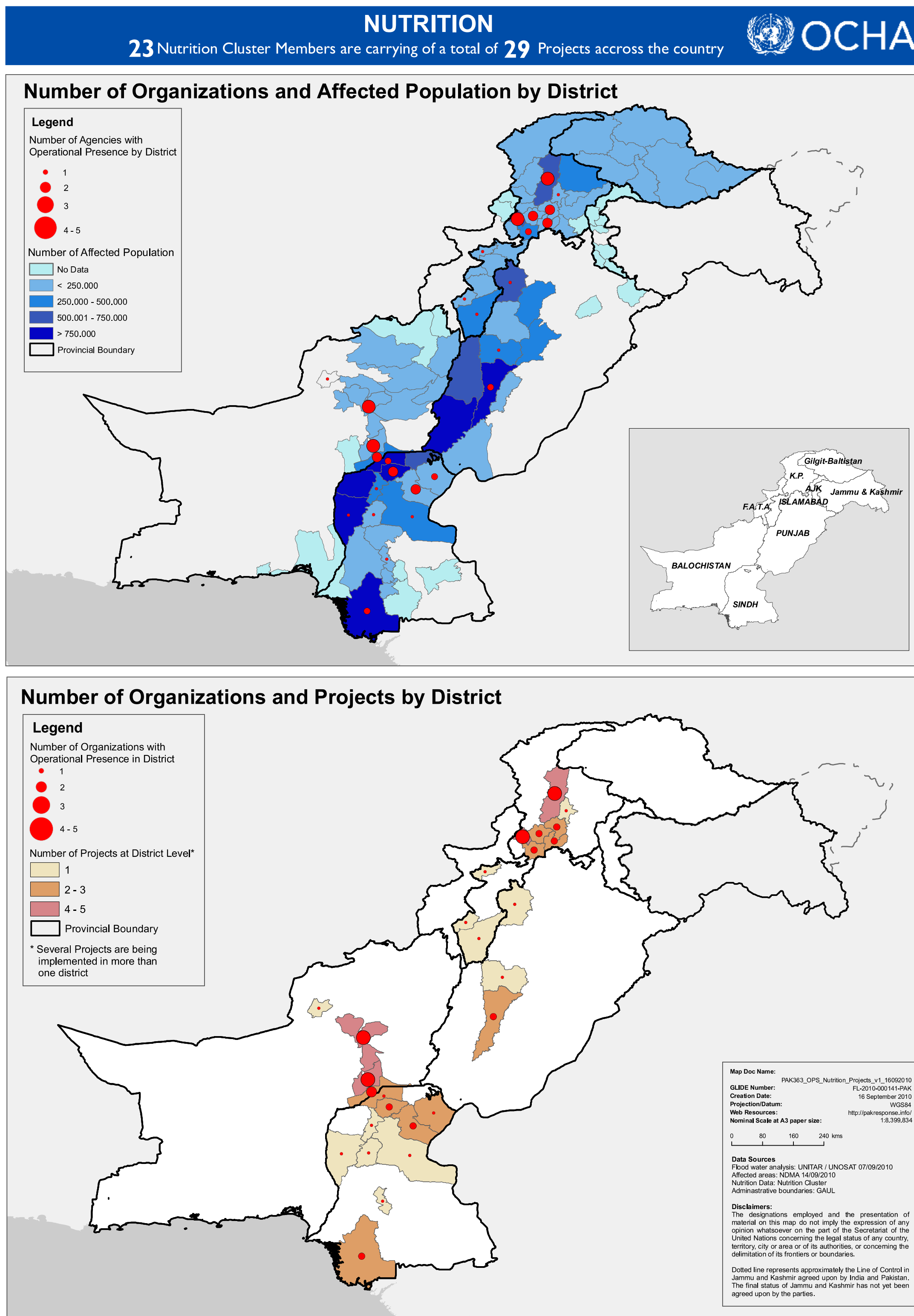
Figure 1. Map of Nutrition Cluster activities, September 2010



EXECUTIVE SUMMARY

Background

In July 2010 Pakistan experienced the worst monsoon flooding since 1929. From the 20 million or so Pakistani people affected by the crisis, it was estimated that some 15% of this population were children under five (3,000,000), 8% were pregnant and lactating women PLW (1,600,000).[1] A pre-floods crisis report had estimated that 25% of Pakistani children were at low birth rate (NNS 2001-2002), falling under the continuous vicious cycle of malnutrition at birth. At the time of the crisis, population displacement, risk of diarrhoea outbreak and loss of livelihoods were the initial risks that predisposed the population to increased risk of malnutrition. [2]

Before this emergency, a nutrition cluster approach was activated in Khyber Pakhtunkhwa (KPK) province in late 2008 in response to the conflict-related IDP crisis, but other than that, there was a limited coordination structure for nutrition programming in the country. Following the unprecedented magnitude of the floods and the number of persons affected, and in response to coordination needed, the nutrition cluster was activated on July 29 2010. The cluster supported the government to coordinate the nutrition response at national and provincial levels, by establishing one national level coordination structure and five sub-national coordination “hubs”.

This report documents the progress made by the Nutrition Cluster in Pakistan in relation to its coordination responsibilities as well as the emergency response of the nutrition cluster partners. To undertake this evaluation, an interagency evaluation team was formed, from MOH, NGO’s, UN agencies and the Global Nutrition Cluster Coordinator. However, as the team was evacuated due to security reasons, the team developed an evaluation framework focusing on the 11 functional areas of the cluster. A consultant was then recruited from the UNICEF Pakistan office to conduct this evaluation, alongside the national members of the team from WFP, UNICEF and Merlin.

Using this framework, consultation of the cluster partners was conducted in a workshop setting at both the national level in Islamabad and the other five coordination hubs (Multan, Hyderabad, Sukkur, Quetta and Peshawar). Additional information was gathered from an individual questionnaire sent to key informants such as donors, key UN agencies, Cluster Coordinators, Information Managers and government officials from the Ministry of Health in Pakistan. In March 2011, further information was also gathered by the Cluster Coordination team from the national level and sub national levels using an automated survey form, cluster updates and other country level documentation were also used as part of the evaluation. A consultant was then hired to consolidate the data and prepare this final evaluation report that was reviewed by the evaluation team.

Key Findings

- Before the floods, a **coordination structure through a cluster system only existed in KPK**, however, despite the high need for nutrition programming and absence of an existing coordination structure, Nutrition Cluster was not among the other lifesaving clusters such as Food Security, WASH and Health which were activated immediately. It therefore took a long time for the Global Nutrition Cluster (GNC) and the Cluster Lead Agency (CLA) to advocate for the activations of the Nutrition Cluster and provide lifesaving interventions.

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[1] Nutrition Situation report update, 8 September 2011, UNICEF
[2] Pakistan Nutrition Cluster, Flood Response, Nutrition Brief, 1st Edition, 1st October, 2010

- The evaluation found that, the **Nutrition Cluster's response in Pakistan was beneficial**, and the Nutrition Cluster **established and provided the appropriate humanitarian coordination mechanisms with partners**. However, partners felt that the **recruitment of Cluster teams at the national level took too long,** with the Cluster Coordinator starting in September 2010, some six weeks after the initial flooding, and the Information Manager recruited in October 2010. Despite these initial delays as well as ongoing challenges with population displacement, security, and access, partners felt the Cluster was able to quickly ascertain and begin providing priority needs.

- The evaluation also found that, at the height of the emergency response, the Nutrition **Cluster was appropriately staffed at** National levels. However high levels of **turnover and capacity weaknesses were experienced at all sub-national levels**, which affected the **overall capacity for the hubs to coordinate** effectively.

- The Nutrition Cluster also largely **met its mandate in appropriately distributing responsibilities among cluster partners.** Stakeholders reported that there was very little duplication witnessed amongst partners, and complementarity of partner effort was evident.

- It was also found that, the Nutrition Cluster did its best in coordinating with the national and local authorities. However, **due to the scope of the crisis**, the **government's ability to provide effective input and attention to coordination efforts was severely compromised**, yet the cluster systems managed to step up to the plate and organize cluster partners and government to respond.

- Whilst some tasks of UNICEF programme officers are not shared with Cluster Coordinators, partners felt that this must be clear to avoid frustration. The evaluation found that **cluster partners were not fully aware of the scope of their responsibility** in the cluster and in some cases, they found it difficult to differentiate between the role of a UNICEF programme staff and that of a cluster coordinator, especially at sub national levels.

- The **lack of up-to-date nutrition information was one of the initial challenges** experienced by the cluster. This created challenges in cluster ability to assess needs, develop targets and plan interventions. Initial Rapid Assessments were not conducted; an absence of standards, issues with access and security and a widespread lack of trained personnel prevented this. Due to an absence of nutrition survey capacity amongst partners on the ground, **UNICEF as the Cluster Lead Agency coordinated the elaboration of the FANS survey**, which took place in five flood-affected districts and was **deemed as a measure of cluster partner collaboration and complementarity, taking advantage of technical expertise** provided by ACF-CA and the CDC. Partner's felt that this move provided vital information on the nutrition situation to inform planning, program monitoring and evaluation and can be replicated in future emergencies.

- Undernutrition is and still remains a challenge for Pakistan. The Nutrition Cluster's response has found that; despite several UN agencies and NGO's being present in the country at the time of the floods, a **lack of over-arching nutrition policy and strategy has resulted in an absence of clear coordination and strategic approach to Nutrition programming amongst agencies,** which weakened the Cluster partners efforts when trying to reach the most vulnerable.

- Appropriate leadership and resources are a necessity in order to provide children and their families with essential services that build long-term resilience. However, there was **no existing national nutrition strategy** at the time of the crisis, and the lack of capacity and understanding of nutrition issues by the government to actively contribute to the cluster was limited and put great stress on an already poor system. This was further exacerbated by the fact that despite the government needing a great deal of technical support, several **of the NGO's working in nutrition did not have appropriate technical expertise** in nutrition.

- There was a **lack of emergency response capacity** in the country before the floods and limited clarity amongst senior government personnel leading the emergency, which calls for greater advocacy and awareness raising amongst relevant stakeholders needed to build this capacity.

- The evaluation found that implementing agencies were unaware of the role they can play in ensuring timely sharing of information and this resulted in delays in decision-making at both national and sub-national levels

- There was widespread feedback that **community members were frustrated** about the lack of information they received on both the impact of the crisis and the cluster's interventions.

- The decision to transition to the Early Recovery Working Group (ERWG) was **neither supported by all cluster partners nor by all clusters coordination team members.** Partners felt that the proposal to halt the emergency response was not backed up by credible evidence and that the transition was too early. The cluster response plan however did not also have a phase out plan, therefore in the face of inadequate preparation from the side of the cluster, such a reaction would be expected however this sentiment was expressed by other partners too.

- It was found that the **CLA fulfilled their responsibility as a provider of last resort** on a number of key activities, including coordination of the FANS (Flood Affected Nutrition Survey) survey, provision of necessary RUF products when WFP was unable to, as well as availability of human resources.

Recommendations:

- To address the delays in the activation of the Nutrition Cluster, it is **recommended that clear guidelines and standards for cluster activation** be developed.

- In order to improve the recruitment process and improve staff retention of the key cluster personnel, **clear deployment mechanisms should be developed** as this will ensure that experienced Cluster Coordinators are available when needed. Furthermore, a Global **Nutrition Rapid Response Team** should be created to ensure immediate availability of appropriate key human resources at the onset of a crisis.

- To ensure programme effectiveness, **clarity, and promotion of independence of the Cluster was recommended**; and double **hatting of** key Cluster staff during the height of emergency **must be minimized**.

- **Further sensitization of the cluster partners by the Cluster Coordination team and the CLA** on the role of shared responsibility is necessary (both at Global and National levels). Such an orientation will create a better understanding among cluster partners on cluster coordination as well as enhance delivery of tasks when these are assigned to partners.

- A **national nutrition strategy**, which clearly outlines the strategic priorities of the country, and respective capacity building needs is a priority for all levels of the Pakistan government. All countries even those not experiencing emergency should be encouraged to have national nutrition strategy as part of emergency preparedness.

- It is recommended that further advocacy is needed with implementing agencies on the **importance for timely sharing** of information to promote collective decision-making and improved outcomes. This could form part of an initial working principle document that should be developed by the Cluster Coordination teams and highlights the roles and responsibilities of the various partners, the CLA and the cluster coordination team

- It is recommended that **a preparedness strategy** that takes into account key tools and basic resources (supplies, personnel, funds and guidelines) needs to be made available for translation at time of emergency. This should include outlines of the responsibilities of cluster partners.

- T**o ensure appropriate timing of phase out or phase over (transfer of coordination activities under an early recovery working group),** the mechanisms should be flexible and respectful of different contexts and respective cluster needs. Furthermore, when phasing out or over, decisions should be backed by credible evidence that the situation is no longer in at emergency level or the situation has stabilized and that the government body responsible for the longer term coordination function has the capacity to take over this role.

2. List of Acronyms

3W	Who is doing What Where
ACF	Action contre la Faim
CC	Cluster Coordination
CCCs	Core Commitments to Children in Humanitarian Action
CDC	Centre of Disease Control
CERF	Central Emergency Response Fund
CLA	Cluster Lead Agency
CMAM	Community Based Management of Acute Malnutrition
ERP	Early Recovery Plan
ERWG	Early Recovery Working Group
FANS	Flood Affected Nutrition Surveys
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
IDPs	Internally Displaced Persons
IYCF	Infant and Young Child Feeding
IMO	Information Management Officer
LHWs	Lady Health Workers
MCRAM	Multi-Cluster Rapid Assessment Mechanism
MOH	Ministry of Health
NDMA	National Disaster Management Authority
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PFERRP	Pakistan Flood Relief and Early Recovery Response Plan
PINS	Pakistan Integrated Nutrition Strategy
PIHIV	People Living with HIV
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
MICS	Multiple Indicator Cluster Surveys
MNHC	Maternal and Newborn Health Care
MAM	Moderate Acute Malnutrition
MOH	Ministry of Health
TWG	Thematic Working Group
UN	United Nations
UNICEF	United Nations Children’s Fund
WFP	World Food Programme
WHO	World Health Organization

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4. TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
Background	3
1. Key Findings	3
2. List of Acronyms	7
3. Acknowledgements	7
4. TABLE OF CONTENTS	9
5. Background	10
Objectives of the Evaluation	12
Evaluation methodology	13
9. Result Focus Areas	15
9.1 Coordination National, Provincial, District	15
9.2 Partnership	22
9.3 Needs Assessment	24
9.4 Nutrition Cluster Response Strategy	26
9.5 Inter-cluster coordination aspects	32
9.6 Information management	33
9.7 Standards, guidelines and application	35
9.8 Outcome	37
9.9 Transition	38
9.10 Advocacy	41
CONCLUSIONS	41
APPENDICES A Evaluation Terms of Reference	44
APPENDICES B List of key informants to be interviewed	46
APPENDICES C QUICK SELF-ASSESSMENT CHECKLIST	47
APPENDICES D EVALUATION FRAMEWORK	58

5. Background

During the period 2000-2005, Pakistan experienced significant improvements in economic growth, and an environment conductive for foreign investment saw an increase in trade. At the same time, there was a reduction in public debt, stable prices and an improved standing in international capital markets[3,4.] Unfortunately, the advancements were crippled and by 2005, this situation went into reverse on account of several natural, economic and political shocks disrupting the economy and forcing the government to borrow heavily, increasing debt and creating inflation fears. On top of this, the world food price crisis of 2007-2009 placed further stress on an already vulnerable economy, coinciding with poor wheat (one of the countries key exports) production of 2008. Today, Pakistan remains an impoverished and underdeveloped country.

The economy and household livelihoods were once again severely impacted when in 2005; an earthquake measuring 7.6 on the Richter scale hit Pakistan-Administered Kashmir. During the midst of earthquake, fighting between Pakistan's government and various Islamist militant groups, particularly the Tehrik-i-Taliban the situation grew worse and recovery became impossible.

Pakistan's government has also undergone significant change, moving from military dictatorship to democracy. In 2007, the twice elected Prime Minister, Benazir Bhutto was assassinated in December 2007.

Currently, the Human Development Index ranks Pakistan 141 out of 182, trailing behind several of its South East Asian neighbors.[5] Poverty and unemployment rates are significant obstacles to development in Pakistan and despite improvement since the late 1990's, they are still estimated at 22.6%[6] and 14% respectively in 2009[7,8].

The Humanitarian Situation

Heavy rainfall during the monsoon season of July to early September of 2010 resulted in the worst floods in Pakistan since 1929. It is important to understand the nature of the flooding as it impacted regions differently and at different times. First, monsoon rains in July 2010, began in the North of the country causing the Swat and Kabul riverbanks to overflow, which resulted in flash flooding throughout the Swat valley and severe flooding near Nowshera town. These floods were extremely destructive, destroying productive infrastructure and led to the most significant life loss and as well as livestock loss. Yet, these floods only lasted a number of days, so the direct-impact was short-lived.

The water then moved south along the Indus River, breaching embankments, spilling into irrigation channels and then flooding villages, towns and farmland. The slower nature of this type of flooding allowed communities to evacuate and where possible, salvage productive assets. Loss of life was also minimized. Unfortunately, it was in the South where the duration was much longer (low lying farmlands in Sindh and Balochistan remained under water for months[9]), which caused displacement, and greater impact of livelihoods and damage to the agricultural sector.

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[3] Hussain, Shahzad, et al. Globalization and Income Distribution: Evidence from Pakistan. European Journal of Social Sciences, vol.8 no.4, 2009.
[4] Government of Pakistan, World Bank. Second Poverty Strategy Reduction Paper, 2008.
[5] UNDP United Nations Development Index,
[6] Refers to the percent of population living off of 1.25 US per day.
[7] United Nation's Development Programme, Human Development Report 2009: Overcoming Barriers: Human Mobility and Development, 2009.
[8] CIA Fact book
[9] Flood Recovery Assessment (FRA), UNIFEM, OXFAM, FAO, WFP, March 2011

The GoP, the Asian Development Bank (ADB) and the World Bank (WB) undertook a Damage and Needs Assessment[10] during the floods. The results estimated flood related damages at Rs. 855 billion, which is close of 6% of the country's GDP. The largest losses were experienced by the agricultural sector (accounting for over 50% of total losses, with Sindh experiencing almost half of damages). Floods in AJK, KPK and Balochistan washed away standing crops, seeds, food reserves as well as livestock. As the population in Punjab and Sindh had more warning, and floods were slower moving, they were able to minimize livestock losses there. According to the FAO, some 2,4 million hectares of cultivatable land including standing crops such as rice, maize, sugarcane, vegetables were damaged. Seeds and grains intended for wheat farming that season, were also lost, thus farmers would not be able to plant until the spring of 2012. Given the magnitude of standing crop losses, major crop production is estimated to decline by 7% in 2010/2011 while minor crop production could decline by as much as 20%.

The housing sector also suffered significant damage, (accounting for just over 15% of losses at Rs 150 billion or USD 1.6 billion, with 913,307 houses completely destroyed. Damage to roads, railways, bridges, airports and telecommunication infrastructure was estimated at over Rs 100 billion (or USD 1.3 billion). Damage to transportation will of course impact access to basic services.

The floods affected 20 million persons in all five provinces. Prior to the floods, 75% of Pakistanis had access to safe drinking water and the low coverage of water supply and poor sanitation had consistently contributed to increase in morbidity, especially diarrhea. The flooded worsened the situation thus access to safe drinking water particularly fallen to 55% (UNDAC, 2010, Multi Cluster Rapid Assessment).

Despite reductions in infant mortality between 2002-2005, Pakistan still has some of the highest levels of maternal (276 per 100,000 live births) and infant child mortality (78 per 1,000 live births) and one in ten children do not reach their first birthday. With only 57% of children in school, (Pakistan Social and Living Standards Measurement survey 2008-2009) achieving universal primary education is a challenge, with the floods putting further strain on an already precarious situation.

Despite child malnutrition being lower than some neighboring countries in South Asia (India, Bangladesh, Nepal), the situation is still much higher than most countries in Sub-Saharan Africa. The NHS surveys of 2001-2002 reported underweight and stunting to be at 38% and 40% respectively. According to this survey, a Global Acute Malnutrition rate of 13.2% and Severe Acute Malnutrition rate in children under five of 3% was recorded. Based on WHO categorization, the GAM rate indicated a serious nutrition situation in 2002. Malnutrition was also highly prevalent amongst women of reproductive age; the NHS survey findings were that almost 14% of lactating women reported to be underweight, with 2.5% wasted. Several regional and national surveys, also found sub-clinical deficiencies in iron, zinc and Vitamin A were widespread amongst both children and pregnant women. Surveys (NHS 2001-2002), found that 66.5% of 0-5 year olds were iron deficient (35.6% with IDA), 37% with zinc deficiency and 12.5% had VAD.

In Pakistan, pre-floods, breastfeeding practices are characterized by low levels of early initiations of breast feeding, as mothers discard colostrum and very few women breastfeed within one hour of giving birth. Furthermore, a lack of awareness of healthy food options has led to widespread use of complementary diets of poor micronutrient content. In addition to this, traditional social values often discriminate against women, do not allow for active decision-making and this contributes to the lowering of their status and affects food intake and their nutrition and health care practices.

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[10] Asian Development Bank, Government of Pakistan, World Bank. Pakistan Floods 2010 – Preliminary Damage and Needs Assessment, 2010.

From the 20 million or so Pakistan people affected by the crisis, it was estimated that some 15% of this population were children under five (3,000,000), 8% were pregnant and lactating women PLW (1,600,000) and at least 6% were elderly or from other vulnerable groups.[11] A pre-floods crisis report had estimated that 25% of Pakistani children were at low birth rate (NNS 2001-2002), falling under the continuous vicious cycle of malnutrition at birth. Population displacement, risk of diarrhea outbreak, loss of livelihoods was the first risk, predisposing the population to increased risk of malnutrition.

Policy and Programmatic Structures to address malnutrition

At the time of the crisis, there was no national nutrition strategic plan. Whilst national guidelines/protocol on management of acute malnutrition had been prepared in 2009, these had never been officially released. As a result, there were limited number of individuals and organizations that had been exposed to these guidelines.

Up until 2008, nutrition was not institutionalized with the Government of Pakistan, and as a result, implementation of nutrition structures has remained weak at national, provincial and district levels. In 2002, the MoH introduced a Nutrition Wing whose responsibility was to implement and monitor health related nutrition activities at the national level, yet this Wing had no specific role in either at either provincial or districts levels in terms of implementing nutrition activities.

The Pakistani government, in collaboration with various humanitarian partners, including UN agencies, International and national NGO's has worked in implementing nutrition activities, yet there has been very little impact and improvement on nutrition indicators. Furthermore, these projects lack over-arching coordination at national levels or clear synergy.

A Nutrition Section in the Planning and Development Division of the MoH has also been created to integrate the multi-disciplinary programs of nutrition into planning, and is also responsible for coordination, monitoring and evaluating the different nutrition programs. The Federal Nutrition Syndicate (a high level inter-ministerial body) compromising representatives from line ministries, NGO's and other international agencies has also been created to provide overall planning, policy guidance and inter-agency and inter-provincial collaboration, however all these entities are not well coordinated.

At the community/village levels, the Lady Health Worker (LHW) is an important actor in the implementation of nutrition programs; traditionally responsible for providing basic health care services to communities. Recent studies found that the LHW program suffers from poor coverage in insecure areas, and as a result of expanding interventions; they are being overburdened with responsibilities, and their service is not adequately supervised and monitored. Although the LHW could be adequately trained to provide preventive nutrition services such as the promotion and provision of health services, the Pakistan flood disaster uncovered a lack of capacity in prevention and treatment of malnutrition amongst the LHW's.

The recently-drafted Pakistan Integrated Nutrition Strategy (PINS) brings together Nutrition, Health, WASH, Food security and Agriculture sectors, and provides a key opportunity for improving nutrition in Pakistan, yet sustaining it will need substantial investment, clarity amongst the roles of different partners both national and international, as well as appropriate and sustained leadership.

Objectives of the Evaluation

[11] Nutrition Situation report update, 8 September 2011, UNICEF

The purpose of this evaluation is to provide global nutrition cluster partners including INGO's, the Pakistan government agencies, United Nations agencies and donors with a comprehensive evaluation of the Nutrition Cluster response following the Pakistan floods of July 2010.

The evaluation hopes to document the Nutrition Cluster achievements, experiences in response implementation, challenges, and lessons learnt and identify recommendation for improved coordination and response. In addition, the evaluation will also critically analyse UNICEF's role in fulfilling its mandate as the Cluster Lead Agency. This evaluation focuses on the eleven strategic areas of cluster coordination functions related to partnerships, strategic planning, promoting standards, advocacy and fund mobilization, exploring what worked and what did not work and why.

The evaluation team, which was formed in March 2011, consisted of members of the GNC-CT, staff from the Ministry of Health, Pakistan that were involved in the response, UN and INGO representatives. An initial Terms of Reference was developed (see Appendices A) and in summary, the evaluation would involve two weeks of field work, whereby evaluation team members would undertake individual interviews with stakeholders at the national levels and across the five-affected districts, as well as undertake focus group interviews. The team would also gather feedback from stakeholders at the international level who were involved in the Pakistan response.

Evaluation methodology

The planning of the evaluation was thus reorganised, and occurred in the following three phases:

Phase 1 Evaluation Desk Review and Self-Assessment

A) Desk review of the various nutrition clusters and other humanitarian response documentation, including cluster meeting minutes, nutrition briefs, response plans, response databases, etc. The documentations were made available for review to the evaluation team members by the cluster coordination team in Pakistan.

b) Quick Self-Assessment Checklist (Q-SAC) exercises (see Appendices C). A self-assessment questionnaire was prepared, exercised and analyzed. About 40 responses were received providing rich information on the cluster members views and opinions on the cluster performance, as well as proposing recommendation for future consideration. The consolidated report from this assessment was shared with the evaluation team and from this, any gaps that the evaluation team needed to explore further were identified and further probing was done

c) Evaluation Framework – Following this, an evaluation framework was designed around the key strategic areas of the cluster coordination functions.

d) Online questionnaire - As one on one interview was not possible due to the security situation; the evaluation team automated the Evaluation Framework and distributed an online questionnaire to key informants in Pakistan and at regional levels as well implementing partners. Representation of views from the UN, INGO, LNGO, donors, government officials and clusters coordinators who had left the country. Responses from WASH, Food and Health cluster stakeholders were also sought.

Phase 2 Stakeholder analyses by a national consultant

An independent national consultant was hired for the stakeholder analysis (see Appendices B for list of stakeholders). Using the evaluation framework, focus group interviews and consultative discussions was undertaken in the five flood-affected hubs and national level. The fieldwork took

two weeks and took place during the months of June and July 2010. A preliminary analysis was provided to the GNC for synthesis. This process helped to verify information and build consensus on (a) what worked and what did not work in the cluster, (b) cluster priorities on coordination and emergency response and (c) recommendation to the cluster. Insights on the minimum coordination structure and cost analysis to enhance the exit strategy were also included.

Phase 3 Final interviews, data synthesis and report writing

An independent consultant was hired to consolidate the different pieces of information gathered during the various stages of the evaluation, including synthesis of Q-SAT checklists, stakeholder analysis and survey results. A final desk review (review/evaluation/reports/response plans/ experiences/lessons learnt relevant to the Nutrition Cluster in Pakistan) was undertaken.

The consultant undertook final interviews and fact checks with several members of the evaluation team as well as some of the different partners who were present in Pakistan during the crisis. A draft report (outlining the achievement, experiences, challenges, lessons learnt and actionable recommendation against the different evaluation result areas) was developed using the stakeholder analysis framework questions as a guide. The draft report was shared with the evaluation team for feedback prior to circulation to cluster members.

Evaluation constraints

Due to the assassination by United States forces of Al Qaeda leader, Osama Bin Laden on May 1st in Abbotsford, Pakistan, which coincided with the start of the evaluation team's fieldwork in Pakistan, several of the evaluation activities were cancelled due to security concerns. As a result, the remaining evaluation team that could remain in country for limited time, focused on developing an evaluation framework against the 11 Cluster strategic pillars. The fact that the direct involvement of the initial evaluation team could not continue with this evaluation, has affected the quality of this evaluation. Given the process of recruiting of consultants and the actual time it took to collect the information and write up the report, the ability of the partners to remember specific details what really happened could have been compromised. There has also been considerable delay with the consolidation of the evaluation report, which has affected its timeliness and the overall evolution of the report. However, the lessons learnt is hoped to go a long way in supporting future cluster activities in Pakistan and other countries.

9. Result Focus Areas

9.1 Coordination National, Provincial, District

Activation of Nutrition Cluster

Key Findings:

The cluster approach was first activated in Pakistan in Khyber Pakhtunkhwa (KPK) province following the conflict related IDP crisis. Following the flood, the Nutrition Cluster was activated at the national level within one week of the July 2010 flooding and then progressively expanded into most affected provinces of Sindh, Punjab, Baluchistan, Khyber Pakhtunkhwa (KPK/FATA), Gilgit Baltistan and AJ&K. However, the activation only came after advocacy from the CLA and the GNC as Nutrition was not amongst the first live-saving clusters activated in the country.

Despite the low level of international attention, UNICEF, the Cluster Lead Agency mounted a massive organization response in support of the cluster and the programme, quickly scaling up human resources and operational capacity. Whilst initial recruitment and deployment of staff was slow, during the peak of the disaster, UNICEF deployed some 60 Cluster Coordinators and Information Management staff for its three clusters and one sub-cluster (Nutrition, Education and WASH Clusters and Child Protection sub-cluster) to work in all affected provinces and at national level. Out of this number, the Nutrition Cluster had 12 staff, 6 of them were Nutrition Cluster Coordinators and 6 were Information Manager at both national and hub levels.

By early-September 2010, Clusters had been established in five coordination "hubs" at provincial levels, in the five flood-affected zones including: KPK (Peshawar), Punjab (Multan), Sindh (Sukkur & Hyderabad) and Baluchistan (Quetta), but not all hubs had a nutrition team deployed. By mid-September, KPK had succeeded in recruiting both a national Cluster Coordinator and Information Manager and the remainder of the hubs were staffed shortly afterwards.

At the national level, a Cluster Coordinator was in-place by September 2010, and the Information Manager seconded from UNICEF by early October. There was unanimous feedback from partners that the recruitment of these two posts was too slow. At national level, the cluster focused on strategy development, information consolidation, gap analysis & ensuring information flow. The Cluster was also responsible for ensuring appropriate partnerships were built and providing means for fundraising and liaising with donors on behalf of partners. The Cluster Coordinators were also responsible for participating in inter-cluster strategies.

It was evident that the cluster was involved in collaboration with the government, in advancing the national level discussion through provincial level coordination of NGO's and UN agencies, facilitating and advocating for monitoring of implementation progress, coverage and gap analysis and subsequent gap filling with provision of appropriate support, including capacity building.

Feedback from partners at both provincial and national level agreed that that there was great effort made by the Cluster to "get all players together to decide on strategies and fill gaps". At the national level, participants reported that the Cluster support was "immense, all inclusive and quite strategic ensuring the process was jointly owned." Some partners felt there were inconsistent reporting lines between central and hub level Cluster Coordinators that caused confusion, and questioned accountability. Cluster Coordinators were reported to have lacked appropriate understanding on UNICEF's internal systems, particularly supply related issues creating delays in decision-making and confusion.

Recommendations:

- As part of the preparedness and part of the regular programme, the CLA should support the establishment of a coordination mechanism which could ensure some coordination already exists when an emergency strikes; regardless of whether the cluster is activated or not, and/or even when it is not clear if a crisis has nutrition impact.

- The Cluster Coordinator and other Surge staff related to the cluster should be dedicated to the responsibility of cluster coordination only and they should not consider this as a "secondary job".

- A stronger advocacy with government structures to ensure participation, ownership and understanding of their responsibility and accountability in the Nutrition Cluster is key.

- In order to ensure direct accountability/reporting obligation of hub level of Nutrition Cluster Coordinators to Nutrition Cluster at national level and vice versa, clear reporting lines between central and Hub-level Cluster Coordinators and Information Managers are necessary, and clear roles and responsibilities need to be established.

- There is an urgent need to strengthen national nutrition response capacity as part of a longer strategy, while the establishment of a national nutrition policy and guidelines to guide future response is also recommended. This strategy should include aspects of emergency preparedness and response.

- As over 70% of the cluster supply (food, equipment and drugs comes from the CLA, UNICEF), it is important to ensure that Cluster Coordinators are orientated on UNICEF's internal systems, particularly supply related issues and administration, in order for the Cluster Coordinator to be in position to support cluster partners on some of the internal supply and administrative issues. UNICEF programme team should also be represented in every coordination forum to clarify issues directed to the CLA, thus reducing incidences of CC responding on behalf of CLA or being charged with the responsibility of providing feedback or update on behalf of CLA.

<u>Promotion of mutual understanding and collaboration with government entities by the Cluster</u>

Key findings:

When asked whether the cluster was able to promote strong mutual understanding and collaboration with government entities, partners at the national level reported that the cluster promoted mutual understanding and collaboration with government partners, and ensured to maintain mechanisms for continued communication. However, it was also noted that adequate government attendance was not maintained at cluster related discussions. Partners felt that this was as a result of a lack of interest by the government but could be attributed to the government having a limited coordinating structure, weak staff capacity for nutrition, as well as the many conflicting commitments that they were responsible for at the time of the crisis.

The cluster ensured that government was responsible for endorsing guidelines for CMAM and IYCF programming, by ensuring a statement on IFE were issued and training on messaging, counselling as well as behaviour change communication were conducted.

At the Hub-level, government participation was mixed; in Peshawar for example, partners felt that because of the large number of other ongoing priorities, government capacity to participate effectively in the cluster was a challenge. In Hyderabad, partners reported that whilst the government attended meetings, their implementing capacity was weak. In Baluchistan, whilst the government was deemed pro-active, there was limited availability of appropriately staffed nutrition

personnel and this inhibited the involvement of government. In Punjab partners felt that the TOR of the cluster required clarification, while in Sindh, partners felt that the Cluster promoted good engagement with government authorities in a collective platform, while a focal point from relevant government departments was always invited to contribute in meetings. However, because of the many conflicting commitments amongst government personnel, engagement was at times low and was not always sustained.

Partners were pleased that 90% of CMAM services were established in government run facilities, which in a way ensured sustainability of these programmes even after the emergency phase was over, as the government staff can still continue providing these services. Partners also felt that the cluster coordination structure assisted NGO's in liaising and lobbying with the Ministry of Health when difficulties arose.

Recommendations:

- In order to promote effective government collaboration, further sensitization and capacity building on NIE as well as on the cluster approach at different levels and in particularly the provinces and districts where capacity is weaker is needed.

- Cluster activation process should be accompanied with comprehensive orientation and sensitization for all stakeholders at Hub level.

- Nutrition leadership role between Ministry and NDMA requires clarification, and whoever is selected to co-lead must remain committed to this role.

- Nutrition needs to be recognised as a priority for government at national, provincial and regional levels through resource allocation, human resources, and proper integration of nutrition within the MOH structure, where staff have nutrition responsibilities incorporated into their job descriptions.

- To ensure ongoing leadership for nutrition-related activities at Hub levels, it was suggested that the government should nominate district focal point for nutrition.

<u>Decisions on agenda, priorities, action points</u>

Key Findings:

At the national level, the cluster meeting agenda was drafted based on the latest humanitarian issues, and pending discussion points from previous meeting minutes and this was then shared with members, the government official (Nutrition Wing Director) and a secretary in the MoH for their approval. This process was found to be very effective in terms of engaging government and partners view on what needs to be discussed. Partners also felt that the action points that originated from the meetings were identified based on mutual consensuses. The cluster partners also felt that "the cluster meetings provided the way and means for solving different problems faced by partners, providing impetus in solving these problems in an efficient manner."

In some discussions at the national level, partners felt that some of the problems that required inter-sectoral coordination should have been more rapidly taken up by OCHA or NDMA as opposed to being discussed at nutrition cluster partner meetings.

There were comments made that some meetings were poorly chaired, with priority issues not given timely attention. In several of the Hubs, partners felt there were delays in achieving consensus on some issues due to vested interest amongst different partners.

In Peshawar, partners felt uncomfortable in raising genuine concerns in meetings, as they did not feel that the cluster was independent and that the cluster coordinators are sometime regards as

UNICEF programme staff and regarded like donors, also they felt that the cluster was not reactive enough to their own assigned action points.

Recommendations:

- Recommendations/action points that require inter-sectoral coordination need to be taken up by OCHA or NDMA for strategic inter-linkages and for further discussion around issues that could not be resolved at the Nutrition Cluster meetings.

- Prioritisation of issues in the meetings requires improvement to ensure time is spent wisely and that action point are followed and acted upon and there partner can see the progress being made.

- Cluster partners needs to be sensitized about the cluster approach and the fact that, a cluster coordinators is independent and that cluster meetings are an open and a transparent forum that promotes active discussion.

Effectiveness of coordination meeting and inclusiveness of coordination mechanism

Partners reported that regular coordination meetings held at both national and sub-national levels to address service delivery issues were effective. At the National level, in Sindh and in Hyderabad, several respondents noted that coordination meetings were effective and action-orientated, and inclusive of all partners, yet when it came down to following up of action points from meeting to meeting, all Hubs expressed that due to the magnitude of needs and scope of the crisis, delays resulted. In Balochistan the meetings were helpful in identifying the lack of implementing partners necessary.

Some Community Based Organizations felt that their expectations were not necessarily met in coordination meetings, and their expertise was not adequately considered, particularly in the non-flood affected areas. In Sindh and in Hyderabad, partners reported that, not all individual interests could be taken into account and in both areas; partners felt that some important discussion points were sidelined because of vested issues. In Sindh, partners felt that some INGO's weakened the effectiveness of the coordination meetings as they kept sending different personnel to the meetings, and these persons required explanation of basic terms of repetition of issues that had been explained to others in previous meetings.

On the whole, partners at both national and Hub-levels reported that the cluster did an excellent job in avoiding unnecessary duplication and this can be attributed to a number of tools and initiatives that they maintained including: organisation of regular meetings, preparation of weekly Nutrition Briefs and 3W's Donor meetings. In Quetta it was noted that a partner coverage analysis was prepared to avoid any duplication.

Difficulties were noted in December/early January, when UNICEF decided to issue field level agreements to national organisations, which mean that INGO's could start scaling down activities. The delay in signing these agreements caused a specialised INGO to withdraw its services which were not available in some cases for two to three months.

Recommendations:

- It was suggested that proper mechanism for orientation of all cluster partners be developed, and rules of business_be understood for the cluster and also, that meetings should be chaired in a manner, which focus on issue resolution and impartiality.

- NGO's should ensure that consistency in personnel attending meetings is maintained.

- Coverage gaps and matrixes should be standardised and used by all Hubs.

- Nutrition cluster should work closely with other clusters in building a reliable database of existing services and locations to further avoid duplication.

- Further improvement is required from implementing partners on working together and streamlining their own information systems, including mapping tools.

Cluster partner involvement in making decisions on required structure at national and sub-national levels

Key Findings:

Partners reported that, decisions on required structure at national and sub-national levels were made at the Humanitarian Country Team level. The needs for coordination structure were articulated in the cluster-level discussion. Coordination structures differed across the country. Some partners felt that there was no consultation at national level on required structures such as in Hyderabad and this seriously affected the working arrangements of the cluster and its partners. In Baluchistan and Sukkur, whilst partners felt that they were adequately consulted; there were challenges in differentiating the roles and responsibilities between national and sub-national structures.

Recommendations:

- Sector-specific humanitarian needs to be considered, including lifespan of the coordination structure proposed by the specific structure and clear sensitization on the different roles and responsibilities of the sub-national and national structures.

- Decision-making should be more transparent and impartiality maintained at all times and all partners be consulted and their opinion and needs as well as the needs of the population, including the magnitude of the situation in various area need taken into consideration when making decisions on required structures needed to be put in place.

Effectiveness of the Cluster in ensuring interface between national and subnational levels were mainstreamed, clarified and understood.

Key Findings:

Partners at the sub-national level reported that they benefited from invitation to national level meetings, and communication was maintained. Furthermore, national coordinators made an effort to attend sub-national meetings where time allowed. The Nutrition Brief served as **an important tool, providing** partners with information about the national and sub-national interfaces.

Where partners at the hub level felt appropriate feedback mechanisms between the national and hub levels were not in place, and national levels needed to have provided more guidance the hub level, particularly when things were not working, and higher-level guidance was needed.

9.1.2 Leadership integral lessons learnt cluster coordination

Impartiality and independence

Key Findings:

The evaluation uncovered that there is a feeing amongst partners that the dedicated Cluster Coordinators brought in functioned independently, but the Coordinators seconded from UNICEF in country were not perceived as being independent. Partners also felt that the recruitment of two independent cluster coordinators at the start of the early recovery period was deemed beneficial**.**

In Baluchistan, it was felt that the roles and responsibilities of the Cluster Coordinator were not clear, and affected progress. Here the appointed Nutrition Cluster Coordinator left the position within a few months, and as the post was not filled thereafter, the task was assigned to a UNICEF Programme Officer, who was double hatting, and activities invariably got delayed.

In Hyderabad, whilst there was an Independent Cluster Coordinator in place, this person was perceived to be a representative as UNICEF, rather than working as an independent cluster personnel responsible for coordinating all aspect of the partners work including UNICEF as a cluster partner. One of the key questions posed in Quetta was how the Cluster Coordinator would maintain impartiality in decision-making if they were still linked to UNICEF programme?

Recommendations:

- Both at national and at Hub level, there were unanimous feedback from partners that ideally the Cluster Coordinators be double hatting especially at the peak of the emergency response, but should be independent wherever possible.

- The recruitment of a diversified pool of Cluster personnel so that there is a mixture of both international (and national) Cluster personnel from different agencies who can be seconded for emergencies should be encouraged.

Mentoring (Global Nutrition Support, including cluster and lead agency at both country and regional levels)

Key findings:

Partners felt that the Global Nutrition Cluster (GNC) added value in terms of providing timely and correct advice and support to the Cluster Coordinator. At the national level, partners felt that the GNC coordinated and bought together partners in regularly conference calls and in turn, the national Cluster Coordinator shared these updates. However, it was also noted that, these updates did not always filter down at all hub levels.

Recommendations:

- As a routine practice, the Provincial Cluster Coordinators or Information Managers as routine practice should share GNC meeting minutes with provincial cluster members.

Interaction between Cluster Coordinators, Humanitarian Coordinator, OCHA, UNICEF

Key Findings:

Several national-level partners noticed that the OCHA meetings were too frequent and the expectations placed on CC to be present in all meetings in addition to their own responsibilities, was overwhelming. Parallel meetings convened by the NDMA further exacerbated this. It was also established that, as the acting Humanitarian Coordinator was also the head of UNICEF, this caused a level of unease amongst partners.

At the Hub level, in both Hyderabad and Sindh, it was found that the information coming through to implementing partners were both weak and irregular from these partners (OCHA). Hub-level

partners felt the relationship with these partners was one-sided and weak feedback mechanisms existed for implementing partners to feed back to and from.

As the expectations of the clusters evolved, so did those of the cluster and the CLA. It was noted that the CLA came under heavy pressure from both the government and donor groups for response being too slow, despite there being very little nutrition infrastructure in the country and poor on-ground capacity amongst both the government and NGO's.

Recommendations:

- Partners recommended that the Humanitarian Coordinator should not be the head of an agency that is also a CLA for many clusters such as UNICEF, particularly when there is a massive response. A dedicated HC is required to set up a good feedback mechanism from HC, OCHA to implementing partners.

- There needs to be better organisation and planning around the frequency of meetings a CC and other staff have to attend, to ensure programme functions are not compromised.

- A reference point for information such as database and website (OCHA website) whereby updates that are easy to read and self-explanatory is made available for all partners.

- Good coordination makes use of the available capacity, yet it does not necessarily create capacity. The cluster's failure/success is a shared responsibility, and sensitization amongst partners and donor groups is needed to ensure that whilst the cluster may meet its coordination accountabilities, this may not necessarily result in sufficient support if the overall capacity on the ground is insufficient for the magnitude of the emergency

9.1.3 Human resources

Key findings:

Feedback from partners both at national and hub levels revealed that the initial recruitment of both the nationally-based Cluster Coordinator and the Information Manager in Islamabad was too slow; with the Cluster Coordinator arriving in September 2010 and the Information Manager (who was deployed as surge support through re-deployment within UNICEF) recruited in October 2010. At the same time, partners agreed that once these positions were in place, a robust team was established, with an effective Cluster Coordination structure in place for seven months.

At the Hub levels, cluster positions often had the necessary technical skills, however, they often lacked familiarity with humanitarian reform and it's related principles, as well as an understanding of cluster tools needed to fulfil the requirements of their positions. Whilst the Cluster attempted to meet this gap through the provision of orientation training, several partners felt that such orientation should not occur on the job, rather the capacity building of qualified personnel should form part of a cluster preparedness plan. Furthermore, it was noted that, several of these staff lacked "soft skills" such as meeting facilitation, negotiation, and leadership and supervision skills, which made daily interaction and leading the cluster partners difficult.

Partners felt that, the recruitment of appropriately qualified Information Managers (IM) at Hub levels was not fully achieved, and there is an inadequate appreciation and support (particularly at provincial level) for this profile[12]. IM profiles need to ensure an appropriate mix of technical capacity, information management skills and good interpersonal skills. There was also reported

[12] Synthesis of Cluster Lessons from UNICEF's response to the Pakistan floods, UNICEF, New York, February 2011

inconsistency with the scope of the IM's profile, with some not willing to take up the full functions of their duties.

Based on feedback from national and Hub levels, partners felt that because some staff were recruited for as short as three months, this did not help with morale and job security. The Information Manager in Hyderabad changed five times during the period of one year. Needless to say, these changes affected the smooth working relationship of the cluster in those Hubs.

Recommendations:

- It was strongly recommended that, at global level, the cluster needs to create a Nutrition Rapid Response Team for both Coordinators and Information Managers and Programme Specialists, (particularly if a crisis is internationally recognised such as Haiti, Pakistan), with clear deployment mechanisms, which should also include support mechanisms for cluster partners to be able to second their own personnel to support the efforts of the CLA.

- Orientation training in Nutrition in Emergencies should not only happen on the job only and during the emergency response. Qualified personnel are required in large-scale emergencies and cluster partners should ensure they have the capacity to deliver and implement programmes at scale.

- All cluster team members should be provided with TORs that clearly outline lines of reporting, line management, roles and responsibilities within the cluster system prior to departure/commencement of contract.

- Clarification of the objectives of the Information Manager within the Cluster is needed, as this will ensure that both the IM and cluster partner are aware of the skills required for this job and expectations from the cluster partners in terms of information needs.

9.2 Partnership

9.2.1 Involvement of government, local NGO's, CBO'S, civil society in decision-making

Key Findings:

Partners at the national level felt that further work needs to done by the global and the national cluster to encourage the involvement of local agencies/structures such as local NGO's, CBOs, civil society.

In Sindh, Peshawar and Hyderabad, the evaluation found that although the cluster enabled good discussion and interaction to take place with different organisations and encouraged the different groups involved to participate, in the end, it was mostly the INGO's and UN agencies that took over the greater part of work. Partners felt that this could be attributed to a lack of understanding and capacity amongst local organisations/government about their ability to take an active role in decision-making. In Hyderabad, it was also noted that, whilst all local partners were duly involved in discussions, on some occasions, it felt as if the Cluster Coordinator enforced decisions.

Recommendations:

- At the hub level, where the government faced difficulties in implementation, partners felt the cluster needs to encourage and advocate more strongly with the government and other local agencies to take on discussions meaningful ownership and strategic partnership, and be more pro-active role of cluster partners.

NGO's acting as cluster-lead in sub-national coordination Hubs

Key Findings:

The evaluation found that no agency other than UNCEF took on the role of cluster lead at national or sub national levels.

In Hyderabad, KPK and in Sindh, partners commented that there was a lack of understanding on the part of the NGO's on the full compendium of cluster functions and this may have also discourage partners from taking on this role, yet others mentioned that NGO's were not given adequate and appropriate opportunity to lead sub-national coordination of the hubs as "there was an unwritten agreement that UNICEF will lead". Comments were also made that NGOs did not ask to lead because they felt that since UNICEF also provide funds through its Project Corporation Agreements (PCAs) to some of the cluster partners, those partners felt they might lose out on potential funding from the CLA if they took on more of an active role as cluster-lead.

Recommendations

- NGO's need to build their capacity and understanding of cluster coordination skills prior to an emergency, in order to prepare themselves for the opportunity to act as cluster-lead.

- Further advocacy at global and national-country level needed to encourage NGO's to take on role as cluster-lead and further clarification of UNICEF as a Cluster partner and UNICEF as a CLA needs to be provided systematically to partners including government.

Cluster ability to mobilize capacity and comparative strength amongst partners

Key findings:

A key issue in Pakistan was the under-engagement of traditionally strong nutrition partners. Whilst the cluster attempted to mobilize partners at the global level, problems around security and access prevented necessary engagement. This placed significant burdens on the cluster partners present in country, and this issue was not clearly articulated to donors as a major challenge of cluster response.

A recurring issue that was brought up throughout the evaluation at both national and Hub-levels was that the Nutrition Cluster's emergency response expansion was hindered by the limited in-country capacity on emergency nutrition programming (CMAM) as well as other complementary response such as IYCF and micronutrient deficiency prevention and control programmes.

Recommendations:

- As a result, cluster members identified training needs as a priority and recommended that the cluster should assist in preparing a capacity development plan.

Community involvement in assessment of needs, vulnerabilities and capacities

Findings:

There was unanimous feedback from partners about the complete lack of the involvement of the cluster partners in assessing needs, mainly as most of the assessments did not include participatory assessment methodologies.

The need for the cluster to improve the involvement of the community in assessment of needs was emphasized. In Sindh, it was noted that, whilst participatory rapid appraisal methods and focus group discussions did take place to assess needs; the communities themselves were not aware of how to best assess their own needs and capacities. Literacy was also a challenge in enabling communities to convert their thoughts appropriately particularly when questions posed to

community members are not appropriately simplified and assessments are not carried out in a participatory manner using concepts that can be easily understood, particularly when literacy is a problem.

Recommendations:

- Trained local persons should be hired to lead and implement community based strategies and assess needs appropriately.

Provision of information on relief activities to local populations

Key findings:

At the Hub-levels, it was found that whilst there was ongoing translation of key material, this was not consistent and some hubs did a better job than others, in preparing and translating information for communities in local languages. In both Sindh and in Hyderabad, partners reported frustration and misunderstanding from communities about their knowledge of relief-activities going on. The evaluation also found that, due to the magnitude of the crisis, and the isolation of many beneficiaries, particularly IDP populations, it was difficult to ensure appropriate communication reached all affected populations, thus alternative/innovative means of communicating in such circumstances needs to be explored by the cluster partners.

Whilst partners felt that the Lady Health Workers could play a key role in the dissemination of material, they were not used to their full advantage. For example, partners felt that communication materials were often not relevant or appropriate for females and/or were not gender sensitive.

In Hyderabad, there was some awareness raising using local radio and mobilisation activities, yet this was mostly about disease awareness, rather than information on relief activities, thus it is obvious from this finding that, the cluster partner would need to improve its capacity to provide adequate information on relief activities to local populations.

Recommendation:

- A community communications strategy/plan, which forms part of a preparedness strategy, should be considered. As there are standard activities that takes place as part of a nutrition crisis (e.g. CMAM, blanket feeding, IYCF, micronutrient deficiency prevention and control programmes), there are key messages that can be prepared and then adapted to context, (ensuring language considerations are taken into account), and this plan is then made operational at the time of crisis.

- Nutrition and nutrition interventions should be systematically translated into the local language, yet prior-agreement amongst partners (as part of a preparedness plan) need to occur to ensure 1) what messages 2) what languages 3) quantities to be translated and to ensure consistency and standards in messages. Information on the emergency programme as well as messages that can promote coverage also need to inbuilt into such a strategy.

9.3 Needs Assessment

9.3.1 Initial Rapid Needs Assessment

Key findings:

Initial Rapid Needs Assessments (IRA) were not undertaken. Partners commented that as IDP's were isolated, communities were surrounded by water and access was difficult, the ability to undertake such an assessment was very difficult. At the same time, partners also felt that there

was a lack of adequately trained human resource personnel in the country to undertake an IRA. Although there was an initial MCRAM exercise that took place, nutrition was not incorporated, and any efforts to ensure that nutrition information be incorporated into it was not successful.

Recommendations:

- It is important, despite the challenges of access and isolation, to apply the principles of IRA, yet adjust it to the prevailing conditions on the ground, and above all ensure assistance is maintained to persons, particularly those who are stranded. Trained local staff that are able to do IRA is a necessity and a good preparedness measure.

9.3.2. Nutrition survey (Flood Affected Nutrition Survey)

Key findings:

In October 2010, UNICEF mobilised technical support from ACF-CA using OFDA funding from the Essential Survey Service Project to provide the necessary technical and human resource needs for large-scale emergency survey needs using SMART methodology. Support from CDC, particularly for sampling expertise was also sought and provided. As a result, the agencies conducted a five-province nutrition survey in flood affected areas using SMART methodology which was deemed helpful in providing missing information on the nutritional status and help partners planned programmatic interventions.

Partners at both national and hub-levels felt that the planning and the preparations for the FANS survey was well discussed with partners and was a good example of utilizing partner complementary. This initiative also maximised resources, taking advantage of skills from both government and other cluster partners and provided accurate information to all partners.

It was noted that, some partners both at national and hub levels, did not understand the basic information which is collected during a survey using SMART, and there were some level of frustration experienced amongst partners, particularly when suggestions to add more indicators were not accommodated. This was because, in typical 30x30 cluster surveys, additional indicators could be added but this was not possible using SMART. It was also noted that the average Pakistani health worker personnel suffers from a widespread lack of national capacity including undertaking survey functions, particularly anthropometric measurement. Whilst survey team members were provided with training in local languages in all five provinces, partners felt that further reinforcement of skills will be necessary to ensure long-term skill retention. At the time of the FANS survey, Pakistan also lacked a national survey protocol.

Whilst the FANS survey took place between October and December 2010, because of key staff turnover, a lack of national capacity, huge workloads from key international staff, this resulted in delays in the release of the report, which was only made available by the MoH and UNICEF in late January 2011. This delay led to considerable frustration amongst implementing partners.

Recommendations:

- Future emergencies be encouraged to use the example of FANS survey when considering their inter-agency survey needs, using partners who have the capacity to support countries in need.

- Surveys report should be completed in time, otherwise they will not serve the intended purpose and where there are good reasons for a delay within an acceptable time frame, and partners (including the international community) should be provided with explanation on the reasons behind any nutrition survey report delays.

- Build in-country nutrition survey capacity, including survey planning, data collection and analysis, as well as in-country report preparation. This will improve the availability of up-to-date nutrition information as well as enhance preparedness.

9.4 Nutrition Cluster Response Strategy

9.4.1 Gap and capacity analysis/planning (including supplies and logistics)

Key findings:

It was evident from the weekly and then later bi-weekly Nutrition Cluster Briefs/Updates that the Nutrition Cluster did focus on critically reviewing the progress being made as well as closely monitoring the progress with the expansion of the emergency nutrition intervention vis-à-vis emerging needs. Whilst initial response was slow, several partners noted that, this was largely because of challenges around poor technical capacity, population movement (making it difficult to identify malnourished), poor planning data and a lack of funding for certain NGO's. Regardless of this, close monitoring on response gaps was ongoing and partners felt that they were provided with appropriate guidance on strategic planning.

When asked whether data and information gathered from needs assessment was appropriately analysed by the cluster to inform decision making, partners noted that, because of a lack of available baseline data, partners recognised that there was no information available to enable the cluster to undertake significant planning and/or targeting right from the initial days of the floods. To manage this problem, the cluster used Demographic information that was provided by the government (DHS 2006-2007), MICS, some provincial and district government records, as well as National Nutrition survey data from 2000 for planning needs.

These estimates where therefore derived from considering total population affected (as per NDMA figures) against previous GAM and SAM rates, and MAM rates: them estimates of average incidence rates were made. This was used to set initial targets, on the understanding that, more information would be made available through the FANS survey, thereafter, targets were revised. At the Hub-levels, particularly in Hyderabad, a lack of understanding of the importance of data and how to use it and/or analyse it for informed decision-making was evident.

When asked how involved stakeholders were in using the planning figures to decide upon their own nutrition interventions, it was found that, although there wide consultation was undertaken with partners on planning assumptions, there was a lack of understanding on how to use and interpret data by local partners for planning purposes as well as the government. In Peshawar, Sindh and in Hyderabad, it was also reported that all stakeholders were involved in the planning process, but there appeared to be a lack of understanding by the government on the importance of keeping such data up-to-date, and partners in these hubs reported that the data that was made available was not harmonised. More specifically in Sindh, partners reported a lack of appropriate coordination on supplies and logistics management which made decision making challenging and this was further exacerbated by the fact that there were inadequate supplies available for CMAM and SAM needs.

Recommendations:

- The cluster's nutrition brief was considered an important tool and it was recommended that this kind of update should be maintained as a standard in providing information on progress, gaps and emerging needs.

- Partners, particularly government should be provided with orientation/training by the cluster in how to use/interpret information to improve program results and decision-making.

- To ensure that up-to-date national and sub-national level baseline information on nutritional situation is available, both government and NGOs/UN agencies should ensure the institutionalization of regular nutrition surveys, while harmonization of a database on admission rates in feeding sites (as a proxy indicator) and child health data from clinics, could also be a helpful measure for the government to adopt.

- Government should encourage child health and nutrition practices to be embedded in daily roles and functions of health care professions in Pakistan, so that information on children who are regularly screened for malnutrition is available at all levels.

- Capacity building for local partners in how to use data for planning and budgeting purposes is also recommended.

- Training to relevant national personnel in forecasting, procurement and basic logistic functions was also recommended, as well as the institution of a preparedness plan that includes identification of both local and offshore supplies in case of emergencies.

<u>Cluster's ability to ensure planning assumptions undertaken in phased manner.</u>

Key findings:

Partners recognised that due to the availability of poor baseline data, estimates of caseloads that were developed in the first month following the flooding differed from the revised ones in the second month (which were far more accurate).

In Sindh, whilst assumptions were done in a phased manner, deliveries of supplies were sometimes late, and targets were reset following the availability of the FANS survey. In Hyderabad, the initial planning was based on NNS 2000-01 data and then targets were subsequently revised based on the FANS survey findings.

Several partners noted that there was a challenge surrounding targets. Targets were provided for implementing partners, as opposed to the district. This was a challenge for the government as well as anyone else who would like to find the extent on the overall problem but also the targets and the coverage at the district level.

Despite delays in the availability of information, partners undertook their own assessments in target areas, including screening for inclusion in programs. Standards for inclusion were set. In Quetta, Sindh and in Hyderabad, partners felt Cluster objectives were defined and responsive to evidence based needs, yet in Hyderabad in particular, information delays were a problem and some of the information needed was not always up-to-date.

Recommendations:

- Cluster should have considered providing targets for districts as opposed to setting targets for implementing partners only, which does not give an accurate extent of the overall problem and/or coverage at the district levels.

- Regular surveys and/or mechanisms for collecting nutrition data such as screening data are vital and should be part of the data and the institution of such a system should have been emphasized.

How did the cluster consider potential phase-out in the cluster plan?

Key findings:

At the national level, it was identified that because of a lack of accurate data, the consideration of any phase out was difficult. The lack of understanding within the NDMA on the importance of continuing life-saving activities was also noted as one of the challenge, while partners felt clarifying when and how the programme have been phase-out would have been a risky endeavour. However, all in all, the Nutrition cluster response strategy lacked any outline of the mechanisms of how the coordination structures and the programme would be phased out or phased into an existing coordination and a programme structure.

At the Hub-level, and in particular in Sindh, Sindh it was noted that, the cluster did not discuss phasing out and a phasing out plan was neither developed nor implemented, which was a serious oversight, especially for the continuity and sustainability of nutrition activities and sector coordination. Whereas in Hyderabad, whilst phasing out was discussed in the cluster partners' meetings, no phase-out strategy was developed or was there clarity amongst partners about the fate of future activities. It was also noted by partners that, particularly at the national level, regardless of the government pressure to phase out the cluster systems, it was evident that, the Nutrition Cluster Coordination structure and the emergency response were required for longer than six months.

Recommendation:

- It was suggested that, a clear-phase out plan and strategy be discussed and developed by the Cluster at all Hub-levels and any decisions to phase-out should be supported by credible evidence.

9.4.2. Priority interventions

Because of high GAM rates recorded, Nutrition Cluster Briefs were clear in outlining that the priority needs. To address existing response gaps in flood affected provinces, the cluster called for more organisations to scale up CMAM strategies. Under the leadership of the government, partnerships were developed between implementing organisations and UN agencies to facilitate response expansion. When asked whether operational partners within the cluster were able to adjust their programmes to reflect the priorities in the cluster strategy, partners unanimously agreed that the biggest challenge was that there were far more needs than overall resources available.

A common piece of feedback arising from Hub-levels was that partners tended to concentrate on their own programmatic priorities, which took precedence as opposed to that of the cluster priorities.

Recommendations:

- Mechanisms should be put in place to ensure that all partners agree upon cluster priorities and that they are given priority attention, as opposed to agency specific interests.

9.4.3. Crosscutting issues

Key findings:

Whilst the cluster did a good job in ensuring responses focused on children under-five, as well as pregnant and lactating mothers, partners felt that further work needed to be done to ensure the response captured the needs of other vulnerable groups such as: the elderly, persons suffering from HIV AIDS, culturally and ethnically diverse groups.

Partners at both national and at hub-levels commented that there was lack of integration of cross cutting issues in needs assessments or in the overall cluster response plan. “Because of a “lack of awareness and understanding on the different social and cultural difference and lack of resources, some vulnerable members of community did not receive what they needed”. It was also noted amongst partners that, there was a lack of understanding on cross cutting issues such as gender and how to integrate these into programmatic needs and assessments. Mention must be that Merlin; an international NGO was one of few agencies that took extra attention to include all vulnerable groups, including the elderly.

Recommendations:

- Capacity building of government staff and partners in NIE needed to ensure the needs of the most vulnerable groups are integrated effectively in contingency planning

- Better capacity building to Local Female Health workers who can work directly with women in communities is essential to undertake comprehensive needs assessment, while support from OCHA is required to all cluster on ensuring the cross cutting issues are incorporated into assessments, priority setting, response and that they are monitored.

Cluster strategy ability to reflect efforts to mitigate environmental damage

Despite the considerable impact of this emergency on the environment (population displacement and crowding which cause direct public health hazards on the affected population as well as the presence of large numbers of population in small areas which can also cause environmental risks), the evaluation found that there was very limited consideration given to mitigate environmental damage, more specifically in Sindh, whilst environmental considerations were highlighted during planning; but they were not “implemented in the appropriate way.”

Recommendations:

- Cluster needs to do further work in understanding how best to address issue of mitigating environmental damage and disaster risk reduction and partners should be provided with adequate guidance on how to ensure this is integrated into their plans and activities.

9.4.4. Human resource capacity of partners

Key findings:

Partners were asked to assess whether or not the cluster partner has adequate nutrition staff to implement nutrition activities. Here, there was unanimous feedback that there was a widespread lack of appropriately qualified nutrition staff necessary nationally and internationally. In Southern Pakistan in particular, partner capacity was extremely weak and the existing capacity “nowhere met the level of capacity needed for the emergency response”. Similarly, in Hyderabad, it was noted that, whilst partners were able to fill nutrition positions, capacity of these personnel were weak, and there was also a problem of rapid turnover among cluster partner personnel.

Recommendations:

- Encourage technically specialised partners to work with local partners as early as possible and use implementation time as training opportunity.

- The Ministry of Health must consider nutrition a national priority and ensure a national policy for nutrition that is accompanied with institutional strengthening and capacity building interventions to ensure the vulnerable are safeguarded

9.4.5. Funding

In order to respond to the emergency and meet the need of the affected population by all sectors, the international partners (UN organizations and non-governmental organizations [NGOs]), has estimated that $1 billion would be needed, in support of the Government of Pakistan to enable to address the needs of flood-affected families for the duration of the immediate relief period. The Nutrition clusters funding needs was a total of $US 47 million[13]. The Cluster Coordinators were responsible for consolidating the funding appeal and compiling funding needs based on submissions from Cluster partners.

Key findings:

At the national level, the evaluation found that the cluster partners were widely consulted and involved in resource mobilisation efforts, both in identifying the needs and scope of emergency, necessary information for the flash appeal. More specifically, three to four cluster representatives took part in the revision of the CERF proposal ensuring its relevance, consistency with the cluster response strategy and in tune with the gaps identified by the cluster. It was noted that proposal writing was a challenge for many national NGO's as well as INGO's, who were not in a position to mobilize necessary efforts immediately to attract funding. However, with the CAP process, a 2-page template was made available by the Cluster Coordinator to assist the partners, and some 29 projects from 22 organizations were submitted, thus the overall budget exceeded initial budgeted amounts of $47 million for the nutrition cluster.

At the hub-level, the level of involvement was much less, and some partners commented that they had no direct role in the preparation of resource mobilization document, nor were they provided with adequate feedback on the progress of funding decisions that were taking place or being made. Some NGOs and UN agencies such as UNICEF and WFP entered into agreement through small scale funding and for example, by 1st October, 19 small-scale funding agreements were signed between UNICEF and various NGO's to facilitate response expansion.

Recommendations:

- Hub-level partners need to be provided the opportunity to be adequately involved in consultation regarding resource mobilisation
- Assess the level of understanding in humanitarian financing and the capacity of partners and their skills in the preparations of the relevant emergency proposal.

Cluster effectiveness in advocating for funding for sector.

Key findings:

There was unanimous feedback that communication with key donors (OFDA, ECHO, DFID, AUSAID) on fund raising was well maintained. Communication on response gaps and funding gaps were regularly shared, and the Nutrition Cluster played a vital role in advocating for funds and submitting necessary proposals on behalf of agencies at both global and national levels.

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[13] Pakistan Floods Relief and Recovery Response, UNOCHA, July, 2011

Cluster effectiveness in preparing for CERF or pool funds

Key findings:

A joint inter-cluster CERF proposal was developed in October 2010. This proposal highlighted the names of the implementing organisations and based on preliminary discussions on partnership that have already been started between the UN agencies receiving the CERF funds (particularity UNICEF) and NGO's. The Cluster Coordinator encouraged NGO's to apply for the CERF and criteria were explained in cluster meetings by OCHA.

In Hyderabad, a lack of pre-agreed procedures for selection of implementing organisations caused confusion amongst some partners as well as raising questions around transparency. In all hubs, it was found that many local organizations were not aware of CERF funds nor were they aware of how they can be accessed.

Recommendations:

- Further capacity building with partners is needed to improve understanding of CERF proposal process and cluster partners need to address capacity gaps in grant writing

Donor commitment in allocating resources to nutrition cluster

Key findings:

On the whole, national partners felt that consistent and significant support to the Nutrition Cluster was received from OFDA, ECHO, DFID and USAID and for example, the donors regularly invited Nutrition Cluster to donor meetings to discuss needs, issues etc. The evaluation also found that bilateral funding worked well the respective agencies and organisations were able to strategically approach donors and presented proposals based on the cluster identified priorities. Given the direct, already established channels of accountability between donor and recipient NGO/UN agencies, the channelling of funding support to implementing partners directly, reduced delays normally caused through pool funding mechanisms.

Some participants at Hub-level felt donors made resource-allocation decisions at national level only, without considering the needs and issues of hub-level appropriately, and that neither the information nor the process was shared at the hub-level causing frustration amongst partners.

Recommendations:

- Donors need to ensure that the needs and concerns of hub-level partners are appropriately considered when allocating resources for the nutrition cluster and the systems for fund raising or fund allocation need to be clarified and understood by all.

9.5 Inter-cluster coordination aspects

9.5.1 Survival strategy (WASH, Food Security, Nutrition and Health)

Key findings:

Under the direction of UNDP, the Pakistan Response Initial Floods Emergency Response Plan (PRIFER) was launched on August 11 2011, seeking a total of $1.9 billion dollars for the country, which included some $460,000 for nutrition. The overarching goal of this plan was to prevent excessive morbidity and mortality and enable flood affected communities return to normal lives. Through an integrated approach or "survival strategy" the plan identified priority areas for restoration of basic WASH, health and nutrition Cluster to be delivered through existing facilities and services. [14] Partners felt that it helped bring the four clusters together and initiated a platform for improved inter-cluster collaboration. Furthermore, it was commented that the Survival strategy should provide an appropriate means to any confusion surrounding the notion of Provider of Last Resort.

The Survival strategy was developed at national level between the different clusters, but it was noted that nutrition cluster partners at hub-levels were not adequately included in discussions and that it was late in coming. From all the five hubs, there was unanimous feedback from that recommended that, such a strategy needs to be shared with all, for it to be successful, and orientation of all partners is necessary. The extent to which this plan was implemented was not demonstrated by the evaluation, neither was this recorded in the hub-level consultation reports.

Recommendations:

- The development of the Survival strategy should take into account the input and suggestions of hub-level partners
- Country-level sensitization of the Survival strategy needed to have occurred imminently to ensure understanding and ownership at both national and hub levels amongst all partners.

9.5.2 Coordination with other clusters including linkages with OCHA

Key Findings:

At the national level, partners felt that the Cluster Coordinator ensured good coordination of the nutrition cluster with other relevant clusters and OCHA. Of note, it was found that there was close collaboration, particularly with the Shelter and Protection Clusters particularly at national level, as decisions were needed to be made on shelter provision to malnourished children as well as sensitization on early marriage/young mother issues which was a shared responsibility with the Protection Cluster, yet it was noted that some partners did not understand the relevance of these collaborations and the Cluster Coordinators found themselves needing to regularly explain and go over the linkages between protection and nutrition or nutrition with shelter.

Further work needs to be undertaken to assess where common cross-cluster services can be explored to ensure economies of scale.

The evaluation found that coordination with other clusters needs to improve at the hub-levels, for example, in Sukkur, it was noted that inter cluster coordination was almost non-existent thus the need improve this was emphasized, particularly from OCHA and the other clusters. In

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[14] Pakistan Initial Floods Emergency Response Plan, UNDP, August 2011

Hyderabad, their Cluster Coordinator participated in the meetings with other relevant clusters/OCHA and reported back to partners, but this was a challenge to partner's as they did not feel that work they were doing was integrated at the field level and there was a lack of ownership that prevailed.

Recommendations:

- All life-saving sectors/cluster are inter-linked and hence inter-cluster coordination is essential and needs to be better understood by all partners.
- Greater emphasis is required on creating common cross-cluster services to improve economies of scale.

9.6 Information management

9.6.1 Harmonization of reporting

Key Findings:

Partners at both national and hub-levels felt that the Nutrition briefs were produced in a user-friendly format and that they were a good interface as they present a consolidated update on the progress being made by the Nutrition cluster, with the relevant information on decisions made within the cluster in terms of emerging needs, actions, funding, and human resources.

Whilst implementing partners were required to report as per the National Protocol for CMAM (for both OTP and SFP) and then submit this to the cluster weekly, the implementing partners lacked the necessary reporting capacity (both at national and hub-levels) to consolidate information from all feeding sites and this caused reporting delays. To counteract this, the Cluster Coordination team in Islamabad developed draft registries to be used at feeding sites to improve data recording.

Whilst partners were sensitized on CMAM reporting protocols; because of considerable staff turnover, cluster partners experienced difficulties in keeping track on who was sensitized or not.

Information Managers expressed that there was ongoing confusion and possible double reporting between the cluster and **WFP on SFP,** particularly with food aid reporting against SFP achievements, which were also in the nutrition cluster strategy and targets. It was noted that the manner in which the WFP synthesize and report on SFP and blanket feeding is different from the nutrition cluster and the cluster should ensure that such systems are harmonized, but it is also possible for WFP to request so other information required from its partner but this should be clarified.

Partners at hub-levels also felt that they should be involved in development or adaptation of reporting formats. This will help improve the user-friendliness of reporting format and it will also increase the ownership. This can then enhance reporting quality.

Recommendations:

- The Nutrition briefs should be maintained as a standard reporting tool in future emergencies.

- Monthly meetings between information management personnel and the implementing partners should have been instituted to identify reporting gaps and enhance reporting skills.

- Partners need to be better sensitized on the impact poor reporting has on overall response.
- The Nutrition Cluster and Food Cluster need to harmonise means and methods of data synthesis and reporting for key information that is used by both clusters to ensure standardisation.

Monitoring progress in a common, coordinated manner

Key findings:

The Cluster Coordination team produced a draft performance monitoring framework was produced, which was based on the generic CLA TOR. This tool was successful in providing a quick overview of issues and gaps and monitoring the cluster coordination teams, which is important for providing a broad outline of performance and evidence to be used in external communication. As the expectations of the clusters evolved, so did those of the CLA. It was noted that the CLA came under heavy pressure from both the government and donor groups for response being too slow, despite there being very little nutrition infrastructure in the country and poor on-ground capacity amongst both the government and NGO's.

In Sindh, cluster partners shared their progress, however, the data collected and collation was not coordinated appropriately as partners were using different formats to report on data which made things difficult to understand, synthesize/compile. In Hyderabad "monitoring was done by organisations on individual basis and information then shared in cluster".

9.6.2 Relevance and usefulness of data

Key findings:

The data that was included in the Nutrition Briefs were deemed to be a relevant and important source of information and captured the progress made in the response plan.

The Nutrition Information System (NIS) roll out that took place in KPK, Punjab and Sindh made it easier to assess needs against technical indicators and then make informed decisions. In Hyderabad, partners felt that, although the NIS was deemed useful in tracking results, further capacity building in Hyderabad is needed to ensure the NIS is appropriately implemented and managed.

Information Managers reported that, maintaining and managing information over the long-term would prove to be a challenge to nutrition agencies in Pakistan unless further support is provided.

Recommendations:

- To ensure the continued dissemination of the NIS, cluster staff and program staff should promote its use and ensure appropriate training and support (including necessary tools) is provided to partners and the government, so that the NIS is maintained.
- It was suggested that, in the long-term, the CLA through the UNICEF Nutrition Program should recruit a national officer who can consolidate information flow from field offices in support of government.
- A roster of appropriately Nutrition Cluster Information Managers should be maintained in country.

9.6.3 Timeliness of collecting and analysing data and dissemination

On the whole, partners felt that the cluster did provide valid, relevant, consistent information. However, there were some gaps in timely collection of information which impacted decision-making of partners at both national and hub levels partly attributed this to problems access and security in some areas (particularly Peshawar).

Participants in Sukkur and Hyderabad felt the Nutrition of Information System was a good tool, which would enable the timely collection, and analysis of data, yet partners in these hubs encountered delays in analysis and reporting as they lacked appropriate capacity.

Recommendations:

- Once again, it is recommended that implementing partners be provided with capacity on how to use correctly use the NIS use and in particular how to interpret information that is derived from it and then report on it effectively.

9.7 Standards, guidelines and application

9.7.1 Adaptation and harmonisation of existing guidelines

Key findings:

Partners in Peshawar and in Hyderabad reported that, the response was guided by a clear set of guidelines and tools, which reflected international standards, and tools, and it was noted that there was a good understanding of the guidelines and standards by partners. In Sindh, appropriate application of guidelines was challenging, as there were a lack of understanding of basic nutrition terminology particularly amongst field staff. Language was another barrier in understanding guidelines, as not all material was translated in appropriate languages of use.

Recommendations:

- A cluster preparedness plan, which provides a list of guidelines that need to be made available and translated into local languages, is recommended.

- Guidelines should be periodically revised based on field findings, needs.

9.7.2 Relevance and effectiveness of technical working groups

Two key working groups (or tasks forces) were established. The Infant and Young Child nutrition/Nutrition task force of the Nutrition Cluster was formed in September 2010, and was responsible for addressing programmatic gaps in IYCF/N particularly in context of emergency.

This task force along with the CMAM task force was formed to strategically articulate these programme components in the overall response [15] from guideline and policy development to implementation.

Partners felt that in principle, the working groups are needed, and added a technical dimension to overall cluster activities, particularly during onset of emergency, but over time they did not maintain involvement nor adequate support and partners felt that longer term structures were

[15] Merlin and Save the Children led the CMAM and IYCF task forces, with participation of UNICEF, WFP, Johanitter, Agha Khan, Relief Pakistan, ACF and CARE, The Network

needed so that partners could continue to can be provided with technical assistance when necessary after the phase out period.

In Quetta and in Sukkur, no specific technical working groups were created, as technical members within the cluster in these areas were able to meet most technical needs. In Hyderabad, the Nutrition Task Force was fully functional in resolving any technical issues at hand, however, action follow-ups and action taken by groups was not always timely and sometimes the necessary expertise was not available.

Recommendations:

- It was suggested that a CMAM support unit within government and the Cluster be established, where experts can provide implementing partners with on-call support, guidance and assistance. UNICEF should support this initiative, for the short-term; until such time that the MoH capacity can be built.

9.7.3 Capacity building

Key findings:

The lack of appropriate capacity in emergency nutrition was widespread both at national and hub-levels, and evident in both international and local partner agencies. Capacity building quickly became a priority intervention for the cluster partners, particularly in Sindh and Punjab provinces. Capacity building focused on the following areas: IYCF, SAM, CMAM, and NIS. Partners at all hubs felt concerned that whilst base-level training has been provided, in order to ensure retention of learning, further follow-up refresher training will be required.

Partners at the hub levels, in particular in Sukkur felt that, the selection processes of training participants by some implementing partners were not done transparently and could result into problems with implementation later on.

Recommendations:

- Develop pool of Master Trainers who would be responsible for training of field level staff of implementing partners.

- Refresher training recommended for key technical areas to ensure program ownership and learning transfer is maintained.

- Partners should improve their tools for training attendant selection criteria and create institutional standards and government and cluster should support this.

9.7.4. Training Coverage

Partners at national and hub-levels felt that the Cluster did well in identifying CMAM training as a major training priority, and eventually the dedicated Cluster Lead Agency monitored the CMAM projects, however, it was also found that, maintaining quality was a particular concern once coverage increased. In Sukkur, partners felt that there are still programmatic and geographic gaps in terms of training needs on various subject areas of the respective nutrition programme.

Recommendations:

- Follow up with CMAM implementing partners is required to ensure they have the appropriate level of capacity to ensure activities are implemented in a quality manner, and if not, means to address these gaps should be systematically identified.

- A capacity needs assessment would be helpful in Sindh to identify appropriate training interventions.

9.7.5. Quality assurance of trainers and training materials

Partners both at the national and hub levels felt that the Cluster needs to improve the availability of cluster-endorsed training materials that are available in local languages. Whilst some materials were made available in local languages, this was not consistent.

Partners in Hyderabad and Sindh reported that only cluster endorsed guidelines and standards were used; but because of a limited number of suitably qualified trainers available, training events were delayed.

Recommendations:

- Key training material, national guidelines and standards should be made available in local languages as part of a cluster preparedness plan.

- Create a pool of Master trainers in priority subject areas in order to complete the process of cluster/government-endorsed training in a timely manner.

9.8 Outcome

Summary of emergency feeding statistics

In March 2011, the Nutrition Cluster was preparing for response coordination transition from cluster system to sector working groups, with a shift from relief to early recovery. At the point this evaluation was being done, the cluster had achieved significant progress. There were some 625 (see Table 1) functional outpatient therapeutic programme and stabilization centers established to treat severely malnourished children, and 577 supplementary feeding centers established for the moderately malnourished. Out of 1,2,929,237 children aged 6-59 months who were screened, a total of 197,576 (15%) were acutely malnourished. Of these, some 53,788 severely malnourished were admitted in stabilization centers (SC) and outpatient therapeutic feeding programs (OTP), whilst a total of 143,788 moderately malnourished admitted in targeted SFP's. An additional 95,131 malnourished women identified after a total of 492,538 pregnant and lactating women were screened and they were admitted into supplementary feeding programs.

Table 1. Emergency Feeding Statistics at time of Transition (9 March 2011)[16]

Province	No. sites (OTP, SC)	No. children screened	Total no. children in OTP/SC 9 March	No. of SFP site	No. SFP admissions
Baluchistan	59 (incl. 5 SC)	62,929	4,828	53	13,292
KPK (floods)	212	468,087	6,759	202	28,903
PUNJAB	191 (3 SC)	386,575	19,460	170	50,829
S. Sindh	50 (4 SC)	112,799	8,749	46	21,130
N. Sindh	113 (7 SC)	260,847	13,992	106	29,634
Total	**625**	**1,292,237**	**53,788**	**477**	**143,788**

Table 2. Number of Pregnant and Lactating women screened and admitted (12 March, 2011)

[16] Nutrition Cluster, Nutrition Brief, March, 2011

Province	PLWs screened	PLWs admitted in SFP
Baluchistan	26,648	11,004
KPK	218,913	20,745
Punjab	119,813	29,510
South Sindh	24,021	5628
North Sindh	103,142	28,244
Total	**492,538**	**95,131**

When asked whether the Cluster response strategy and objects were implemented according to the present outcome, participants at national and hub-levels felt this was achieved well, but they also recognized that, some of the work was delayed and cluster targets could not be reached because of the absence of appropriately technically qualified personnel at field level.

9.8.1 Provider of last resort

Key findings:

UNICEF as the Cluster Lead Agency demonstrated several examples of being able to fill the gap of provider of last resort but within the cluster agreed targets. For example, UNICEF as the Cluster Lead Agency increased admission criteria to enable children suffering from Moderate Acute Malnutrition to receive Ready to Used Therapeutic Food until the WFP pipeline problem was resolved. Furthermore, the Cluster Lead Agency spearheaded the organisation of the FANS survey and coordinated with partners ACF-CA and CDC to ensure appropriate technical guidance was received when the cluster needed up-to-date nutrition information. The CLA also filled several human resource gaps as necessary for the Cluster through surge deployments, until qualified staff could be recruited. ***At the same time, the evaluation raised questions on what role the cluster can take when the emergency surpasses the capacity of the international community and their ability to respond including that of the CLA?***

Recommendations:

- Need for the cluster to clarify what part of the response can be abdicated to the international community or allocated to the government when the needs of emergency surpasses the capacity of the international community to respond including that of the CLA who is supposed to be the POLR.

- There is a need for the IASC to clarify what the POLR really means especially where the CLA is also a cluster partner and faces the same financial and human resource gaps like the other cluster partners.

9.9 Transition

9.9.1 Early recovery

In order to establish an overarching early recovery coordination structure in Pakistan, it was decided to bring all the Early Recovery stakeholders on a platform to map the activities, resources needs, and gaps with a view to foster inclusive and integrated decision making and reporting. This was expected to enable a strategic link between Residual Relief, ER and Longer Term Reconstruction. Led by the UNDP, eight Strategic Working Groups (SWGs) were formed under the ERWG on prioritized ER sectors, with four thematic Groups to be formed to mainstream crosscutting themes. Each working group is co-chaired by the related ministry/department (for nutrition it is UNICEF but the Nutrition sector fell within for the Health and Nutrition Sector where health is being led by WHO) and supported by a focal person from NDMA.

The transition from the cluster system to the sector working group began in January 2011, with discussions led by NDMA and UNDP to steer the shift in programmatic priorities from relief to early recovery, facilitating restoration of people's resilience and return to a normal way of living and [17] the Nutrition sub-sector was formed. It was identified that there would be a provision to continue with "residual" life saving emergency interventions. As there was still a large number of severely and moderately malnourished in therapeutic and supplementary programmes, the completion of their therapy was necessary, yet any new cases would also be treated accordingly. It was also agreed that the integration of CMAM with IYCF would continue under the new structure.

Key findings:

As part of the Nutrition Cluster Terms of Reference, the cluster was responsible for assisting partners with the development of an exit, transition, and strategy for the appropriate sectoral groups. From February 2011, the nutrition cluster helped the nutrition sector merge under the Health and nutrition ERWG and are led and chaired by WHO and UNICEF, with involvement from the MoH. The Nutrition Sub-working group chair or coordinator hired by UNICEF continued with fortnightly meetings and other regular strategic discussions, and was also responsible for overseeing IYCF and CMAM. The Health-sector working group also continued with fortnightly meetings under the chair of WHO.

The evaluation found that, the decision of transitioning to the Early Recovery working group was largely a directive from the government and some clusters, though Nutrition Cluster partners both at national and hub level felt that not everybody were on board, with some partners feeling they were merely compelled to shift operational mode to early recovery by the government. Partners also felt that the proposal to halt the emergency response was not backed up by evidence across all clusters, for example there was still 30,000 severely acute malnourished under treatment by Jan 2011, but although these centres were not closed, partners pointed out to the fact that transition was too early and it did sent the message that the situation was under control, especially to the international community.

Partners at national and hub-levels felt that there was no guidelines made available for the transition processed, as well as a great deal of confusion about the continuity of key activities, which led to much community dissatisfaction.

Recommendations:

- It was strongly suggested that the transitioning process be consultative and a joint effort and the Early Recovery Working Group needs to streamline its processes with the cluster. A suggestion for a series of transition phase consultative meetings is recommended.
- Emergency CMAM and non-emergency (e.g. IYCF, training, policy development) should be delivered concurrently as one builds upon the other. There needs to be adequate consultation with key technical person on guidance of technical persons in particular fields (e.g. IYCF, CMAM) is necessary to make appropriate decisions when transitioning.
- It is not advisable to transform the cluster into an ERWG overnight, based on a letter issued by NDMA. There is a need to make this a proper process, based on an existing phase out strategy and plan to ensure everything is done according to plan without compromising any activity or intervention and it is important to ensure that all stakeholders are aware of the process and what it entails.

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[17] Pakistan Nutrition Cluster Brief, 12th March 2011

Early recovery and existing cluster phase-out strategy

Key findings:

The Pakistan Integrated Nutrition Strategy was developed with the UN and government input, and should act as a roadmap/framework to stakeholders to contribute to nutrition response. As a result, there was strong donor interest as the role of multiple agencies was clear and as a result of nutrition indicators being proposed to be used in the progress assessment, there was potential for systematic reporting.

In Peshawar, partners felt that there was no real phase-out strategy and no visible role from the UNDP after sharing the initial information about recovery. In Sindh and in Hyderabad, it was felt that the process was too sudden and not enough time was given for wrapping up and handing over activities, furthermore the national phase out strategy was not replicated appropriately at hub level. Operational difficulties arose during this phase as planning was rushed.

Ongoing challenge was that, due to long distances in Sindh, and although meetings were frequent, some implementing partners were not present at these meetings, particularly local CBO's and the small local NGO's.

Recommendations:

- To ensure appropriate timing of phase out or phase over (transfer of coordination activities), the Cluster Coordinator needs to spearhead a unified approach with partners in communicating with the NDMA.

- Mechanisms for phase-out need to be flexible and respectful of different contexts and zones, and not all Clusters' view humanitarian action in the same manner.

- Stronger advocacy for CMAM continuation and integration with a health package or create a relevant, alternate nutrition approach is suggested.

- Stronger communication and coordination with OCHA is necessary as this caused a lot of concern and confusion.

Clarification and continuation of adequate and sustainable government coordination structures:

Key findings:

In Sindh, the appointment of Nutrition Focal persons by the government was deemed a good move in terms of continuation of nutrition activities. However, the implementing partners felt that the Ministry of Health needed to increase and improve their capacity as well as their participation, Furthermore; coordination needs to be strengthened with better advocacy around improving coordination and the role and responsibility of the various government structures when moving from the cluster approach to early recovery.

In Hyderabad, it was felt that there was a lack of adequate consultation within the government, thus roles and responsibilities needed to be better clarified during the transition phase. One of the challenges noted was that, the idea of sustainability and continuity needed to be taken account of during the cluster activation and planning phase and should be included in the implementation plan. In Multan, it was reported that there was extensive consultation with the government to ensure that coordination structures are maintained.

Recommendations:

- Roles and responsibilities of the government during the transition phase need to be better clarified to encourage active engagement.

- Preparation of costed preparedness plans, including costed capacity building plan need to be standard cluster tools.

Availability of costed capacity development plans

Key findings:

The Nutrition Cluster developed a Capacity Development plan and its rollout began with training and visits of the Punjab team to KPK. UNICEF as the CLA dedicated $180,000 to facilitate immediate training and support needed, but this plan did not take into account the capacity development plans by the respective cluster partners. Momentum slowed down as agencies discussed whether to halt or continue emergency response or not, and there was a lack of skilled manpower to facilitate some of the sessions.

In Sindh, whilst plans were costed, there was a lack of adequately trained and skilled manpower to initiate activities. In Hyderabad, preparedness plans were developed, yet no costing was done, and neither were their responsibilities or roles defined or operational mechanisms clarified. Similarly, in Peshawar, partners felt that the operationalization of the plan would be difficult as they lack the necessary mechanism for implementation.

Recommendations:

- Guidelines and standards need to be updated and revised as a preparedness measure.

9.10 Advocacy

At the national level, cluster partners felt that the Nutrition Cluster worked well in being able to take a joint advocacy position on the situation, the needs, targets and funding. It was evident that response plans were developed, targets and advocacy statements released to both donors and to the government, and this was achieved through consultation and backed up by the data that was being generated amongst cluster partners.

At the hub-level, satisfaction about cluster-supported advocacy differed from Hub to Hub. In Sindh, it was felt that partners took a joint position, yet in Hyderabad, partners felt that they lacked a clear advocacy strategy. In Peshawar, partners felt that they needed stronger advocacy for funding gaps.

Recommendation:

- Partners at the hub-level felt that the government should take more of an active role in advocating the position of nutrition, which would improve their own ability to advocate.

CONCLUSIONS

- Given the attention and the results that have already been achieved by the Nutrition Cluster and its partners in Pakistan, there is a unique opportunity today for the country to use the work already done as a stepping stone in moving forward to improve the nutrition situation.

- The Nutrition Cluster’s response in Pakistan uncovered a staggering nutrition problem in the country, which found almost one quarter of children under-five malnourished in flood-

affected areas, The humanitarian response further exposed the alarming inattention to nutrition in the country. The assistance that was provided by the Nutrition Cluster and its partners was formidable and despite challenges with security, safety, access and displaced populations, some 1,2,929,237[18] children aged 6-59 months were screened for malnutrition, from which a total of 197,576 (15%) were acutely malnourished and some 53,788 severely malnourished were admitted in stabilization centers (SC) and outpatient therapeutic feeding programs (OTP).

- In February 2011, the NDMA oversaw the humanitarian clusters transition to Early Recovery Groups, with the Nutrition Cluster transitioning to the Health and Nutrition Early Recovery Working Groups chaired by both WHO and UNICEF. Contingency plans and early recovery assessments and capacity assessments are underway, and the recovery action has officially been extended to December 2011, to allow for further necessary assistance[19].

- This evaluation found that on the whole, the Nutrition Cluster met its mandate of ensuring accountability in international responses to humanitarian emergencies. Partners felt the Cluster also largely met its mandate if clarifying the division of labor among organizations and helped define their roles and responsibilities within the different technical areas of emergency nutrition response.[20]

In moving forward, the evaluation has uncovered a number of recurring recommendations made by stakeholders, which will need to be addressed in order to improve both the quality of Nutrition Cluster response in Pakistan (and at times elsewhere) and ensuring the well being of both women and children.

- **First, realizing the Pakistan Integrated Nutrition Strategy is a priority**. The Government of Pakistan must commit to ensure nutrition becomes a national priority: to become sustainable the Government together with implementing partners must focus on several measures including: prevention strategies, including IYCF and micronutrient deficient prevention; integration of acute malnutrition treatment into primary health care; advocating for resources to be made available for nutrition programming from the MOH at all levels; and finally, appropriate capacity building must be provided at all levels.

- **Improve response capacity at all levels:** Ongoing lack of global and country-level nutrition response capacity warrants the need for innovative capacity building. Some measures that this evaluation has suggested are:
    - Continue to build capacity of local partners in Nutrition in Emergencies
    - Retain and recruit Country-level Cluster positions: Greater worker still required by UNICEF in filling and retaining key Cluster positions at the country level in a sustainable manner.
    - The GNC to build International pool of Cluster personnel ready to be deployed; which includes staff from outside of UNICEF (take lessons from WASH and Logistic clusters), this will also improve independence and trust.

- **The readiness of the Cluster to respond in Pakistan** at the time of the floods was very weak; the level of preparedness in the country amongst all Clusters is cause for concern. Further advocacy needs to be undertaken with appropriate stakeholders to ensure Cluster is activated when needed and sustained for as long as needed.

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[18] [18] Nutrition Cluster, Nutrition Brief, March, 2011
[19] Children in Pakistan, UNICEF, July 2011
[20] Global Nutrition Cluster, Standard Operating Procedures (SOP), Version 1, September, 2011

- **Strengthen understanding of Cluster role and function** amongst partners: Whilst great work has been done between the Haiti earthquake of 2009 and the Pakistan 2010 crisis, further work is necessary in strengthening the understanding of the Cluster role amongst partners to ensure roles, responsibilities, accountabilities are understood and respected by all partners.

- **Emergency response is a shared response, shared responsibility**, which needs to be understood by all. All agencies must ensure their commitment and responsibility to enable the most effective and transparent humanitarian action and intervention is provided to the most vulnerable.

APPENDICES A Evaluation Terms of Reference

Nutrition Cluster – Experience and Lessons Learnt Consultancy

Job Title:	Experience documentation and Lessons Learned Consultant – Nutrition Cluster
Place of Work:	Field level consultation (max 14 days) and home based desk review, analysis and reporting
Reports to:	Global Nutrition Cluster Coordinator (jippe@unicef.org) and Senior Regional Emergency Nutrition Specialist (APSSC) (nzagre@unicef.org)
Works with:	Pakistan Nutrition Cluster (Provincial and National) members, lead agency, NDMA, DoH, PDMA, OCHA and other Survival strategy Clusters (Food, WASH, Health)
Evaluation team	Evaluation team consisting of senior technical officials from UN, INGOs and Donor
Duration	One month including 10-14 day level consultation, commencing around 20th April 2011

Background

The "cluster approach" is part of a wider Humanitarian Reform within the United Nation system, of which other pillars are the introduction of new funding mechanisms (Humanitarian Financing) and reinforcement of the role and responsibilities for the UN Humanitarian coordinator (or Resident Coordinator), all of which aim to reinforce effective partnerships among humanitarian actors.

The cluster approach was applied in Khyber Pakhtunkhwa (KPK) province in late 2008 in response to the conflict related IDP crisis, and further re-established and expanded in other parts of the country in the flood affected provinces after the July 2010 flood crisis.

The floods in Pakistan in July 2010 resulted in a massive disaster and a large-scale, widespread humanitarian response targeting the affected 20 million people. Through the Nutrition Cluster, a comprehensive coordination system to support national and provincial level leadership of the nutrition response effort has been set up. UNICEF as the Nutrition Cluster Lead Agency (CLA) staffed the coordination positions at national and sub-national levels in order to ensure coordination in the areas of: partner identification, response coordination, strategic planning and monitoring, needs assessment, data and information management, advocacy and resource mobilization, capacity building, etc. Six months into the humanitarian response to this crisis, there is an urgent need to document and take stock of what went well and what did not go well in relation to the Nutrition Cluster response. This review will capture details on the experiences and lessons learnt, facilitate the documentation of the progress made by Nutrition Cluster collectively and define the future work of cluster or any other coordination mechanism in Pakistan and other similar context.

The Pakistan Nutrition Cluster has documented some challenges, lessons learnt and the successes of the responses but this is not in any way detailed or comprehensive enough as desired. Therefore, the proposed Nutrition Cluster's evaluation will ensure that there is a systematic review and documentation of the Nutrition cluster experiences and lessons learnt consolidation and analysis. The evaluation report will also contain recommendation for improved coordination, gap filling, cluster phase out or exit strategies.

Process

The Pakistan lessons learnt exercise would include the following steps:

- Short desk review of existing review/evaluation/reports/response plans/ experiences/lessons learnt relevant to the Nutrition Cluster in Pakistan;
- Online survey (using the Quick Self Assessment Checklist) of in-country cluster members and other key partners on perception of the cluster performance;
- One-to-one interviews with key individuals in Pakistan and at regional levels as well as programme beneficiaries and Global level perspective will also be sought after. Representation of views from the UN, INGO, LNGO, donors, government officials and clusters closely collaborating with the nutrition (WASH, food and health) will be ensured.
- In-country consultation at national level and sub-national (provincial) to complement and/or verify the online survey and feedback from the one-to-one interviews and agree on the main recommendations and priority actions.
- Final report (25-30 pages) outlining the achievement, experiences, challenges, lessons learnt and actionable recommendation for provincial, national and global levels of the Nutrition Cluster

Purpose and Scope of Work

The evaluation team will endeavour to document the Pakistan Cluster achievement, experiences in response implementation, challenges, and lessons learnt and to identify recommendation for improved coordination and response. In addition, the consultant will critically analyse the Cluster Lead Agency's role in the cluster and delivery of nutrition services during the emergency. This review will focus on the eleven strategic areas of cluster coordination functions related to partnerships, strategic planning, promoting standards, advocacy and fund mobilization etc. exploring on what worked and what did not work and why. The undertaking will entail:

- Desk review of existing documentation, highlighting experiences, any patterns or trends and reviewing targets as well as appropriateness and effectiveness of proposed response strategies.

- Design, implement and consolidate the results of an online survey (Q-SAC) with the Pakistan Nutrition Cluster members and stakeholders within the country or outside to solicit feedback on the performance of the Cluster and its engagement with partners. (To date this activity is almost accomplished but the results need further review and triangulation)
- Organise and conduct one-to-one interviews using standard questions (interview guide) or semi-structured questions with a range of key stakeholders, including programme beneficiaries and cluster members from the UN, INGO, LNGO, donors, and government officials and related clusters.
- Field visits to Islamabad and at least 3 other places in the flood affected provinces.
- Undertake a two day national level and at least 2 one day provincial level consultation workshops to verify information and build consensus on (a) what worked and what did not work in the cluster, (b) cluster priorities on coordination and emergency response and (c) recommendation to the cluster. Insights on the minimum coordination structure and cost analysis to enhance the exit strategy will also be included.
- Final report of 25-30 pages) outlining the evaluation process, cluster achievement, experiences, challenges, lessons learnt and recommendation for provincial, national and global Nutrition Cluster levels (along functional areas of cluster coordination as spelt out in the cluster TOR. The evaluation team must share the draft report with the cluster members and UNICEF Country Office before leaving the country for feedback and comments.

The detailed schedule on field mission and appointment will be confirmed once the evaluation mission commences.

Progress to date (30th March 2011)
a) The reference documents for the desk review have been compiled and are ready for review by the evaluation team. They have been shared with the Senior Regional Emergency Nutrition Specialist
b) Quick Self-Assessment Checklist (Q-SAC) exercise has commenced. About 40 responses have been received and preliminary analysis done. These questionnaires and the basic analysis need further review and analysis.

Timeline and support
The evaluation team will take about one month to undertake desk review, field level consultation (max 14 days) and write the report. Facilitation and logistical arrangement will be organized by the Cluster Lead Agency (UNICEF Pakistan in close collaboration with UNICEF Regional Office

Output
- A concise 25-30-page evaluation report outlining the cluster achievement, experiences, challenges, lessons learnt and recommendations.
- Debriefing summary point of key highlight of the evaluation to the Pakistan Nutrition Cluster and Country Office focusing on areas of improvement

Person Specification for Evaluation Team
Professional experience
- Experience in knowledge management or a related field (including interviews, reviews, lessons learnt exercises etc.)
- At least eight year's combined field and headquarters experience in a relevant humanitarian international organization(s) (e.g. UN agencies, INGOs, IOs, Donors, IFRC or ICRC)
- Good knowledge of the work of the work of Nutrition Cluster and principles and the latest on humanitarian reform
- Knowledge of nutrition related technical guidelines, standards, and indicators, particularly Sphere Standards

Managerial/Coordination Skills and Core Competencies
- Good communication and interpersonal skills. Must be able to work with many different functions from high level decision makers to technical specialists
- Ability to work in a multidisciplinary team
- Analytical skills

Core Competencies
- Excellent written and oral presentation skills using English
- Ability to be flexible and work well independently under pressure and in a fast-paced environment
- Demonstrated abilities in the context of partnership-building and consensual decision-making

APPENDICES B List of key informants to be interviewed

Name	Email	Additional information
Nutrition Cluster Coordinators		
Sarita Neupane	sneupane@unicef.org	CC Federal level
Shahid Mahbub Awan	smawan@unicef.org	CC for one month , August 2010
James Kingori	jkingori@unicef.org	National Nutrition Cluster Coordinator (Sept'10 – 10th April 11
Talal Mahgoub	tmahgoub@unicef.org	National Nutrition Cluster Coordinator (April' 11- June'11)
Najeeb Piracha	mnajeeb@unicef.org,	Sub National Cluster Coordinator KPK
Mazhar Alam	mazharhpm@gmail.com	Hyderabad- double hatting (1 month)
Masood Abbasi	masoodabbasi@hotmail.com	Hyderabad, 3 months
Dr Ayesha Riaz	ariaz@unicef.org	Hyderabad Hub Cl/ERWG Coordinator (March 11- July 11)
Shameza Abdulla	sabdulla@unicef.org	Islamabad, information manager, 3 months
Wali Mohammad	dr.wali59@gmail.com	Quetta, CC, 3 months
Teshome Feleke	tfeleke@unicef.org	Sukkur CC, 3 months (and he can tell you the emails of the National CC and IM for Sukkur
Asim Yousaf	ayounis@unicef.org	Hyderabad Hub/Sindh Nutrition IMO
Mohammd Shehzad	mshahzad@unicef.org	Sukkhar WASH IMO Double hatting as Nutrition IMO
Dr Mohammad faisal	mfaisal@unicef.org	Quetta- Nut Officer Double hatting as CC
Mr. Kaleem Ur Rehman	krahman@unicef.org	QuettaWASH IMO Double hatting as Nutrition IMO
Qutab Alam	qalam@unicef.org	Information Management Officer (KPK)
Leo Matunga	lmatunga@unicef.org	Former, Sub-national cluster coordinator (Punjab)
Syed Qadir	ssqadir@unicef.org	Multan Hub CC
Mr. basher Ur rehman	bashir_rahman@yahoo.com	Multan Hub Nutrition IMO
Donors		
Juliane Friedrich	Juliane.FRIEDRICH@ec.europa.eu	ECHO
Philippe Bonhoure	rmc@echo-india.org	ECHO
	Ta02@echo-islamabad.eu	ECHO
Mark Phelan	**mphelan@usaid.gov**	OFDA
Katrien Lauer	**KLauer@usaid.gov**	OFDA
Andrea Tracy	**atracy@ofda.gov**	OFDA
Dr Qaiser Pasha/Sarah Boyd	Qaiser.Pasha@dfat.gov.au,	AusAid
Cluster Coordinators		
Zulfiqar Rao	zulfiquar.rao@wfp.org	FS
Alfred Dube	dubeal@pak.emro.who.int	Health
Pakistan Government		
Ammar Rashid	Ammar.rashid@gmail.com	NDMA 1
Dr Baseer Achakzai	achakzaibk@gmail.com	MOH National level 1
Observers		
MSF	msfh-pakistan-emc-med@field.amsterdam.msf.org	MSF
UN agencies		
Jhon Long	longj@un.org	OCHA
Dr. Khizar Ashra	ashrafk@pak.emro.who.int	WHO
WFP / Tahir Nawaz	Tahir.nawaz@wfp.org	WFP

QUICK SELF-ASSESMENT CHECKLIST

Quick Guide for the use of the Q-SAC

The tool is composed of nine one-page questionnaires, one for each performance area. Each questionnaire has up to a dozen questions, (a total of 76 questions) and an area for comments where additional opportunities or issues can be highlighted.

Not all questionnaires, or all questions, will be relevant for everybody. Different respondents can choose which performance area, and what question, they feel they can meaningfully answer, and leave the rest blank.

All questions represent an "intended achievement" for the cluster: The (two or three, total 26) questions **in bold** are considered priorities for discussion and should be answered. The score will be 1 to 5, 1 being the lowest score and 5 being the highest.

There are different ways the questionnaire can be used, but this time you are kindly requested to fill it and send it back.

A facilitated event, that should include as many and diverse actors as practically convenient, will allow to present and consolidate the findings and collectively "distill" the main lessons to be learned as the objective of this exercise is a collective learning process that needs to be converted into action

TOR Cluster Lead Agency

1. **Inclusion of key humanitarian partners**
- Ensure inclusion of key humanitarian partners for the sector, respecting their
- respective mandates and programme priorities

2. **Establishment and maintenance of appropriate humanitarian coordination Mechanisms**
- Ensure appropriate coordination with all humanitarian partners (including national and international NGOs, the International Red Cross/Red Crescent Movement, IOM and other international organizations), through establishment/maintenance of appropriate sectoral coordination mechanisms, including working groups at the national and, if necessary, local level;
- Secure commitments from humanitarian partners in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the sectoral group, with clearly defined focal points for specific issues where necessary;
- Ensure the complementarity of different humanitarian actors' actions;
- Promote emergency response actions while at the same time considering the need for early recovery planning as well as prevention and risk reduction concerns;
- Ensure effective links with other sectoral groups;
- Ensure that sectoral coordination mechanisms are adapted over time to reflect the capacities of local actors and the engagement of development partners;
- Represent the interests of the sectoral group in discussions with the Humanitarian Coordinator and other

3. **Coordination with national/local authorities, State institutions, local civil society and other relevant actors**
- Ensure that humanitarian responses build on local capacities;
- Ensure appropriate links with national and local authorities, State institutions, local civil society and other relevant actors (e.g. peacekeeping forces) and ensure appropriate coordination and information exchange with them.

4. **Participatory and community-based approaches**
- Ensure utilization of participatory and community based approaches in sectoral needs assessment, analysis, planning, monitoring and response.

5. **Attention to priority cross-cutting issues**
- Ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g. age, diversity, environment, gender, HIV/AIDS and human rights); contribute to the development of appropriate strategies to address these issues; ensure gender-sensitive programming and promote gender equality; ensure that the needs, contributions and capacities of women and girls as well as men and boys are addressed;

6. **Needs assessment and analysis**
- Ensure effective and coherent sectoral needs assessment and analysis, involving all relevant partners

7. **Emergency preparedness**
- Ensure adequate contingency planning and preparedness for new emergencies

8. **Planning and strategy development**
- Ensure predictable action within the sectoral group for the following:

- Identification of gaps;
- Developing/updating agreed response strategies and action plans for the sector and ensuring that these are adequately reflected in overall country strategies, such as the Common Humanitarian Action Plan (CHAP);
- Drawing lessons learned from past activities and revising strategies accordingly;
- Developing an exit, or transition, strategy for the sectoral group.

9. Application of standards

- Ensure that sectoral group participants are aware of relevant policy guidelines, technical standards and relevant commitments that the Government has undertaken under international human rights law;
- Ensure that responses are in line with existing policy guidance, technical standards, and relevant Government human rights legal obligations.

10. Monitoring and reporting

- Ensure adequate monitoring mechanisms are in place to review impact of the sectoral working group and progress against implementation plans;
- Ensure adequate reporting and effective information sharing (with OCHA support), with due regard for age and sex disaggregation.

11. Advocacy and resource mobilization

- Identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of the HC and other actors;
- Advocate for donors to fund humanitarian actors to carry out priority activities in the sector concerned, while at the same time encouraging sectoral group participants to mobilize resources for their activities through their usual channels.

12. Training and capacity building

- Promote/support training of staff and capacity building of humanitarian partners;
- Support efforts to strengthen the capacity of the national authorities and civil society.

13. Provision of assistance or services as a last resort

- As agreed by the IASC Principals, sector leads are responsible for acting as the provider of last resort (subject to access, security and availability of funding) to meet agreed priority needs and will be supported by the HC and the ERC in their resource mobilization efforts in this regard.
- This concept is to be applied in an appropriate and realistic manner for crosscutting issues such as protection, early recovery and camp coordination.

Performance Area 1: Leadership and Partnership

Area of intended achievement (score 1 = low ; 5 = high)

Question	Contributes to ToR	Score
1. To what extent has an enabling environment for participation, mutual problem solving, and collective decision-making been created?		
2. To what extent does the Cluster Lead ‘add value’ in terms of providing timely and correct advice and support?		
3. To what extent NGOs acted as Cluster Lead in sub-national coordination ‘hubs’?		
4. To what extent have operational partners within the Cluster been prepared to adjust their programmes to reflect the priorities of the Cluster?		
5. To what extent did the Cluster actively involve local NGOs, CBOs, and civil society in the decision making process?		
6. To what extent all the “key” agencies involved in the response were involved in the cluster?		

Comments

Performance Area 2: Coordination Management

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
1. To what extent the opinions of Cluster partners were considered in the Cluster decision-making?		
2. To what extent the Cluster Coordinator was perceived as being an independent and impartial representative of the Cluster?		
3. To what extent have coordination meetings been effective (i.e. meet their purpose, are inclusive, are well managed and action-oriented?		

4. How manageable was the turnover between cluster coordinators?		
5. To what extent the coordination structure (Technical Working Groups) was effective in serving the needs of the cluster?		
6. To what extent the Cluster meetings and materials were translated into the local language (or vice versa)?		
7. To what extent the Cluster partners were involved in financial resource mobilization efforts through common instruments such as the CERF?		
8. How was the collaboration between national and sub-national levels?		

Comments

Performance Area 3: Needs & Vulnerability Assessment

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
1. To what extent there were methodologies and logistical arrangements for needs assessment and analysis agreed with partners prior to onset?		
2. To what extend where those arrangements actually put in place?		

3. To what extent were affected communities involved in assessing their own needs, vulnerabilities, and capacities?		
4. Did the need assessment capture the needs of identified vulnerable groups? (I.e. as female-headed households, unaccompanied children, older people, and women?)		

Comments

Performance Area 4: Information Management

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
1. To what extent were resources put in place by the Cluster Lead to manage information effectively (e.g. was there at least one dedicated information manager)?		
2. To what extent has data and information been analyzed by the Cluster to inform decision-making?		
3. To what extent did Cluster partners monitor progress in a common, coordinated way?		
4. To what extent are IM products useful in the field for programme planning?		
5. To what extent does data and information fed back by the Cluster reflect your experience of field realities?		
6. To what extent is disaggregated data available which clearly identifies specific vulnerable groups?		
7. To what extent was the information provided by the cluster was sufficient for your needs?		
8. To what extent the quantity of information requested by the Cluster was proportioned to the information provided?		

Comments

Performance Area 5: Appropriate Technical Service Provision

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
1. To what extent have Cluster implementation objectives been met?		
2. To what extent are interventions based on actual need?		
3. To what extent are all the technical areas of responsibility of the Cluster addressed with the same attention?		
4. To what extent the response was guided by a clear set of standards and tools?		
5. To what extent the response suffered of unnecessary duplications in the service delivery		
6. To what extent has the response adequately addressed the specific needs of vulnerable/marginalised groups (Orphans, HIV/AIDS,) and accommodated prevalent cultural norms?		
7. Is there any obvious, major gap in the response that is not adequately addressed by the Provider of Last Resort provision?		
8. To what extent did the cluster strategy included adequate early recovery Interventions?		
9. To what extent the Cluster coordinated with the Early recovery Network		

Comments

Performance Area 6: Beneficiary Involvement & Stakeholder Satisfaction

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score

1. To what extent were people affected by the emergency provided with information about the relief activities that affected them (and in their own language)?		
2. To what extent were the most vulnerable and marginalized groups identified in the affected community, including their rights, needs, concerns and values?		
3. Assessing and prioritizing initial needs?		
4. Planning and decision-making on key issues?		
5. Project implementation?		
6. Monitoring the project?		
7. To what extent did monitoring processes measure satisfaction with service provision by both the affected population and other local stakeholders?		
8. To what extent was an active system put in place to respond to dissatisfaction and complaint?		

Comments

Performance Area 7: Resource Mobilization

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
1. To what extent was the cluster effective in advocating for funding for the sector?		
2. To what extent the key positions within the cluster (Cluster coordinator, Information manager) were promptly covered by competent staff?		
3. To what extent the cluster was functional in supporting sharing of supplies?		

Comments

Performance Area 8: Crosscutting Themes

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
Does cluster strategy adequately reflect the rights, needs, concerns and values of:		
1. **Men and Women**?		
2. Older people?		
3. Boys and Girls?		
4. People living with HIV/AIDS?		
5. Diverse groups (e.g ethnicity, religion, culture, politics) ?		
6. Does cluster strategy adequately reflect efforts to mitigate environmental damage?		

Comments

Performance Area 9: Preparedness and capacity building

Area of intended achievement (score 1 = low; 5 = high)

Question	Contributes to ToR	Score
1. To what extent the cluster promoted adequate capacity building of local partners		
2. To what extent a pre-existing Contingency planning was implemented?		

Comments

To which stakeholder group do (es) the Respondent(s) belong?
(tick box)

Cluster Lead (Agency)	☐	Other Cluster	☐
International NGO / IFRC	☐	National NGO / National society RC	☐
Community-Based Organization	☐	Beneficiary	☐
National Government	☐	Donor	☐

APPENDICES D EVALUATION FRAMEWORK

Topic	Questions	What worked	What didn't work	Key challenges	Recommendations
9.1 Coordination and Leadership Management					
9.1.1 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?				

9.1.2 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?				
9.1.3 Human Resources related to cluster coordination capacity					
9.1 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?				
9.2 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)?				

9.3 Needs Assessment					
9.3.1 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?				
9.3.2 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)?				
9.3.3 Other surveys	To what extent was the cluster was aware and involved in other survey specially related to health, WASH, and FS?				
9.4 Nutrition cluster response strategy					
9.4.1 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?				
9.5.1.1 Human resources of partners	To what extent the key nutrition positions within partners were promptly covered by adequate staffs?				
9.4.2 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?				
9.4.3 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?				
9.4.4 Priority interventions	To what extent did the cluster priorities reflect the cluster assessed needs as a whole as opposed to agency specific interest?				
9.4.5 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?				
9.4.6 Previous contingency planning and preparedness inclusion	To what extent were the existing preparedness\contingency plans used as the basis for the cluster strategy?				
9.4.8 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?				
9.4.9 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?				
9.4.10 Donor relationship	To what extent were the donors proactive & committed in allocating resources to the nutrition cluster?				
9.5 Inter-Cluster coordination aspects					
9.5.1 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?				
9.5.1.2 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?				
9.5.2 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?				
9.6 Information Management					
9.6.1 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?				
9.6.2 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?				
9.6.3 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?				
9.6.4 Coverage in data collection and reporting	To what extent was the cluster able to collect and collate data from all partners?				
9.6.5 Timeliness	To what extent was the system able to collect data and analyse results in due time (according to the different phases)?				
9.7 Standards\guidelines and application					
9.7.1 Adaptation and harmonization of existing guidelines	To what extent the response was guided by a clear set of standards and tools?				

9.7.1.1 Process	To what extent was the cluster involved in harmonizing, adapting and or developing standards and guidelines that reflect the international standards?				
9.7.2 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?				
9.7.3 Capacity building					
9.8.3.1 Process	To what extent the cluster promoted adequate capacity building of local partners?				
9.8.3.2 Human resources mobilization	To what extent were the cluster partners able to mobilize the human resources in terms of quality quantity and timeliness				
9.8.3.4 Coverage	To what extent the training covered the priority areas (geographical and programmatic) identified?				
9.7.4 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?				
9.8 Outcome					
9.8.1. 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?				
9.8.2 Effectiveness	To what extent the cluster output\outcome indicators meet the nutrition related Sphere standards?				
9.9 Transition					
9.9.1 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?				
9.9.2 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?				
9.10 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?				
9.11 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?				