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| **Cluster Performance Monitoring*****Preliminary Report*** |

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| **Cluster:** |

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| **Nutrition** |

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| **Country:** |

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| **Nigeria** |

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| **Level:** |

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| **Completed on:** |

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| **15/06/2018** |

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| This report provides the findings of the Cluster Performance Monitoring to be reviewed by the cluster in order to identify best practices, constraints as well as actions points. |

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| **Table 1. Response rate among partners** |

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| **Partner Type** | **Number of responded partners** | **Total number of partners** | **Response Rate (%)** |
| **Donors** | 4 | 3 | 133.3% |
| **International NGOs** | 20 | 18 | 111.1% |
| **National Authority** | 4 | 3 | 133.3% |
| **National NGOs** | 1 | 2 | 50.0% |
| **ICRC/IFRC** | 1 | 2 | 50.0% |
| **UN Organizations** | 11 | 4 | 275.0% |
| **Total** | 41 | 32 | 128% |

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| **Table 2. Performance status** |

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| **Good** |

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| **Satisfactory** |

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| **Unsatisfactory** |

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| **Weak** |

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| **1. Supporting service delivery**  |
| 1.1 Providing a platform that ensures service delivery is driven by Humanitarian Response Plan and strategic priorities | **Good** |
| 1.2 Developing mechanisms to eliminate duplication of service delivery | **Good** |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** |
| 2.1 Preparing needs assessments and analysis of gaps (across and within Clusters, using information management tools as needed) to inform the setting of priorities  | **Good** |
| 2.2 Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues | **Satisfactory** |
| 2.3 Formulating priorities on the basis of analysis  | **Good** |
| **3. Planning and implementing Cluster strategies**  |
| 3.1 Developing sectoral plans, objectives and indicators that directly support realization of the overall response’s strategic objectives | **Good** |
| 3.2 Applying and adhering to common standards and guidelines  | **Good** |
| 3.3 Clarifying funding requirements, helping to set priorities, and agreeing Cluster contributions to the HC’s overall humanitarian funding proposals  | **Satisfactory** |
| **4. Monitoring and evaluating performance** |
| 4.1 Monitoring and reporting on activities and needs | **Good** |
| 4.2 Measuring progress against the Cluster strategy and agreed results | **Good** |
| 4.3 Recommending corrective action where necessary | **Good** |
| **5. Building national capacity in preparedness and contingency planning** |
| 5.1 National contingency plans identified, updated and shared | **Good** |
| 5.2 Cluster roles and responsibilities defined and understood | **Satisfactory** |
| 5.3 Early warning reports shared with partners | **Satisfactory** |
| **6. Advocacy** |
| 6.1 Identify concerns, and contributing key information and messages to HC and HCT messaging and action | **Satisfactory** |
| 6.2 Undertaking advocacy on behalf of Cluster, Cluster members and affected people | **Good** |
| **7 Accountability to affected people** |
| 7.1 Mechanisms to consult and involve affected people in decision-making agreed upon and used by partners | **Good** |
| 7.2 Mechanisms to receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | **Good** |
| 7.3 Key issues relating to protection from sexual exploitation and abuse have been raised and discussed | **Satisfactory** |

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| **Table 3. Scoring by question (the higher the percentage, the better the performance of this activity)** |

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| **1. Supporting service delivery**  | **Score** | **% Don't know** |
| 1.1 Providing a platform that ensures service delivery is driven by Humanitarian Response Plan and strategic priorities | Good |
| 1.1.1 List of partners regularly updated | 100% |  |
| 1.1.2 Regular cluster meetings organised | 100% |  |
| 1.1.3 Attendance of cluster partners to cluster meetings | 100% |  |
| 1.1.4 Level of decision making power of staff attending cluster meetings | 100% | 2% |
| 1.1.5A The venue of Cluster meetings is accessible | 100% |  |
| 1.1.5B The language of Cluster meetings is appropriate to enable participation of national and international stakeholders | 100% |  |
| 1.1.6 Writing of minutes of cluster meetings with action points | 100% |  |
| 1.1.7 Usefulness of cluster meetings for operational discussions. | 100% |  |
| 1.1.8 Useful strategic decision taken within the cluster | 100% | 2% |
| 1.1.9 Attendance of cluster coordinator to HCT and ICC meetings | 100% |  |
| 1.1.10 Support/engagement of cluster with national coordination mechanisms | 100% |  |
| 1.1.11 Cluster and its partners make good use of the Cluster website | 100% | 7% |
| 1.2 Developing mechanisms to eliminate duplication of service delivery | Good |
| 1.2.1 Mapping of partner geographic presence and programme activities updated as needed | 100% |  |
| 1.2.2 Inputs of partners into mapping of partner geographic presence and programme activities | 100% | 15% |
| 1.2.3 Involvement of partners into analysis of gaps and overlaps based on mapping | 100% | 2% |
| 1.2.4 Analysis of gaps and overlaps based on mapping useful for decision-making | 100% | 5% |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** | **Score** | **% Don't know** |
| 2.1 Preparing needs assessments and analysis of gaps (across and within Clusters, using information management tools as needed) to inform the setting of priorities  | Good |
| 2.1.1 Use of cluster agreed tools and guidance for needs assessments | 75% | 12% |
| 2.1.2 Involvement of partners in joint Cluster needs assessments | 75% | 15% |
| 2.1.3 Sharing by partners of their assessment reports | 100% | 11% |
| 2.2 Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues | Satisfactory |
| 2.2.1 Analyses of situations done together with cluster partners | 100% | 12% |
| 2.2.2 Analyses of situations identified risks | 75% | 6% |
| 2.2.3 Analyses of situations identified needs | 100% |  |
| 2.2.4 Analyses of situations identified gaps in response | 100% |  |
| 2.2.5 Analyses of situations identified capacity in response | 75% | 3% |
| 2.2.6 Analyses of situations identified constraints to respond | 75% | 6% |
| 2.2.7.1 Age (cross-cutting issue) considered in analyses | 75% | 18% |
| 2.2.7.2 Gender (cross-cutting issue) considered in analyses | 75% | 12% |
| 2.2.7.3 Diversity – other than age and gender- (cross-cutting issue) considered in analyses | 75% | 21% |
| 2.2.7.4 Human rights (cross-cutting issue) considered in analyses | 75% | 15% |
| 2.2.7.5 Protection, including gender-based violence (cross-cutting issue) considered in analyses | 75% | 9% |
| 2.2.7.6 Environment (cross-cutting issue) considered in analyses | 75% | 15% |
| 2.2.7.7 HIV/AIDS (cross-cutting issue) considered in analyses | 25% | 24% |
| 2.2.7.8 Disability (cross-cutting issue) considered in analyses | 25% | 21% |
| 2.3 Formulating priorities on the basis of analysis  | Good |
| 2.3.1 Joint analyses supporting response planning | 100% | 2% |
| **3. Planning and implementing Cluster strategies**  | **Score** | **% Don't know** |
| 3.1 Developing sectoral plans, objectives and indicators that directly support realization of the overall response’s strategic objectives | Good |
| 3.1.1 Cluster strategic plan developed | 100% | 21% |
| 3.1.2A Partners contributed to the development of the Cluster strategic plan | 75% | 9% |
| 3.1.2B Partners contributions are reflected in the Cluster strategic plan | 100% | 26% |
| 3.1.3A The Cluster strategic plan includes strategic objectives | 100% |  |
| 3.1.3B The Cluster strategic plan includes activities | 100% |  |
| 3.1.3C The Cluster strategic plan includes indicators | 100% |  |
| 3.1.4 Cluster strategic plan reviewed against host government strategy | 100% |  |
| 3.1.5A Age (cross-cutting issue) considered in strategic plan | 75% | 3% |
| 3.1.5B Gender (cross-cutting issue) considered in strategic plan | 75% | 3% |
| 3.1.5C Diversity – other than age and gender- (cross-cutting issue) considered in analyses | 75% | 9% |
| 3.1.5D Human rights (cross-cutting issue) considered in analyses | 75% | 3% |
| 3.1.5E Protection, including gender-based violence (cross-cutting issue) considered in strategic plan | 75% | 9% |
| 3.1.5F Environment (cross-cutting issue) considered in strategic plan | 75% | 13% |
| 3.1.5G HIV/AIDS (cross-cutting issue) considered in strategic plan | 25% | 13% |
| 3.1.5H Disability (cross-cutting issue) considered in analyses | 25% | 16% |
| 3.1.6 Strategic plan shows synergies from with other sectors | 75% |  |
| 3.1.7 Strategic plan guided the Partners' response. | 100% | 3% |
| 3.1.8 Deactivation criteria and phasing out strategy formulated together with partners | 75% |  |
| 3.1.9 The Cluster response plan addresses early recovery | 75% | 9% |
| 3.2 Applying and adhering to common standards and guidelines  | Good |
| 3.2.1 National and international standards and guidance identified and adapted as required | 100% |  |
| 3.2.2 Technical standards and guidance agreed upon by partners | 100% |  |
| 3.3 Clarifying funding requirements, helping to set priorities, and agreeing Cluster contributions to the HC’s overall humanitarian funding proposals  | Satisfactory |
| 3.3.1 Prioritisation of proposals against the strategic plan jointly determined with partners based on agreed transparent criteria | 100% | 22% |
| 3.3.2 Prioritisation of proposals against strategic plan reflected interest of partners | 100% | 48% |
| 3.3.3 Cluster supported and facilitated access to funding sources by partners | 25% | 38% |
| 3.3.4A Partners regularly report on funding status | 100% | 29% |
| 3.3.4B The Cluster regularly reports on overall funding status | 100% | 26% |
| **4. Monitoring and evaluating performance** | **Score** | **% Don't know** |
| 4.1 Monitoring and reporting on activities and needs | Good |
| 4.1.1 Formats for monitoring and reporting needs agreed upon and used by cluster partners | 100% | 14% |
| 4.1.2 Reports shared by partners on humanitarian needs are taken into account in cluster reports | 75% | 24% |
| 4.1.3 Formats for monitoring and reporting activities agreed upon and used by cluster partners | 100% | 10% |
| 4.1.4 Reports shared by partners on their activities are taken into account in cluster reports | 75% | 19% |
| 4.1.5 Cluster bulletins regularly highlight achievements, gaps and changing needs | 100% | 5% |
| 4.2 Measuring progress against the Cluster strategy and agreed results | Good |
| 4.2.1 Progress reports or bulletins report using agreed indicators for monitoring humanitarian response | 100% | 19% |
| 4.3 Recommending corrective action where necessary | Good |
| 4.3.1 Cluster bulletins and updates influence partners decisions | 75% | 17% |
| 4.3.2 Cluster has used information to recommend corrective action | 88% | 10% |
| **5. Building national capacity in preparedness and contingency planning** | **Score** | **% Don't know** |
| 5.1 National contingency plans identified, updated and shared | Good |
| 5.1.1 National contingency plans identified and shared | 100% | 15% |
| 5.1.2 Partners contributed to preparing or updating the contingency plan | 75% | 20% |
| 5.2 Cluster roles and responsibilities defined and understood | Satisfactory |
| 5.2.1 Role of the Cluster and partners are clearly defined and understood in the Contingency Plan | 100% | 15% |
| 5.2.2 The Cluster has discussed how to strengthen response capacity in country | 75% | 5% |
| 5.3 Early warning reports shared with partners | Satisfactory |
| 5.3.1 Early warning reports shared with partners | 75% | 10% |
| **6. Advocacy** | **Score** | **% Don't know** |
| 6.1 Identify concerns, and contributing key information and messages to HC and HCT messaging and action | Satisfactory |
| 6.1.1 Issues requiring advocacy identified and agreed together with partners | 75% | 13% |
| 6.1.2 Advocacy messages agreed within the Cluster | 75% |  |
| 6.2 Undertaking advocacy on behalf of Cluster, Cluster members and affected people | Good |
| 6.2.1 Advocacy activities agreed upon and undertaken with partners | 100% | 38% |
| 6.2.2 Advocacy activities undertaken with partners | 75% |  |
| **7 Accountability to affected people** | **Score** | **% Don't know** |
| 7.1 Mechanisms to consult and involve affected people in decision-making agreed upon and used by partners | Good |
| 7.1.1A The Cluster has discussed mechanisms to consult and involve affected population in preparedness | 100% | 19% |
| 7.1.1B The Cluster has discussed mechanisms to consult and involve affected population in Needs assessmentand analysis | 100% | 14% |
| 7.1.1C The Cluster has discussed mechanisms to consult and involve affected population in Strategic planning  | 100% | 24% |
| 7.1.1D The Cluster has discussed mechanisms to consult and involve affected population in Resource mobilization (project selection) | 100% | 29% |
| 7.1.1EThe Cluster has discussed mechanisms to consult and involve affected population in Implementation and monitoring  | 100% | 24% |
| 7.1.1F The Cluster has discussed mechanisms to consult and involve affected population in Operational review and evaluation | 100% | 38% |
| 7.2 Mechanisms to receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | Good |
| 7.2.1 Mechanisms to  receive, investigate and act upon complaints on the assistance received agreed upon and used by partners | 100% | 36% |
| 7.3 Key issues relating to protection from sexual exploitation and abuse have been raised and discussed | Satisfactory |
| 7.3.1 The Cluster has discussed protection of the affected population from sexual expoiltation and abuse | 75% | 19% |
| 7.3.2 The Cluster discusses the key issues raised by affected people | 75% | 24% |

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| **Table 4a. Partner Comments** |

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| **Core Function** | **Comment** |
| **1. Supporting service delivery**  | Support the Federal level to carryout oversight function to improve the quality of service delivery |
| Proper Nutrition Cluster Coordination |
| Regular and effective tracking of organizations and their implementing locations as well as sharing with other partners to avoid overlapping issues |
| The cluster help to coordinate and hormanace activities and really help in achieving goals.  |
| The sector activities such as coordination meetings should be extended to the Local Government Areas in Yobe State because some partners are implementing nutrition activities in the same area which results in duplication of effort. The regional sector coordinator should also visit and participate in the coordination meetings at least on periodic basis.  |
| Gaps and duplication of services should be identified regularly and necessary action needs to be taken to address those gaps. |
| The cluster should now focus on building Govt and local organization capacity technically, managerially and administratively to provide the needed intervention for the IDPS and host communities.  |
| I believe that focusing on few geographical areas with emergency needs is a good strategy to entice organizations to support. However, due to security and budget constraints only a handful of organizations are actually operating on those areas. Thus, the rest of the organizations are not necessarily engaged in the discussions, leaving a sense of ineffectiveness to the meeting. Cross-cutting and broader issues that are applicable to the membership at large should be included in the agenda as well. The capacity building mapping was a good example of coordination, but the actual outcomes of this exercise are still to be seen as this mapping was just completed and no inter-organizational training have been scheduled to my understanding. |
| so far so good |
| The cluster has been very resourceful in ensuring even distribution of services |
| The cluster is supportive in that it provides the necessary information to strengthen interventions. also assists in linking partners with other sectors for collaboration. |
| There is a lack of transparency in separating the geographical targeting of the Sector lead agency from the Sector partners' operational presence and needs of the population. |
| Informations shared by cluster are quite relevant. The cluster can discuss with the SMoH to update some protocols regarding Nutrition. |
| Policy, Guidelines, Protocols & capacity development of Health & Nutrition Emergency Response Projects in Nigeria |
| I encourage the establishment of Nutrition Site Monitoring Task force to visit nutrition sites periodically and offer corrections for service improvement |
| there should be joint assessment and survey of all member of cluster partners for uniformity of data collation.  |
| Information sharing is practiced, tasks are distributed according to the members ability and preparedness, regular updates are done. |
| **2. Informing strategic decisions of the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT)** | Expanding the interventions to get to other emergency affected areas of the country |
| Who does what , when and where enhances HCT activities. Gaps are easily identified and duplication of activities( data) eliminated  |
| NONE |
| Periotiest best on gaps identify  |
| NA |
| Rarely informed so cannot comment. |
| National Level Cluster does not seem to make strategic decisions, issues are postponed to "next meeting" very often, leadership from Government is poor, it is only about Chairing meetings |
| Nutrition cluster is chaired by Unicef, Unicef being its self implementer, there is some resistance to allow others actors to run nutrition activities in some area even though quality of services provided by Unicef is quite "low" |
| Protection issues are becoming a norm to Nutrition & Health clusters. This calls for integration as in Gender-Based Violence, Child Labour & Abuse including Women as this has linkage to food & nutrition security as well as Women empowerment to resource-control. |
| perfect |
| Need assessment should be done regularly and necessary advocacy action should be taken fund raising and address the gaps. |
| The HC sents out regular update and information |
| it is fine for me |
| **3. Planning and implementing Cluster strategies**  | For partner to support monitoring form the federal level for quality and high performance of partners activitiesSupport of more surveys for informed decision making |
| Information about funding is open to only the top management in my organisation |
| NA |
| There's need for fund tracking from the Govt assistance.  |
| NA |
| The Sector's planning and strategy is the Sector Lead agency's planning and strategy.  |
| I believe the Fund released by Federal Republic of Nigeria was due to the coordinated Health & Nutrition Emergency Response developed for Borno & other Emergency States. Data presented was buttressed by the series of data generation from the NE in different locations. |
|  more funding opportunities should be sought for outside UN Pockets |
| There should be more involvement of partners during development of response plan and strategy |
| Some local organization need help to develop their proposals. |
| **4. Monitoring and evaluating performance** | Let there be more often reporting in the bulletinMonitoring to proffer recommendation for effective and efficient performance  |
| Through supertive supervision  |
| NA |
| Reporting on strategy and results rarely highlights any activities except those of the Sector Lead agency's.  |
| It is the double population of MAM cases that generated "extended criteria for managing MAM" that led to the decision of reviewing National CMAM guidelines as well as its due for review to include MAM. Moreover, it is the gaps in IYCF data as well as the need for prevention that generated much concern for integrated IYCF & scale-up of MNP administration in IDP Camps & host commodities etc. |
| perfect |
| Cluster bulletin needs to be more frequent and focus on emerging needs, challenges and priority action to be taken. not only on achievement story. |
| The cluster reported on progress towards indicators once; however, the presentation focused on 'gap' percentages, rather percentage achieved thus far. This format discounted the fact that there were still several months before the indicators deadline, therefore, it gave a false impression of underachievement. A presentation comparing actual achievements to the projected targets for the reporting period would have given a more accurate picture of the progress towards indicators; and possibly identified any gaps/delays. As such, a discussion on corrective actions could have taken place if necessary.  |
| **5. Building national capacity in preparedness and contingency planning** | Take action and make plan for other areas in the southern part of the country |
| Collaboration with NEMA in preparedness plan should be considered. |
| Not much  |
| This is the weakest area in the Sector's performance, but the most important in terms of an adequate and quality response that is reactive to the ongoing crisis. |
| Never heard of early warning reports in the sector meetings unless you mean reports like Cadre Harmonise analysis of food and nutrition insecurity |
| Likelihood of the Rainy seasons & its effect on emergency terrain is now being discussed to ensure the liberated communities & outstretched resources of the host communities are supported optimally. |
| perfect |
| Responses provided are for the subnational cluster and not the countryAt the subnational level, there is a contingency plan |
| **6. Advocacy** | To meet more often the government agency for more commitment  |
| Engage fully partner staff and or more staff in the partner organizations to ensure continuity in the case of staff turn over |
| We engaged cummmunities  |
| Rarely discussed, and no apparent strategy. |
| There could be advocacy messages existing but I do not remember discussing any in our meetings |
|  Federal level Organization presently may not have role on advocacy @ this level. Notwithstanding, Crises' burdened States may are likely having some ongoing advocacy activities. Moreover, Advocacy Kits developed @ Federal guides the implementation at State/sub-regional levels across the Federation. |
| perfect |
| INVITATION TO BE EXTENDED TO MY ORGANIZATION FOR ON-WARD PARTICIPATION |
| More strategic advocacy needs to be carried out especially to host Govt.  |
| **7 Accountability to affected people** | It is relative to partners area of opetation |
| Need to enlighten partner organizations on the reporting system for affected women , girls, men and boys |
| I believe at the State & LGA levels, there is a paradigm shift on the linkage among Nutrition, Health & Protection sectors to ensure the food & nutrition security of these victims are met. |
| perfect |

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| **Table 4b. Coordinator Comments** |

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| **Core Function** | **Comment** |
| **1. Supporting service delivery**  | The sector has been struggling to have the right kind of technical and managerial staff that can help enrich the discussion at the sector meeting . Though a lot of analysis of partner presence have been undertaken and gaps and needs identification this information have been minimally utilised in making programmatic discussions.  |
| **3. Planning and implementing Cluster strategies**  | Analysis done on needs and gaps have helped identify funding needs for donors, capacity mapping and needs analysis undertaken by the coordination team and have informed HCT's decision on Funding.  |
| **4. Monitoring and evaluating performance** | Following the quarter one bulletin the follow-up of separating screening for new arrivals was undertaken. Monthly progress update against the sector indicators presented monthly in the sector meeting with profiling of the best performance and worst performing LGA for corrective measures to be taken. contribution of the sector achievements for the OCHA and UNICEF monthly situation update Bi annual Periodic monitoring report PMR produced by the sector. |
| **5. Building national capacity in preparedness and contingency planning** | As the emergency response is based on the north east a rainy season contingency plan and displacement preparedness have been developed jointly with others sectors. Nutrition partners have contributed to their development.  |
| **7 Accountability to affected people** | The discussion on AAP have been minimal in the sector meeting  |

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