**Welcome pack for the [Country] nutrition partners**

*\*\*\*\*\*Delete before distributing:*

* *Greyed fields need to be filled by the NCC with country specific information.*
* *Make sure to attach to this welcome pack the TOR of the C. Additional documents that could be attached (although links should be provided) include: TOR NCC, TOR SNCC, TOR IMO, TOR SAG, TOR TWGs, cluster workplan, latest HNO/HRP…\*\*\*\*\**

*The Global Nutrition Cluster (GNC) and the [insert country name] Nutrition Cluster would like to welcome you to the Nutrition Cluster (NC) [change if name/status is different].*

*Below you will find the basic information any organisation should be aware of and agree with when joining the NC. More specific details on the roles and responsibilities of partners and observers are available in the attached TOR of the NC.*

*For any additional information please contact the NC Coordinator [insert name, phone number and email of the NCC].*

**What is the cluster approach?** [[1]](#footnote-2)

When emergencies occur, coordination is necessary. Good coordination means less gaps and overlaps in the assistance delivered by humanitarian organizations.

The foundations of the current international humanitarian coordination system were set by General Assembly resolution 46/182 in December 1991. In 2005, a major reform of humanitarian coordination, known as the Humanitarian Reform Agenda, introduced a number of new elements to enhance predictability, accountability and partnership. The Cluster Approach was one of these new elements. Global clusters were established and cluster lead agency identified.



Clusters are groups of humanitarian organizations, both UN and non-UN, in each of the main sectors of humanitarian action, e.g. nutrition, health or logistics. They are designated by the Inter-Agency Standing Committee (IASC) and have clear responsibilities for coordination.

The IASC Principals “agreed there is a need to restate and return to the original purpose of clusters, refocusing them on strategic and operational gaps analysis, planning, assessment and results”. The aim of the cluster approach is to strengthen system-wide preparedness and technical capacity to respond to humanitarian emergencies and provide clear leadership and accountability in the main areas of humanitarian response. At country level, it aims to strengthen partnerships, and the predictability and accountability of international humanitarian action, by improving prioritization and clearly defining the roles and responsibilities of humanitarian organizations.

**What does a cluster do?**[[2]](#footnote-3)

The six core functions of a cluster at country level are:

**1. To support service delivery by:**

* Providing a platform that ensures service delivery is driven by the Humanitarian Response Plan and strategic priorities.
* Developing mechanisms to eliminate duplication of service delivery.

**2. To inform the HC/HCT’s strategic decision-making by:**

* Preparing needs assessments and analysis of gaps (across and within clusters, using information management tools as needed) to inform the setting of priorities.
* Identifying and finding solutions for (emerging) gaps, obstacles, duplication and cross-cutting issues.
* Formulating priorities on the basis of analysis.

**3. To plan and implement cluster strategies by:**

* Developing sectoral plans, objectives and indicators that directly support realization of the overall response’s strategic objectives.
* Applying and adhering to common standards and guidelines.
* Clarifying funding requirements, helping to set priorities, and agreeing cluster contributions to the HC’s overall humanitarian funding proposals.

**4. To monitor and evaluate performance by:**

* Monitoring and reporting on activities and needs.
* Measuring progress against the cluster strategy and agreed results.
* Recommending corrective action where necessary.

**5. To build national capacity in preparedness and contingency planning[[3]](#footnote-4)**

**6. To support robust advocacy by:**

* Identifying concerns and contributing key information and messages to HC and HCT messaging and action.
* Undertaking advocacy on behalf of the cluster, cluster members, and affected people.

Accountability to Affected People (AAP) is the mutual responsibility of aid providers and others stakeholders (donors, governments, etc.) to use their power and resources ethically and responsibly to "put people at the centre" of humanitarian actions. In essence, this simply means being accountable for making sure assistance generates the best possible outcomes for all different groups affected by a crisis. This is achieved through consistently applying technical and quality standards, coordinating actions to maximise coverage and minimise risks, gaps and duplication, and listening and engaging with affected people and acting on their feedback. Please consult the following publication for more information by the GNC and Global Food Security Cluster: “[*Mainstreaming Accountability to Affected Population and Core People-Related Issues in the Humanitarian Programme Cycle through the Cluster System*](https://www.nutritioncluster.net/node/5063)”.

In addition to supporting the six core functions of the cluster + AAP, the designated Cluster Lead Agency is the Provider of Last Resort (POLR). This means that, where necessary, and depending on access, security and availability of funding, the cluster lead, as POLR, must be ready to ensure the provision of services required to fulfil crucial gaps identified by the cluster and reflected in the HC-led Humanitarian Response Plan.

**Do Nutrition Cluster members have to abide to humanitarian principles?**[[4]](#footnote-5)

Yes, humanitarian principles provide the fundamental foundations for humanitarian action. Humanitarian principles are central to establishing and maintaining access to affected populations whether in the context of a natural disaster, an armed conflict or a complex emergency. Promoting compliance with humanitarian principles in humanitarian response is an essential element of effective humanitarian coordination.

**Humanity**: Human suffering must be addressed wherever it is found. The purpose of humanitarian action is to protect life and health and ensure respect for human beings.

**Neutrality**: Humanitarian actors must not take sides in hostilities or engage in controversies of a political, racial, religious or ideological nature.

**Impartiality**: Humanitarian action must be carried out on the basis of need alone, giving priority to the most urgent cases of distress and making no distinctions on the basis of nationality, race, gender, religious belief, class or political opinions.

**Operational independence**: Humanitarian action must be autonomous from the political, economic, military or other objectives that any actor may hold with regard to areas where humanitarian action is being implemented.

**What are the 5 principles of partnerships?**[[5]](#footnote-6)

The clusters brings together UN and non-UN humanitarian organizations on an equal footing. They agree to base their partnership on the following principles:

* 1. **Equality**. Equality requires mutual respect between members of the partnership irrespective of size and power. The participants must respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect must not preclude organizations from engaging in constructive dissent.
	2. **Transparency**. Transparency is achieved through dialogue (on equal footing), with an emphasis on early consultations and early sharing of information. Communications and transparency, including financial transparency, increase the level of trust among organizations.
	3. **Result-oriented** approach. Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.
	4. **Responsibility**. Humanitarian organizations have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They must make sure they commit to activities only when they have the means, competencies, skills, and capacity to deliver on their commitments. Decisive and robust prevention of abuses committed by humanitarians must also be a constant effort.
	5. **Complementarity**. The diversity of the humanitarian community is an asset if we build on our comparative advantages and complement each other’s contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, humanitarian organizations should strive to make it an integral part in emergency response. Language and cultural barriers must be overcome.

**What are the core humanitarian standards[[6]](#footnote-7)?**

The Core Humanitarian Standard on Quality and Accountability (CHS) sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide. It also facilitates greater accountability to communities and people affected by crisis: knowing what humanitarian organisations have committed to will enable them to hold those organisations to account.

1. Communities and people affected by crisis receive assistance appropriate and relevant to their needs
2. Communities and people affected by crisis have access to the assistance they need at the right time
3. Communities and people affected by crisis are not negatively affected and are more prepared, resilient and less at-risk as a result of humanitarian action
4. Communities and people affected by crisis know their rights and entitlements, have access to information and participate in decisions that affect them
5. Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.
6. Communities and people affected by crisis receive coordinated, complementary assistance.
7. Communities and people affected by crisis can expect delivery of improved assistance as organisations learn from experience and reflection
8. Communities and people affected by crisis receive the assistance they require from competent and well-managed staff and volunteers
9. Communities and people affected by crisis can expect that the organisations assisting them are managing resources effectively, efficiently and ethically.

**What are the minimum commitments for participation in Clusters?**[[7]](#footnote-8)

Without the constant commitment of cluster participants, predictable coordination will not be achieved.

All cluster partners (including CLAs in their role as implementer alongside other agencies) have a shared mutual responsibility to meet the humanitarian needs of affected people in a timely manner.

The minimum commitments are not prescriptive and should be adapted to actual needs and context, since cluster-based responses vary greatly in scale and complexity. They are a starting point and should be considered as an absolute minimum. Country-level clusters base themselves on this document when they develop or update their TOR and commitments.

The minimum commitments for participation in clusters include:

* Commitment to humanitarian principles, the principles of partnership, cluster-specific guidance and internationally recognized programme standards, including the Secretary-General’s Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.
* Commitment to mainstream protection in programme delivery (including respect for principles of non-discrimination, do no harm, etc.).
* Readiness to participate in actions that specifically improve accountability to affected people, in line with the IASC Commitments to Accountability to Affected Populations[[8]](#footnote-9) and the related Operational Framework.
* A demonstrated understanding of the duties and responsibilities associated with membership of the cluster, as defined by IASC ToRs and guidance notes[[9]](#footnote-10), any cluster-specific guidance, and country cluster ToRs, where available.
* Active participation in the cluster and a commitment to consistently engage in the cluster’s collective work.
* Capacity and willingness to contribute to the cluster’s response plan and activities, which must include inter-cluster coordination. 7. Commitment to mainstream key programmatic cross-cutting issues (including age, gender, environment and HIV/AIDs).
* Commitment by a relevant senior staff member to work consistently with the cluster to fulfil its mission.
* Commitment to work cooperatively with other cluster partners to ensure an optimal and strategic use of available resources and share information on organizational resources.
* Willingness to take on leadership responsibilities in sub-national or working groups as needed, subject to capacity and mandate.
* Undertake advocacy, and disseminate advocacy messages to affected communities, the host Government, donors, the HCT, CLAs, the media and other audiences.
* Ensure that the cluster provides interpretation (in an appropriate language) so that all cluster partners are able to participate, including local organizations (and national and local authorities where appropriate)

**What is the humanitarian programme cycle (HPC)?**[[10]](#footnote-11)

The HPC is a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response. It consists of five elements coordinated in a seamless manner, with one step logically building on the previous and leading to the next. Successful implementation of the humanitarian programme cycle is dependent on effective emergency preparedness, effective coordination with national/local authorities and humanitarian actors, and information management.

The HPC elements are as follows:

**Preparedness**

Preparedness measures taken prior to a crisis assist in making the response more timely, more appropriate to the context and, in some cases, more cost effective.

Emergency response preparedness (ERP) involves anticipating emergencies that are likely to occur and putting in place key components of the response in advance. The GNC has developed a set of specific [Nutrition in Emergency Coordination guidelines for preparedness](https://www.nutritioncluster.net/resource_Nutrition_Cluster_Coordination_Checklist), consult the document for more information.

**N**[**eeds assessment and analysis**](https://www.humanitarianresponse.info/programme-cycle/space/page/assessments-overview)

A coordinated approach to the assessment of an emergency and to the prioritisation of the needs of affected people lays the foundation for a coherent and efficient humanitarian response.

For protracted crises, the depth and volume of information needed for an effective response increases as it evolves. This often translates into a requirement for in-depth cluster/sector, thematic or agency-specific assessments to inform planning and operations, which in turn necessitates a harmonized assessment approach with joint needs analysis.

A humanitarian needs overview consolidates and analyses information on the needs, vulnerabilities and capacities of affected people. It is based on existing information (secondary data) derived from multi-cluster and sectoral assessments, monitoring data, survey results, and contextual judgment of humanitarian actors and of local sources such as national authorities, community bodies and representatives from affected communities. It also outlines the humanitarian risk profile of the country. It is reviewed at regular intervals.

**Strategic response planning**

Humanitarian response plans (HRPs) are required for any humanitarian crisis requiring the support of more than one agency, and are prepared by humanitarian country teams (HCTs) based on a humanitarian needs overview. HRPs build upon humanitarian needs overviews which provide the evidence base and analysis of the magnitude of the crisis and identify the most pressing humanitarian needs. These needs inform the strategic objectives in the HRP. The various cluster plans follow from these strategic objectives. Humanitarian response plans are primarily management tools for the humanitarian coordinator (HC) and HCT. In addition, however they can be used to communicate the scope of the response to an emergency to donors and the public, and thus serve a secondary purpose for resource mobilization. Response monitoring in turn follows the strategic plan, as it seeks to determine whether the goals and targets set in the HRP are actually achieved.

**Resource mobilization**

Resource mobilization is about fundraising for the humanitarian response, as outlined in the flash appeal and/or humanitarian response plans. It is also about using pooled funding mechanisms[[11]](#footnote-12) (if present) strategically to fund in line with the priorities set in the humanitarian response plans. The credibility and accuracy of assessed needs, the strategy and response priorities, and the perceived reasonableness of funding requirements as well as the perception of the ‘collectiveness’ of engagement under the programme cycle, have an impact on donor decision-making.

Moreover the NC Coordinator ensure that overall supply and equipment needs for the emergency response are regularly identified and that the Nutrition Cluster as a whole can identify and address any pipeline issues (‘stock-out’, temporary gaps, etc.).​ Based on Flash Appeal/HRP, the NCC: (i) identifies supply needs and updates planning figures (e.g. case load calculation).; (ii) promotes national and international standards for nutrition supplies and equipment; (iii) facilitates information exchange on type/quantity of supplies/equipment; (iv) anticipates import procedures and requirements; (v) is aware of product characteristics and challenges (shelf life, storage conditions, etc.) and facilitates the planning for preposition and delivery of supplies​; (vi) effectively coordinates among common suppliers (e.g. WFP, UNICEF) and inter-cluster linkages.

With regard to human resources the NCC does identify available in-country capacity (mapping); ​establishes an appropriate mechanisms within the Nutrition Cluster to identify and prioritise capacity building/development needs;​ ensures that a Nutrition Cluster capacity building plan is outlined and integrated in SRP;​ liaise with other clusters to identify common areas/aims of capacity building;​ ensures that any gender imbalances in capacity are identified and addressed, where possible;​ promotes implementation of the capacity building plan;​ ensures that capacity building plans are updated to reflect relevant needs.​

**Implementation and monitoring**

Response monitoring is a continuous process that tracks the humanitarian assistance delivered to affected populations compared to targets set out in the humanitarian response plan (HRP).

Monitoring tracks the inputs, and the outputs resulting from interventions to affected populations, charts the outcomes of cluster activities, and measures progress towards the strategic objectives of the HRP, while considering the diversity of the affected population and their perspectives of the response. It is a key step in the programme cycle as it seeks to determine if the humanitarian community is doing what it has committed to doing in the HRP.

**Operational review and Evaluation**

An operational peer review is an internal, inter-agency peer support tool, which helps determine whether adjustments (or “course correctors”) need to be made to the collective humanitarian response. It is a light, brief, collaborative and forward-looking process undertaken by peers. It is not a real-time evaluation. Nutrition Clusters may be involved in this phase and they can contribute to it by providing their technical insight into the nutrition situation, the response, the target population, the partners, the gaps and challenges.

An Inter-Agency Humanitarian Evaluation (IAHE) is an independent assessment of results of the collective humanitarian response by member organizations of the IASC. IAHEs evaluate the extent to which planned collective results have been achieved and how humanitarian reform efforts have contributed to that achievement.

**What are the NC’s structure and roles of its staff in [country]?**

[please provide information on the organisation of the NC Coordination Team in your Country: staff at national and subnational level, reporting lines, etc. if available attach and organisation chart]

On behalf of the IASC Humanitarian Coordinator and the Cluster-lead agency (CLA) *[Name of the Agency or Ministry]* and in collaboration with the Ministry of Health the Nutrition Cluster Coordinator (NCC) provides leadership and facilitates the processes that will ensure a well-coordinated, adequate, coherent, effective and timely response by members of the Nutrition Cluster (NC). For more information please consult the [TOR of the NC](https://www.nutritioncluster.net/resource_NC_TOR).

[If sub-national cluster exists please provide more information on staff, location, etc. and attach TOR].

**Who are the current partners of the NC?**

[please provide here the complete list of partners]

**What is the Strategic Advisory Group (SAG)?**

The Nutrition Cluster Strategic Advisory Group (SAG) is set up to provide advice to the cluster Coordination Team on strategic and policy issues, in particular when the scope of the crisis is large and or the number of the partners is high. The SAG includes a limited number of NC partner organisations, to facilitate the decision-making process. The members of the SAG will guide the NC to set priorities, will give orientation on critical issues and improve the cluster governance. The membership can be on rotational basis. [provide more information on the national SAG, if established: the members, the mandate, the SOP and attach the TOR].

**What is a Technical Working Groups (TWG)?**

Where there are specific and/or technical tasks that need a concerted work, such as development of guidelines, standards and tools, it may be necessary to establish TWG (Technical Working Group) to ease and speed up the process. It should be endorsed by the members of the larger coordination mechanism.

The most common TWG address programs and topics such as CMAM, IYCF, nutrition information system and micronutrients. In [name of country] the following TWG are currently operating: [provide specific the list and basic information on the TWG active in your country, or in alternative, the following generic statement]. Please consult the TOR of the TWGs for more information.

The TWG generally meet independently, update the Nutrition Cluster on the status of the work, and present the final outputs for feedback and agreement. When the task is completed, the TWG may be disbanded or become dormant, ready to be reactivated as needed.

**Does the [Country] Nutrition Cluster have a strategy, a workplan?**

[please provide here country-specific information on and links to the latest HNO/HRP,NC workplan, guidelines and SOPs]

**Is the Nutrition Cluster performance monitored?**

Yes, through the Cluster Coordination Performance Monitoring (CCPM): this is a country-led self-assessment exercise where country Clusters assess their performance against six core cluster functions and on accountability to affected populations. It can be applied to sector coordination as well.

The process enables all cluster partners and coordinators to identify strengths and weaknesses of performance and agree actions towards improvement.

The CCPM comprises the following stages: planning, survey, analysis and action planning, implementation and monitoring.

It is done 3-6 months after the onset of new crisis, and once every year thereafter. It can be done more frequently if several core functions have been reported as weak. Please visit the [CCPM website](http://unicefintercluster.net/ccpm/node/980) for more information. The last CCPM in [*country*] was done on [*date*] and the final report is available [*here, enter link*].

**When and where do cluster meetings take place?**

[Please specify]

**What type of information do I have to share with the NC Coordination team at the beginning and on regular basis?**

[Please list information that should be provided by the partners to the coordination team and the reporting schedule. If possible, provide direct links to access the tools. Please include all the tools including contact list, capacity mapping tools, assessment plans, etc. in addition to the partner reporting templates and 4W. Please request for more information based on the agreement made by NC partners].

**What type of information will NC Coordination team share with me at the beginning and on regular basis?**

[please specify here the documents and information to be provided which may include: thematic maps, bulletins, updates on research and global/regional/national initiatives, important events, etc.]

**What is the email etiquette?**

Whenever exchanging emails with nutrition cluster partners, please make sure to adhere to the [email etiquette](https://www.nutritioncluster.net/resource_email_etiquette) published on the NC website.

**How can I know more about the Nutrition cluster in [Country]?**

[please provide link to the website, or webpage, contact of the NCC and IMO, link/attach NC bulletins…]

Last updated on [XX.XX.XXX]

1. Adapted from: OCHA, available online [here](https://www.humanitarianresponse.info/en/about-clusters/what-is-the-cluster-approach). Accessed on February 26th, 2020. [↑](#footnote-ref-2)
2. Source: OCHA. (2015). *Reference Module for Cluster Coordination at Country Level*. Available [here](https://www.who.int/health-cluster/about/cluster-system/cluster-coordination-reference-module-2015.pdf). [↑](#footnote-ref-3)
3. Please consult the following publication for more information: GNC. (2020). *Preparedness Guidelines on Nutrition in Emergencies Coordination*. Available online [here](https://www.nutritioncluster.net/resource_Nutrition_Cluster_Coordination_Checklist). [↑](#footnote-ref-4)
4. OCHA. (2010). OCHA on Message: Humanitarian Principles. Available online [here](https://www.unocha.org/sites/dms/Documents/OOM_HumPrinciple_English.pdf). Accessed on February 26th 2020. [↑](#footnote-ref-5)
5. Adapted from: Global Humanitarian Platform. (2007). Available online [here](https://www.icvanetwork.org/system/files/versions/Principles%20of%20Parnership%20English.pdf). Accessed on February 26th, 2020. [↑](#footnote-ref-6)
6. Source: CHS Alliance. (2014). Core Humanitarian Standard on Quality and accountability. Available [here](https://corehumanitarianstandard.org/files/files/Core%20Humanitarian%20Standard%20-%20English.pdf). [↑](#footnote-ref-7)
7. Adapted from: OCHA. (2015). *Reference Module for Cluster Coordination at Country Level*. Available [here](https://www.who.int/health-cluster/about/cluster-system/cluster-coordination-reference-module-2015.pdf). [↑](#footnote-ref-8)
8. These list leadership and governance; transparency; feedback and complaints; participation; and design, monitoring and evaluation. See Revised Action Points, IASC Principals meeting, 13 December 2011. [↑](#footnote-ref-9)
9. These include, but are not limited to, the Generic Terms of Reference for Sector/Cluster at the Country Level, and IASC guidance on particular cross-cutting issues and information management. [↑](#footnote-ref-10)
10. Adapted from OCHA humanitarianresponse.info website. Accessed on 26th, February 2020. And from: IASC. (2015). *The Implementation of the Humanitarian Programme Cycle*. [↑](#footnote-ref-11)
11. Country-Based Pooled Funds (CBPF) are multi-donor humanitarian financing instruments established by the Emergency Relief Coordinator (ERC). They are managed by OCHA at the country-level under the leadership of the Humanitarian Coordinator. Donor contributions to each CBPF are un-earmarked and allocated by the HC through an in-country consultative process. [↑](#footnote-ref-12)