EVALUATION OF THE SUPPORT PROVIDED BY THE GLOBAL NUTRITION CLUSTER TO NATIONAL COORDINATION PLATFORMS

WITH SPECIAL FOCUS ON THE FUNCTIONING OF THE GNC RAPID RESPONSE TEAM AND SUPPORT PROVIDED BY THE GNC-COORDINATION TEAM

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Stockholm and Geneva, 28 January 2015

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The evaluation in some numbers:

2 CONSULTANTS

40+ DAYS OF WORK

49 PEOPLE CONTACTED FOR INTERVIEWS

42 INTERVIEWED

14 COUNTRIES CONTACTED WHERE INTERVIEWEES WERE BASED

5 RRT MEMBERS INTERVIEWED

6 PEOPLE FROM HOST AGENCIES INTERVIEWED

5 GLOBAL CLUSTERS CONSULTED

2500 MINUTES (APPROXIMATELY) SPENT ON SKYPE AND PHONES FOR INTERVIEWS.

And 1 severe concussion was overcome and more than 100 cups of coffee drank to ensure that the report would be ready in time…

GNC RRT leads the Nutrition Cluster meeting in Malawi

March 2015

by Anna Ziolkovska

GNC RRT provides orientation to UNICEF staff and partners on cluster approach in Kiev, Ukraine

March 2015

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“The GNC is a partnership based around the principles of equality, transparency, responsibility and complementarity. The global clusters areas of responsibility are first and foremost a coordination mechanism, with its purpose being to enable country coordination mechanisms to achieve a strong nutrition response in emergencies.”

ACRONYMS

ACF	Action Contre la Faim/Action Against Hunger
CAR	Central African Republic
CO	Country Offices
CC	Cluster Coordinator
CCPM	Country Cluster Performance Monitoring
CLA	Cluster Lead Agency
CMAM	Community Management of Malnutrition
DFID	Department for International Development (UK)
ECHO	European Commission Office Humanitarian Action
GCCU	Global Cluster Coordination Unit
GNC	Global Nutrition Cluster
GNC-CT	Global Nutrition Cluster Coordination Team
HR	Human Resources
IM	Information Management
IMC	International Medical Corps
IMO	Information Management Officer
IRRM	Integrated Rapid Response Mechanism
IYCF	Infant and Young Child Feeding
L2	Level 2 Emergency
L3	Level 3 Emergency
NCC	Nutrition Cluster Coordinator
NGO	Non-governmental organisation
NiE	Nutrition in Emergencies
OECD-DAC	Organisation for Economic Cooperation and Development - Development Assistance Committee
PCA	Partnership Cooperation Agreement
RRT	Rapid Response Team
SAG	Strategic Advisory Group
SC-UK	Save the Children United Kingdom
SRP	Strategic Response Plan
TOR	Terms of Reference
UNICEF	United Nations Childrens Fund
WASH	Water and Sanitation
WV	World Vision

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EXECUTIVE SUMMARY

This evaluation primarily looked at the functioning of the rapid response team (RRT), which is the part of the overall Global Nutrition Cluster (GNC) support to the national nutrition coordination platforms under the Pillar 3 of the GNC Strategic Plan. The evaluation's objective was to assess, systematically and objectively, the relevance, effectiveness, efficiency, connectedness, coverage and sustainability of the GNC RRT support role to countries in L-3 emergencies and chronic crises, and the relationships with the partners hosting the RRTs. It provided analysis and recommendations to assist the GNC-Coordination Team (GNC-CT) and the Strategic Advisory Group (SAG) in making concrete improvements for providing support to national platforms with the most focus on the surge support mechanisms. The secondary focus of the evaluation included analysis of the broader GNC-CT operational and surge support to country coordination platforms.

The evaluation covered the period March 2012 through September 2014, comprising the full period during which the GNC RRTs were deployable. Qualitative date collection and analysis was conducted using select OECD-DAC evaluation criteria. Interviews with forty-two key informants was conducted and complimented by an extensive desk review.

FINDINGS

Relevance and Appropriateness

The vast majority of key informants regarded the GNC RRT system as relevant, appropriate and essential. The RRT members worked during deployments on all 6 cluster core functions[1] although the primary focus varied from mission to mission or even over time within a mission depending on the priority needs.

The RRT work was closely aligned with needs on the ground. The RRT system was regarded as covering Nutrition Cluster/Information Management (NC/IM) needs in difficult situations in a short time and its flexibility is part of its success. The evaluation team also found that there is a strong belief amongst many stakeholders that the surge for emergencies needs to be expanded supporting clusters on technical issues such as, but not limited to, coordinated nutrition assessments and CMAM and IYCF issues and programing.

Many stakeholders felt there was a need to better respect and protect the allocated time utilization for RRT members' responsibilities. This is both in order to have a better duty of care for the RRT members and to respect the commitment and engagement of host agency partners. The cumulative

1. Support service delivery; Inform HC/HCT's strategic decision making; Plan and develop strategy; Monitor and evaluate performance; Build capacity in preparedness and contingency planning; Advocacy.

deployment time of the RRT members was 43%, which is below the allocated 50% maximum. The host agencies only had on average 18.5% of the RRT member's time instead of the 25% originally agreed upon. Furthermore the evaluation team found that the unpredictability of deployments had a negative impact on fulfilling work plan activities for both the GNC and for the host agency.

There was varying understanding among the host agencies as to whether the 25% allocated 'host agency' time of the RRT was to be used support capacity building on the cluster approach within the host agencies or whether the time was to be used for general *nutritional technical* support within the host agency.

The RRT members were found primarily to be used as kick-starters in times of a L3 emergency where the nutrition cluster had just been activated and as gap fillers where UNICEF as the Cluster Lead Agency (CLA) had not yet identified adequate staff. In terms of relevance and appropriateness of deployment, all RRT deployments were aligned to the deployment criteria. From the total of twenty-two deployments, almost two-thirds (fourteen) of the deployments concerned an L3 emergency.

All deployment requests were reviewed and agreed to by the Steering Committee that was made up of the GNC-CT and the 4 participating host NGOs. The Steering Committee was familiar with deployment criteria but there was no defined prioritisation of deployment criteria. Additionally, there was no formalised system to help the Steering Committee members evaluate a deployment request either within the specific context or in relation to on going or potential deployments.

Comprehensively the GNC-CT was found to provide relevant and appropriate support to national platforms and was viewed as very supportive and responsive, good at communication and played a crucial role providing information. However the evaluation team noted that there is a perceived weak communication link between the GNC-CT and the SAG members in relation to the RRT system and activities.

Effectiveness

The evaluation team found the rapid response mechanism to support national nutrition clusters to be effective and timely. Deployment within 72 hours is viewed as ideal in case of a new emergency but not realistic given the constraints placed on obtaining visas.

The evaluation team noted that there was a division of opinion among stakeholders: some stakeholders felt that information management support could be provided through alternative mechanisms such as by standby partners thereby alleviating the cost and administrative burden of having a standing IM rapid response force where as other stakeholders felt that it is essential that every cluster coordinator is deployed with an information officer. On the other hand, the evaluation team noted consistent strong belief that the surge for emergencies needs to be expanded to technical people that can be deployed as technical rapid response support on technical areas such as CMAM, IYCF, and nutrition assessments. But there is no clear consensus on the modality of such a technical deployment model to improve the technical understanding, discussion and joint programme planning at the cluster level. The majority agreed that UNICEF as the CLA is responsible to provide such nutrition technical surge.

The evaluation found that there is agreement that the RRT system contributed to overall better coordination of the emergency response. However the evaluation team gathered the widespread belief that basic human resources support to emergency response could possibly be provided in more appropriate ways than through the deployment of an RRT member. The example of the numerous RRT and GNC-CT support to the South Sudan response (although technically falling within deployment criteria) was often noted as prime example of overuse of the RRT mechanism. UNICEF's long recruitment procedures were largely criticised as inadequate by the majority of the interviewed stakeholders.

The management of the RRT system by partners had a positive effect on the GNC's global credibility since it highlighted that the cluster is not something driven by UNICEF. It was also noted that the partnership based RRT system worked effectively with good collaboration between the GNC-CT and the host agencies. The recruitment and retention of rapid response personnel was found to be a significant challenge for the majority of the host agencies.

The evaluation found that the GNC-CT has improved coordination of the humanitarian response primarily through fundraising, partnership building/ advocacy and direct support to national platforms.

However the effectiveness of the GNC-CT support to national coordination platforms was affected by management at country level and general lack of understanding at the national level of the CLA's responsibilities with reference to national nutrition clusters. Senior level GNC-CT deployments to support national platforms were very important for creating understanding and putting systems in place however at a high price to the functioning of the GNC.

Efficiency

The majority of relevant stakeholders indicated that the current GNC RRT system was not have an efficient funding mechanism since 14% of the total project budget for the RRT system is absorbed in administrative costs (7% by UNICEF and 7% by the host agency). Some donors acknowledged that the RRT model was perhaps not the most cost-effective, due to the double burden on administration fees, but was a convenience model for them to have one reporting agency and one contractual partner. On the other hand, placement of the RRT members within host agency partners was in fact a cost-saving measure in terms of the overall economic cost of the GNC RRT system. The costs incurred by the GNC RRT system, with outplacing of RRT members in NGO host agencies, were significantly less[2] than if the RRT members were recruited via the GNC/UNICEF.

The GNC-CT efficiently mobilized resources at its disposal to fulfil its responsibilities to support countries as successfully as possible. The GNC-CT had a multi-pronged approach for fulfilling surge requests whereby there was the engagement of established standby partners, the use of RRT members, deployment of GNC-CT staff, or temporary redeployment of UNICEF staff. The efficiency of the GNC-CT to mobilize human resources to support national platforms was affected by the fact that a functioning, integrated, UNICEF-wide strategy for surge capacity and for developing coordination staff is lacking[3].

Coherence/connectedness

The role of regional offices remains unclear and country clusters were not always adequately supported in their coordination needs resulting in a mis- or over-use of RRT support in some instances. Most interviewed stakeholders stated that if several consecutive deployments from various RRT members have taken place in the same emergency, UNICEF as CLA should provide NCCs from within UNICEF (regional or another CO) in temporary re-deployment schemes if recruitment of a long term NCC remains an issue. Furthermore the coherence of the RRT support to national coordination platforms was negatively affected by the general lack of understanding of the cluster approach at the UNICEF country office. Roles and responsibilities, including lines of accountability, are often not clearly understood.

The GNC-CT was found to be actively working towards improving the coherence of its work. A costed work plan and fundraising strategy are two new significant steps for the collective GNC, providing a coherent structure which to move forward with.

Coverage

The evaluation team found that the coverage of the RRT support was adequate in terms of availability (fulfilling of requests for support was improved from 67 to 100%), geographic coverage (all regions except southern/central America received support) and temporal coverage (average of 7 weeks per deployment). The RRT members (in total 6) were deployed 22 times in 9 countries.

The GNC-CT has contributed to improved in country coverage of humanitarian coordination needs through efforts to supply a combination of RRT members, stand-by partner deployments and GNC-CT in-country deployments and visits resulting in more than half of the cluster countries receiving direct support for their coordination needs.

Sustainability

The GNC RRT was very effective during rapid response deployment; however, there needed to be more focus on the time in-between the RRT deployment and the longer-term human resource solutions. If successes are to be built upon there needs to be someone to hand over to. Lengthy and complicated recruitment procedures within the CLA and difficulties in recruiting cluster staff meant that the time between a RRT member and the recruitment of a longer term position could quite easily span months. Moreover, the evaluation team found that retaining RRT staff was suboptimal both

2.The average cost was USD 170,000 per RRT member in the NGO host agency model. If the RRT member were employed directly through the GNC/UNICEF the cost would be roughly USD 209,000 – 248,000 plus an additional budget for travel.

3. As building on the finding from the 'Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action Final Report (CLARE Report)', UNICEF 2013

in terms of duty of care for the RRT personnel and for the efficiency and sustainability of the GNC RRT system. Only one third of the GNC RRT members have continued their contracts beyond the initial one-year commitment. RRT members developed a wealth of experience that could be more optimally utilized. Host agencies and donors pointed out the difficulties on finding and hiring competent RRT members.

Many key informants felt that the funds used to cover double administrative costs as a result of the money passing through UNICEF could be better used in direct project costs. Also from a strengthened partnership point of view there was the opinion that direct funding of NGOs would be preferable (as opposed to contracting through UNICEF). Stakeholders agreed that a crucial system had been established but it could not remain in the current format forever and that there will need to be a change.

The experienced RRT members are a highly experienced and qualified resource that are currently underused and could contribute more to capacity building initiatives. The evaluation found that RRT members did not work much on disaster preparedness during deployment and non-deployment and there was no clear consensus on how this concretely needed to be done. However, many agreed that RRTs could and should work on preparedness.

GNC-CT staff have meet obligations to the Integrated Rapid Response Mechanism (IRRM) as set out by the Transitional Agenda with deployment as required. However, it was widely felt that the deployment of the GNC-CT to support national platforms (both as part of the IRRM or otherwise) resulted in global duties being neglected due to the small size of the global coordination team. Some key informants stated that UNICEF as CLA should explore deploying senior staff for cluster responsibilities in a L3 emergency similarly as it is done for UNICEF programmes. There needs to be a balance found between GNC-CT deployment and the essential functioning of higher level activities at the global level.

Some stakeholders felt that sustainable impact in the GNC setting was possible and actually happened. The RRT system showed great partnerships and it showed working for the collective good was possible thereby strengthening trusts between partners.

RECOMMENDATIONS[4]

In order to improve the GNC Rapid Response System the evaluation team recommends to keep and protect the time division of a RRT member at 50% (max!) for deployment and 50% for non-deployment (equally distributed amongst the GNC and the host agency). Additionally, it is important to collectively (re)define the boundaries of how the allocated host agency time is utilized. The evaluation team further recommends prioritizing deployment criteria and developing decision-making tools for use by the Steering Committee. It also advised that emergency/deployment specific TOR are developed prior to deployment with defined deliverables relevant to coordination activities. Furthermore, respect the skills, capacity and intent of the rapid response team by limiting the amount of gap filling. The team urges to improve the sub-optimal retention of RRT staff.

The GNC is recommended to develop an operational support plan for the GNC-CT that engages national clusters in a systemic as opposed to ad-hoc manner. In addition, identify modalities for improved strategic engagement of GNC partners/SAG in support of national platforms. It is recommended that the deployment of GNC-CT staff fulfils critical support missions and that contingency plans are put in place to minimize impact on core business functions of the GNC.

Development of a surge support plan for the coming years with clear and concrete assumptions on magnitude (numbers/duration) of emergency support was seen as essential as well as working on implementing a timely plan to meet those needs. The evaluation team recommends mapping IM surge needs of national coordination platforms and consider whether alternative mechanisms for IM officers (IMOs) deployment are viable. It also advises to continue to explore ways in which national clusters can have improved access to technical rapid support in areas such as CMAM, IYCF and nutrition assessments. It is recommended to further explore alternative funding modalities for the RRT system such direct funding to an NGO consortium instead through the CLA.

Concerning advice vis-à-vis the CLAs responsibilities, it is important to reinforce deployment from regional or country office staff for support to national clusters and to fill extended capacity gaps. It is

4. There are a large number of recommendations that stem from the evaluation findings. For a more nuances and contextualized understanding please refer to the 'Recommendations' section in the main report.

seen as essential to define and strengthen the role of the regional offices in supporting national clusters without regionalisation of the RRT system. It is found important to continuously increase awareness among UNICEF staff on the responsibilities of the CLA at the country level. The CLA should work further on an integrated strategy for surge capacity and a UNICEF-wide effort for developing coordination staff in order to improve the range of human resources available to respond to national coordination platform surge needs in a timely way. While the RRT and the GNC-CT are a valuable resource they should not be the only support available to support coordination needs at the national level. Improved support from regional offices and other deployment mechanisms such as standby partners or internal UNCIEF re-deployment could be expanded in order to provide a menu of options that would fit variable needs. Lastly, it is recommended to improve recruitment practices in general for coordination staff and with a special focus on shortening the recruitment time in between the RRT deployment and the longer-term staff placement.

2 GENERAL BACKGROUND TO THE GLOBAL NUTRITION CLUSTER

The GNC is a partnership based around the principles of equality, transparency, responsibility and complementarity. The global clusters areas of responsibility are first and foremost a coordination mechanism, with its purpose being to enable country coordination mechanisms to achieve a strong nutrition response in emergencies. The GNC supports country coordination in strategic decision-making, planning and strategy development, advocacy, monitoring and reporting, and contingency planning/preparedness.

The GNC Strategic Plan for 2014 - 2016 is structured around 4 pillars to improve humanitarian coordination in the nutrition sector, each of which has strategic objectives and key activities.

1. Partnership, communication, advocacy, and resource mobilization

2. Capacity development in humanitarian coordination

3. Operational and surge support to country clusters

4. Information and Knowledge Management

This replaces and updates the GNC Strategic Vision document 2011-2013 which had similar four strategic areas with Strategic Area 3 covering Capacity Development, HR and Operational Support.

In order to efficiently carry out these accountabilities, in 2006 UNICEF created the GNC-Coordination Team (CT) at the global level. Overall the GNC-CT provides leadership, in consultation with the Strategic Advisory Group (SAG) made up of key elected cluster partners, to the broader global partnership and direct support to cluster countries. It also acts as the secretariat of the GNC and is responsible for the day-to-day coordination around cluster coordination in nutrition emergencies. The GNC-CT facilitates the development and implementation of GNC Work Plan and facilitates inter-cluster coordination at global level and links the work of the GNC with other clusters, including the Global Food Security Cluster, the Global Health Cluster, the Global WASH cluster as well as UNHCR on Nutrition Sector Coordination in refugee camps; implements parts of the GNC work plan, and monitors the GNC-CT Work Plan on a monthly basis.

3 GLOBAL NUTRITION CLUSTER SUPPORT TO NATIONAL PLATFORMS

3.1 THE GLOBAL NUTRITION CLUSTER COORDINATION TEAM

The Global Nutrition Cluster Coordination Team (GNC-CT) is composed of the GNC Coordinator and the Deputy Coordinator. The GNC-CT supports country clusters through remote support and in-country support visits to ensure effective coordination functions on the ground. The GNC-CT focuses its support to country clusters on coordination and IM functions. Where there is a gap in *coordination* capacity the GNC-CT focuses its ca-

pacity development efforts on skills most relevant to cluster coordination at the country level. When the situation requires the GNC-CT is also instrumental in the provision of additional surge staff (i.e. Rapid Response Team (RRT) members or standby partners) to support coordination and IM needs at country level. Where there is a gap in *technical* guidance or capacity, the GNC-CT shares details of existing resources and mechanisms and advocates for partners with this capacity to fill and/or address these gaps.

With particular reference to the operational and surge support to country clusters (Pillar 3 of the GNC Strategic Plan 2014-2016) the main objectives of the GNC are 1) to ensure effective augmented nutrition coordination and information management support for emergency response and 2) to enable country cluster staff to access required technical support.

Under Pillar 3 of the GNC-CT Strategic Plan the main responsibilities are:

- To ensure that the GNC collectively addresses issues of surge capacity and operational support;
- To support country surge capacity, i.e. identification of Cluster Coordinators, Deputy Cluster Coordinators, IMO;
- To ensure that the GNC collectively addresses issues of surge capacity and operational support;
- To manage the Rapid Response Team (and actively fundraises for this);
- To engage with Standby Partners to advocate for nutrition coordination and information management surge staff;
- To manage the GNC roster, Nutrition Cluster Coordinators and Information Managers Officers (identification, updating of the roster with HR), for NiE technical specialists and related administrative systems.

3.2 THE GLOBAL NUTRITION CLUSTER RAPID RESPONSE TEAM

Since 2012, UNICEF as a CLA has worked to expand the RRTs for clusters that did not previously have dedicated deployable staff available to provide support to the coordination function. Currently each UNICEF led cluster has a number of RRTs. The purpose of the RRT is to increase the capacity of the GNC to support cluster coordination and information management functions through rapidly deployable (surge) Nutrition Cluster Coordinators' (NCC) and Information Management Officers' (IMO) technical capacity in humanitarian situations. This is to enable timely and coordinated response that then ensures improved emergency nutrition interventions.

The GNC's RRT is a partnership between the GNC/CLA and four GNC partners. Funds for the RRT are raised by UNICEF as the CLA and are then passed down through funding agreements in the form of Programme Cooperation Agreements (PCAs) to the following partner agencies: Action Against Hunger — USA[5] International Medical Corps (IMC), Save the Children — United Kingdom and World Vision Canada with financial support from ECHO and DFID. The partner host agencies are responsible for the recruitment and management of the RRT personnel including facilitating deployment related administrative issues.

The GNC's RRT mechanism was established in 2011 with one nutrition cluster coordinator as RRT member. With financial support from ECHO and DFID, the GNC RRT team expanded in 2013 and during the period 2013-2014 there was funding for five RRT members – three nutrition cluster coordinators and two information management officers. RRT members are available for deployment within 72 hours of the surge request for up to 8 weeks with a possibility of an extension for a total of up to 12 weeks. As per the contractual agreements 50 per cent of RRTs working time is spent on deployment. In addition, RRT members spend at least 25% of their non-deployment time on host agency tasks. The remaining 25% is spent on supporting the activities outlined in the GNC work plan. Each RRT member develops a work plan that outlines deliverables for the non-deployment period, right from the beginning of their contract and this WP is agreed upon by the host agencies and consolidated at global level by the GNC-CT.

When deployed the GNC RRTs are supposed to facilitate and support nutrition cluster coordination processes at national and sub-national levels as per IASC six core cluster functions[6] and accountability

5. ACF-USA is the holder of the PCA but the RRT is managed by ACF-UK.
6. Support service delivery; Inform HC/HCT's strategic decision making; Plan and develop strategy; Monitor and evaluate performance; Build capacity in preparedness and contingency planning; Advocacy.

to affected population including in one of the following capacities:

Nutrition Cluster Coordinator (NCC):

- Coordinates the identification of needs, responses and gaps for the nutrition cluster;
- Facilitates the development of a nutrition cluster emergency response strategy;
- Engages key stakeholders from governments, national or international NGOs, UN agencies, and donors in the above mentioned activities;
- Coordinates nutrition partners to ensure that gaps are being identified and filled and overlaps are minimized;
- Provides technical guidance / coordination for nutrition cluster partners on the key technical nutrition intervention domains;
- Works with cluster partners to ensure that emergency preparedness and early recovery activities are adequately incorporated in response strategies.

Information Management Officer (IMO):

- Provides management for information on needs, responses and gaps
- Reports timely and accurately amongst cluster partners
- Produces and disseminates information products (e.g. needs and activity summaries, maps of interventions and gaps, cluster website and contact lists).

The RRT members can be deployed for:

1. A declared L3 emergency
2. A rapid onset emergency or rapid deterioration of pre-existing situation
3. The threat of forecast of L2 or L3 emergency

4. An unpredictable and sudden loss of CC/IM capacity in an established cluster

5. To strengthen underperforming CC/IM platforms in an established cluster.

3.3 MANAGEMENT OF THE RAPID RESPONSE TEAM

The GNC RRT members are directly managed at the global level by the GNC-CT and the responsible host agency; at the national level RRT members are remotely supported by the GNC-CT and host agencies while they report directly to their line supervisor in country.. The GNC RRT Steering Committee, which consists of GNC-CT and RRT partner agencies, takes decisions on the appropriate use of RRT members following the receipt of an agreed Terms of Reference and request for deployment. The GNC RRT Steering Committee reviews each request for the deployment of the RRT member against agreed deployment criteria. All requests for RRT deployments from declared Level 3 emergencies, major non-Level 3 and other protracted emergencies are tracked. Additionally the time usage of each RRT member is tracked in order to monitor deployment time and to have a concise up-to-date record for each RRT member.

The target of the RRT system is to respond to at least 80% of such requests in a timely manner within 72 hours of a request taking into consideration any restraints related to visa processing. Once approved, the RRT member is deployed for a maximum of 12 weeks to either set-up a coordination mechanism in a newly activated cluster or to support the existing national cluster coordination mechanism. RRT deployment modalities have been refined during the implementation of the project, and the agreed procedure is for team members to deploy into the UNICEF Country Office using the standby partnership agreement, which each hosting agency has signed. The goal is to establish a coordination mechanism that contributes to an effective and collective international response that meets the actual needs of the affected population within the overall framework of the national response, including collective development and implementation and monitoring of the country Strategic Response Plan (SRP).

After every deployment, the RRT member submits an end of mission report to the country office, GNC-CT and the RRT partner agency that seconded the RRT member. This report details the achieved results, constraints and lessons learned during the mission as well as recommendations and follow-up actions required to be completed after the RRT members leaves the country. From June 2014 onwards each RRT member was evaluated by the CO and such records are used to tailor mentoring of the RRT member in order to improve performance. Following deployments, each RRT member is entitled to a number of days off to prevent stress accumulation and burnout syndrome as per HR regulation of their host agencies.

4 EVALUATION APPROACH AND METHODOLOGY

4.1 SCOPE OF THE REVIEW

The evaluation focuses on the period March 2012 through September 2014, comprising the full period during which the GNC RRTs were deployable. This evaluation distinguishes two different periods of the use by the GNC of the RRT system covering 2 years and 5 months:

- From May 2012 – May 2013 – with 1 RRT member (NCC)

- From June 2013 – September 2014 – with 5 RRT members (3 NCC, 2 IMO[7])

The evaluation looks at four different aspects of tasks performed by the RRT and GNC-CT:

By RRT (75% of the evaluation)

1. Surge support provided through the RRT mechanism in emergency countries (50% of RRT member's deployment time);

7. One of the NCC's ended their contract early and left the team in June 2014. Therefore June-September 2014 there were only 2 NCCs and 2 IMOs.

2. Support by RRT to GNC-CT (25% of RRT member's deployment time);

3. Support by RRT to host agency, i.e. agency that employs the RRT member (25% of RRT member's deployment time).

By GNC-CT (25% of the evaluation)

4. Operational support by GNC-CT in the countries[8] where RRT members were deployed to and to an additional 3 selected countries[9] (in relation to pillar 3 operational and surge support).

The main focus of the evaluation is on the RRT mechanism, which is the part of the overall GNC support to the national nutrition coordination platforms under the Pillar 3 of the GNC Strategic Plan. The evaluation's objective was to assess, systematically and objectively, the relevance, effectiveness, efficiency, connectedness, coverage and sustainability of the GNC RRT support role to countries in L-3 emergencies and chronic crises, and the relationships with the partners hosting the RRTs. This offers an opportunity to re-think the way in which the GNC defines and strives for more effective support to national Coordination Platforms. It was also an opportunity to explore what is required to adapt in line with lessons learned. It also examined the comparative advantage of this mechanism compared to other surge supports, and whether the current RRT mechanism or RRT concept in general is sustainable. It provided analysis and recommendations to assist the GNC-CT and the Strategic Advisory Group (SAG) in making concrete improvements for providing support to national platforms with the most focus on the surge support mechanisms.

The secondary focus of the evaluation focused on the broader GNC-CT support to country coordination platforms in relation to operational and surge support. As the range of the activities related to the RRT support to national coordination platforms was not independent of the support the GNC-CT provides to those coordination platforms, it is therefore important to evaluate a fuller range of support provided by the GNC-CT. In addition to the 8 countries where RRTs were deployed, the GNC provides variable levels of operational support to approximately 10 additional cluster countries (total cluster countries are approximately 18 depending on activation and de-activations over time). Limitations within the evaluation scope prevented all 18 countries from being included, so a selected 3 countries (Afghanistan, Kenya and Ethiopia) where RRTs were not deployed plus the 6 countries (CAR, South Sudan, Philippines, Pakistan, Chad, Somalia) where RRTs were deployed were included to represent the GNC-CT support.

4.2 METHODOLOGY

The evaluation was based on qualitative data collection and analysis between October and December 2014. An extensive desk review was conducted (see Annex 1) and interviews were held with 42 key informants. All previous and present RRT members were contacted for interviews however one of the six was not available. In addition, the evaluation gathered information from the GNC-CT, the SAG, RRT hosting partner agencies, other Global Clusters, relevant donors and relevant UNICEF staff including in-country supervisors for RRT missions. Additionally, interviews were held with cluster coordination team members in Afghanistan, Kenya and Ethiopia in order to further evaluate the support provided by the coordination team of the GNC. GNC-CT support was gauged in the six countries South Sudan, Chad, Philippines, Pakistan, CAR and Somalia, where RRTs have been deployed. (See Annex 2 for a complete listing of interviewees). Interviews lasted on average 60 minutes although for some key informants time was extended in order to be able to cover the wise range of information they were in a position to discuss. Extensive notes of every interview we taken. At the end of the data collection the interview content was compiled under the various criteria of examination and key themes and findings were teased out. Secondary documentation was further reviewed in order to triangulate and support the findings. Based on the strongest findings, recommendations were developed.

The evaluation broadly answered the following questions[10]:

Relevance/appropriateness:

- How closely is the RRT support aligned with coordination needs in country?

- How effectively have the RRTs utilized the 50% of their time and how have they used

8. South Sudan, Chad, Philippines, Pakistan, CAR and Somalia

9. Afghanistan, Ethiopia, and Kenya

10. The evaluation TORs identified the key OECD-DAC criteria to apply as well as the overarching questions.

their time when not deployed in the field, especially the activities done while working with the hosting agency and the GNC-CT.

- Is this model of 50%+25%+25% useful? Should this model be revised? How does this compare to other RRTs mechanisms such as the WASH Model?

- How relevant/appropriate is the support provided by GNC-CT? What are the lessons learned?

Effectiveness

- To what degree has the GNC-CT and the RRT contributed to improved coordination of emergency response through the support provided to countries?

- To what degree the RRT mechanism serves as an effective mean for surge response, including analysis of effectiveness of deployment process (i.e. all requests for RRTs are met within 72 hours of the request receipt)?

- How did the RRT partner agencies support the GNC RRT mechanism (recruitment, deployment, other support) and was the support adequate[11]?

- How has this RRT model had an impact on global cluster partners' participation and engagement in global cluster issues, within the RRT project and beyond?

Efficiency

- What resources has the GNC had at its dis-

11. In relation to contributing to the core functions
12. Other mechanisms will be identified through interviews with cluster coordinators

posal to fulfil its responsibilities to support countries as successfully as possible and have they been adequately harnessed?

- To what extent is the current RRT model a good use of resources as examined through the appropriate use of the 50%-25%-25% model? Are their suggestions or evidence for more cost-effective mechanisms that will provide similar or better results in providing support to Nutrition Coordination Platforms in humanitarian contexts?

- What are the comparative advantages of the RRT mechanism vis-à-vis other mechanisms[12]?

Coherence/Connectedness

- How clearly have the support mechanisms given by the GNC-CT been linked among themselves with other relevant initiatives and with the regional levels?

- Have any of the RRT deployments contributed to improved coherence in the overall humanitarian response in country?

Coverage

- To what extent has the GNC RRT and support by the GNC-CT improved the reach of humanitarian coordination within the nutrition sector, both in terms of geographic and temporal coverage, through enhanced support to national Coordination Platforms within L3 context?

- What are the trends in requests for support, fulfilment of requests, and availability of members for deployment? Has the GNC RRT and GNC-CT been able to meet the needs for national coordination and technical support?

Sustainability

- Has this immediate support of the GNC-CT and RRT resulted in the immediate improvement of in-country coordination and in facilitating a response capacity? Has it enhanced the long-term coordination?

- How does RRT contribute to transition process (where Governments and /or partners take over the coordination mechanisms)(if at all), to preparedness and capacity building?

- How RRT mechanism contributes to the capacity of GNC to fulfil its obligation under the Integrated Rapid Response Mechanism (IRRM) framework?

- What are the key findings from other cluster RRT evaluations/reviews and how do those compare with this current GNC evaluation? Using that evidence, what are the future requirements in relation to possible expansion of this system? What are potential recommendations for adaptation to an alternative/ modified system?

A more detailed list of guiding questions that was used during interviews is included as Annex 4.

5 FINDINGS

5.1 RELEVANCE/APPROPRIATENESS

5.1.1 Relevance and appropriateness of RRT support to national platforms

Results on relevance of deployment

The vast majority regarded the GNC RRT system as relevant, appropriate and essential. The RRTs worked during deployments on all 6 cluster core functions although the focus varied from mission to mission or even over time within a mission depending on the priority needs. However, the first RRT member was also deployed for some specific functions[13] outside of the scope of general deployment criteria highlighting that the appropriateness of deployment has improved over time (see also below).

"The RRT is an invaluable resource and one we need to carry on with."

A SAG Member

The evaluators found that RRT members' work to be closely aligned with needs on the ground. RRT system was regarded as covering NC/IM needs in difficult situations in a short time and its flexibility is part of its success. The terms of

13. For example to write a NC strategy (Chad 1x), assessment of a coordination mechanism (Mauretania 1x), to assist the UNICEF CO identifying measures to strengthen partner engagements (Chad 1x)

reference (TORs) of the RRT members were developed by the requesting country offices and it was found that in general they were 80 to 100% based on the generic NC/IM TORs provided as guidance by the GNC. It was found that the RRTs rarely had an opportunity to discuss the TORs before entering a country response. The generic TORs, as well as limited engagement prior to arrival, meant that RRT members routinely had to spend valuable time clarifying their roles and responsibilities, discussing potential deliverables, understanding priorities, etc. This was found to eat into the operational time available to the RRT members and to put a burden of role definition upon the individual RRT members. Improved TORs sculpted more to the needs on the ground with defined deliverables and an opportunity to discuss prior to arrival in country would improve the immediate relevance and appropriateness of deployment time as well as improving the efficiency of deployment time by freeing up more deployment time for direct operational issues. Furthermore, the need to identify appropriate lines of reporting and internal accountability prior to the RRT's arrival in country was further identified by the evaluation team. This builds upon the issue as highlighted during the RRT Retreat in mid 2013[14]. In some deployments RRT members spent relatively considerable time arranging and clarifying internal reporting and accountability mechanisms and in some circumstances the RRT NCC was still obliged to report to those responsible for UNICEF programmatic areas as opposed to the recommended senior management.

"Most RRT members are regarded as highly skilled staff with most up to date knowledge on cluster related issues because of their frequent exposure to both NC in-country and GNC."

The evaluation team

The evaluation team also found that there is a strong belief amongst many stakeholders that the surge for emergencies needs to be expanded to technical people that can support clusters on technical issues such as, but not limited to, coordinated nutrition assessments and CMAM and IYCF issues and programing. But there is no clear consensus on the modality of such a technical deployment model. The majority agrees that UNICEF is responsible to provide such nutrition technical surge at least for IYCF, CMAM. At the same time it is agreed that UNICEF does not currently provide in a sufficient way such technical support to the global and national nutrition cluster (but rather deploys nutritionist to emergencies for UNICEF programme work). NGOs are seen to be able to provide technical surge capacity but do not have the enough capacity/funding to currently do so. In the absence of enough technical support currently, there is the a widespread idea that rapid response personnel should be made available to address these technical issues in addition to addressing coordination issues.

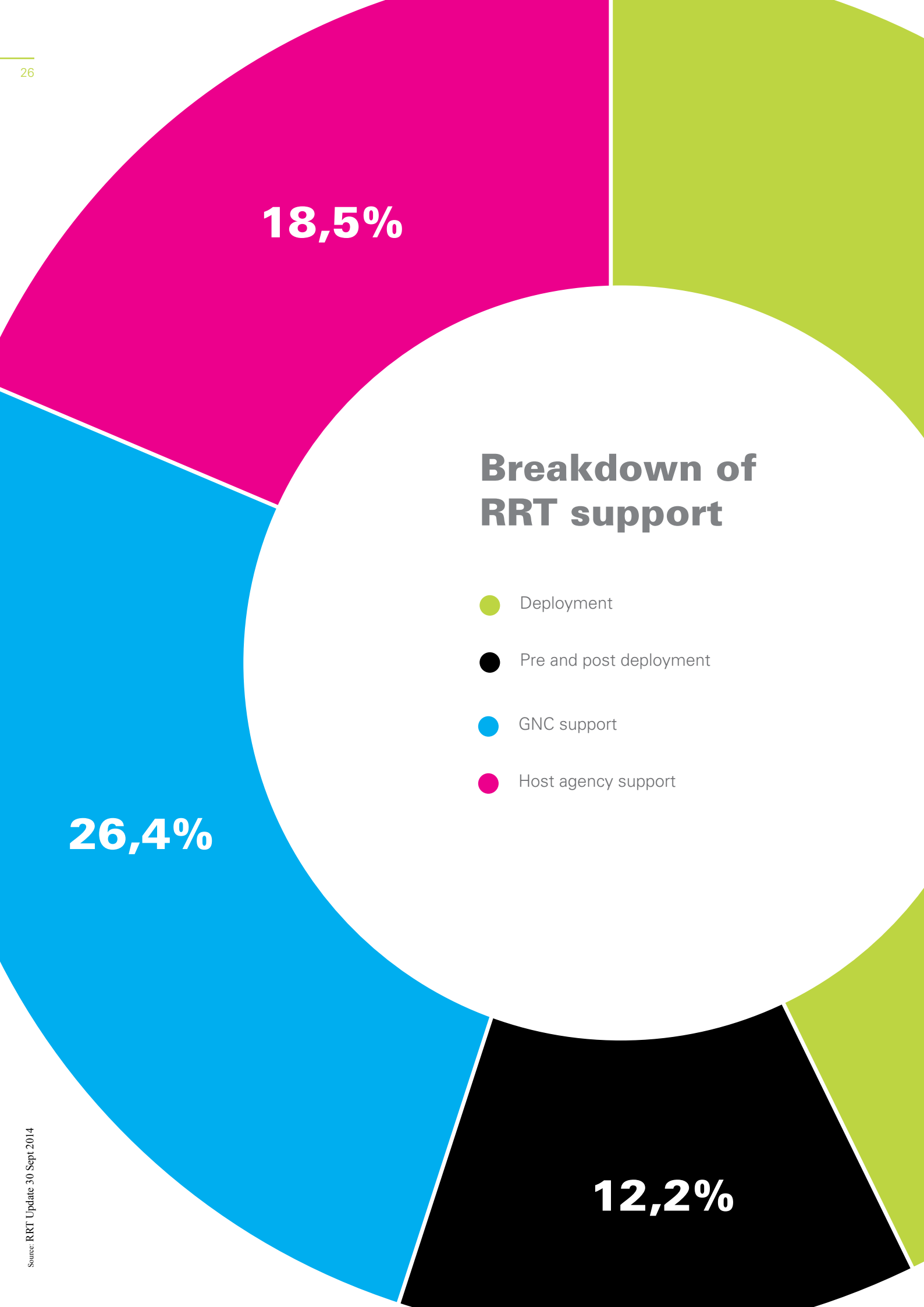
Results on duration and location of deployment

During the period March 2012 to 30 September 2014, the RRT members were deployed a total of 22 times to support nutrition clusters in CAR, Chad (3x RRT), Mali, Mauritania, Pakistan, the Philippines (4x RRT), Somalia (3x RRT), South Sudan (6x RRT), and Turkey (2x RRT). Support varied considerably and ranged from establishment of a nutrition cluster in Mali to surge support in rapid onset L-3 emergencies; from CCPM support in Chad to proposing recommendations on coordination architecture in Turkey (for the Syria response); from 'HR' gap filling to setting up systems.

In 2012/2013 the first GNC RRT member was deployed 5 times during one year in 4 different countries. The deployment in the field was approx. 43% and non-deployment work was 20% for IMC and 37% for the GNC.

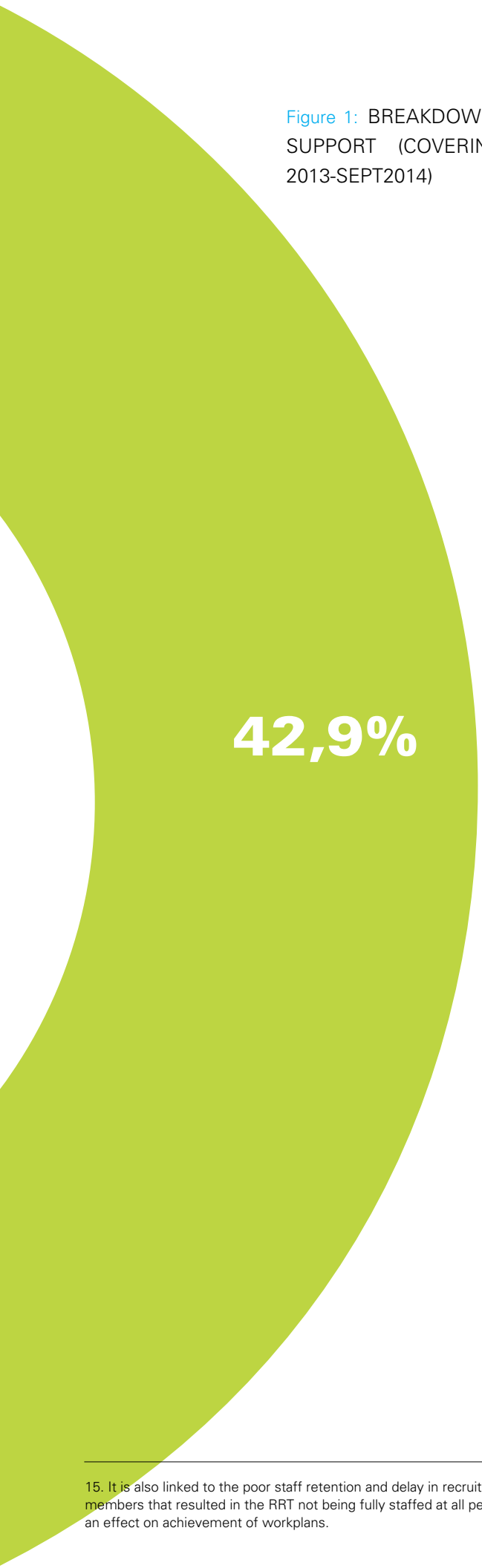
In the period June 2013 – Sept 2014 the 5 RRT members were deployed a total of 17 times in 7 countries. The breakdown of work over this period is provided in Figure 1. The deployment time was similar to the previous period with approx. 43% deployment. Non-deployment time was 57%. If pre- and post deployment activities to support national platforms are added to GNC work (as agreed by the GNC and host agency partners) the RRT members worked on average 39% for GNC and 19% for host agencies.

14. Inter-cluster RRT Retreat Main Recommendations, June 2013.



Source: RRT Update 30 Sept 2014

Figure 1: BREAKDOWN OF RRT SUPPORT (COVERING JUNE 2013-SEPT2014)



The evaluation team found there was a need to better respect and protect the allocated time utilization both in order to have a better duty of care for the RRT members and to respect the commitment and engagement of host agency partners. The cumulative deployment time of the RRT members was 43% of the time, which is below the allocated 50% maximum however pre- and post-deployment support to national platforms took more time than originally envisaged. This resulted in a prolonged RRT member engagement in that deployment, meaning less time for the RRT member to recover for his/her engagement in that response and less time available for work plan commitments to the GNC and host agency. If the two are added together the RRTs were engaged in support to national platforms for 55.1% of the time. It was widely regarded that more than a maximum of 50% would greatly increase the risk of burnout and decreased retention while less than 50% would affect the ability of the GNC to have RRT members available for deployment. The host agencies only had on average 18.5% of the RRT member's time instead of the 25% originally agreed upon.[15] The host agencies made it clear they would like the RRTs to be able to contribute the full amount of agreed upon time to host agency tasks.

Results on non-deployment time

With regard to non-deployment time, individual work plans for GNC and host agency time were created for each RRT member: support to the GNC was aligned with the overall GNC work plan and assignments were allocated taking into account strengths and interests of the individual RRT member[16]. This process never raised a problem amongst those involved. The content of the tasks for the GNC varied greatly across the RRT members as they worked individually on tasks that their profile were most suitable for. However, support to host agencies was more varied and less concretely defined. **The evaluation team found there was varying understandings among the host agencies as to whether the 25% allocated 'host agency' time of the** RRT was to be used support capacity building on the cluster approach within the host agencies **or whether the time was to be used for nutritional technical support within the host agency[17].** Partially as a result the host agency activities of the RRT members varied from very specific agency based nutrition in emergency technical work[18] to the other

15. It is also linked to the poor staff retention and delay in recruitment of RRT members that resulted in the RRT not being fully staffed at all periods. This had an effect on achievement of workplans.

16. GNC 'homework' included: updating country files in excel for cluster countries, working on presentations, provision of training on cluster/TA, IYCF, revising HTP, drafting concept papers, preparing meetings/minutes, inter-sectorial matrices, IM templates, drafting of SRP/CAP tips, development of a toolkit for the GNC and editing bulletins.

end of the spectrum with development of materials for capacity development in wider cluster coordination. The evaluation team ascertained that there was an overall view that the time RRT members allocated to the host agencies could have been more strategically utilized, perhaps for common overall goals, and that they needed better definition of the boundaries of that support both from the GNC and from host agencies.

The physical location of the RRT member in his/her 50% non-deployment time was not relevant to be prescriptive as outputs were often clearly defined[19].

The evaluation team found that the unpredictability of deployments had a negative impact on fulfilling work plan activities for both the GNC and for the host agency. Tasks scheduled for non-deployment time had to be left suddenly in the midst of completion and depending on the nature of the activity this either meant that others within the organizations had to take on those additional tasks or that deliverables were drastically delayed or in some cases never finalised within the contract period. One host agency noted that their RRT member had completed none of the tasks on the work plan – not from any inadequacy of the RRT member but as a result of extensive deployment, appropriation of allocated host agency time for other usages, and the effect of constantly interrupted activities. While sudden deployment is expected of the RRT members, mitigating measures could be established. For example within the GNC workplanning there could be common or joint tasks where RRT members work on the same activity thereby providing a back-up if one is deployed. Or there could be a designated percentage of the dedicated GNC time (10% of the 25% for example) which could be used to re-assign activities amongst RRT members. Likewise amongst the host agency workplanning, strategically working on joint activities with common benefits (advocacy materials, cluster sensitization materials, etc) could be a mitigating measures to ensure that if one host agencies RRT member deploys another host agency RRT member can continue working towards the completion of that activity.

Figure 2: RRT DEPLOYMENTS IN L3 EMERGENCIES

Actual deployment in relation to deployment criteria

The RRT members were used primarily as kick-starters in times of a L3 emergency where the NC had just been activated and as gap fillers where UNICEF as CLA had not yet identified adequate staff. In terms of relevance and appropriateness of deployment, all RRT deployments were aligned to the deployment criteria. RRT members were sometimes deployed for a specific task for example to write a NC strategy (Chad), to assess a coordination mechanism (Mauretania), to assist the UNICEF CO identifying measures to strengthen partner engagements (Chad). While the evaluation team found this additional level of support to be important to country offices, questions were raised during the evaluation as to whether these types of missions were the most appropriate use of RRT resources.

From the total of twenty-two deployments, fourteen concerned a L3 emergency as shown in Figure 2 almost two-third of the deployments. However within those fourteen deployments almost half of those were to support the South Sudan cluster with systems development and gap filling as opposed to rapid surge deployment in newly established emergencies.

All deployment requests were reviewed and agreed to by the Steering Committee that was made up of the GNC-CT and the 4 participating host NGOs. **The evaluation team found that the Steering Committee were familiar with deployment criteria but there was no defined prioritisation of deployment criteria.** The deployment criteria were regarded relevant but key informants widely noted that they should be formally adjusted

Deployment by Emerge

17. The PCAs with each host NGO agency specify that host agency time should be used for cluster related capacity building initiatives.
18. Drafting or provision of tools and guidance

19. However, the RRT member that was based in GVA and went often to GNC-CT office to work felt being part of a team. But being present in UNICEF office also risked to work less for the host-agency and therefore days in the GNC-CT office needed to be regulated.

in terms of prioritisation (though practice showed that L3 was always prioritised above any other criterion). However, some regarded the sudden loss of NC coordination/IM or strengthening underperforming national coordination platforms as inappropriate and reverted back to UNICEF's responsibility to solve this within its mandate as a CLA and that the RRT system should not have been (ab)used for an underperforming CLA. Many interviewees stated that the RRT system was not meant and should not be a panacea for UNICEF's shortcomings. UNICEF as CLA has duty of care. This was highlighted by the cyclical support provided to the South Sudan country office in a total of 6 RRT deployments and 3 GNC Coordination Team support trips. The evaluation team found that this high number of deployments was questioned both in terms of relevance to the needs on the ground and in terms of appropriateness of RRT resources[20]. Most interviewed stakeholders stated that UNICEF should have provided NCCs from their own programme staff in certain L3 emergencies if no NCC was present and not constantly use RRT members, especially if several consecutive deployments from various RRT members have taken place in the same emergency. This staff could come from a regional office or another country office while longer-term solutions were being sought.

Additionally, there was no tools to help the Steering Committee members evaluate a deployment request either within the specific context or in relation to on going or potential deployments. Since the criteria for deployment are quite broad and not explicitly prioritized, deployment requests could easily be viewed as aligning with cluster functions. Steering Committee members highlighted that they had very limited information by which to evaluate requests for RRT deployments beyond the request form as filled in by UNICEF's COs and the accompanying TORs (mostly generic). This made it difficult to adequately determine the relevance of the request. All requests were approved. The evaluators found a need for improved decision making in order to ensure appropriateness and relevance of each deployment. Suggestions of additional information to be provided are: overview of previous RRT deployments in the same emergency including main tasks, duration and outcome; more information on context of the emergency and how the deployment request fits within that emergency response; overview of the current overall deployment status of RRTs including how many are currently available or will be available shortly; the UNICEF CO HR plans for recruitment for the NCC/IMO position and predicted length of time for this recruitment.

5.1.2 Relevance and appropriateness of GNC-CT Support to national platforms

Comprehensively the GNC-CT was found to provide relevant and appropriate support to national platforms and was viewed as very supportive and responsive, good at communication and played a crucial role providing information. The GNC-CT provided support to national platforms through a wide variety of both remote and in person support (see Table 1). The GNC Work plan was shared with the national clusters and revisions made appropriately as well as opportunity given for national nutrition clusters to share challenges and working groups in the annual GNC meetings ensured that those concerns were reflected in the work plan. It was noted by many key informants at the national cluster level

encies May 2012 - Sep 2014 n=22

Source: GNC database

20. Some stakeholders felt being caught in an unwinnable battle concerning the RRT deployment in South Sudan. Though it was felt inappropriate to constantly send RRT members there, agencies also felt that if they did not the NC would not function well there which would heavily impact on their work as well.

that the face-to-face meetings were essential for both for sharing experiences, obtaining support and establishing a more direct conduit for future communication.

"The GNC-CT has been really closely supporting the national clusters"

A RRT Member

The monthly calls were viewed as a relevant and important platform not only to share information but also to establish connection and rapport with others in the same position. The irregularity and poor technological platform of the calls were perceived as the main drawbacks. While support was highly valued and considered relevant it was noted that beyond the conference calls support was mostly ad-hoc and responsive as opposed to systematic and this caused some concern. For example an annual polling of country clusters to understand their top priority support needs for the coming year could assist the GNC to clearly identify activities for inclusion in the GNC workplan for the coming year. If there was a natural clustering of support needs (IM systems and tools, advocacy tools, review of SRPs, etc.) potentially a technical working group with GNC cluster members could be formed to work towards achieving those activities – thereby bringing the global partnership closer in to the implementation of the workplan. Or at least by pre-identifying top support priorities it would allow all countries to be heard and supported if needed, in addition to the continued information sharing and advisory support given.

Table 1: OVERVIEW OF GNC-CT SUPPORT TO NATIONAL COORDINATION PLATFORMS Source: Communication with GNC-CT

The range of support provided by the GNC-CT was:

a. Advisory support – sharing of information, annual meetings with specific date for NCC, IM, GNC-CT
b. Raise finances for RRT team
c. Direct support to clusters for recruitment of NCC on ad-hoc basis through tests and/or interviews (i.e. South Sudan and Somalia)
d. CCPM every year with opening of survey, help presentation of results and plan of action. (5 completed and all requests supported)
e. Regular NCC calls for information sharing and sharing GNC bulletin
f. Sharing of Lessons Learned Documentation from Country Responses
g. Involving NCC in trainings (2 regional and 5 country level)
h. Developing 2hr orientation on cluster approach for partners
i. Provision of checklist for induction of new NCC
j. Assistance in surge

   - Standby partners (18 requests, 10 filled, 1 cancelled, 6 abandoned, 1 vacant)

   - UNICEF staff surge support (Philippines and Afghanistan)

   - GNC-CT deployments (Philippines, South Sudan x5, Somalia, Kenya, Pakistan and Afghanistan)

k. Support in knowledge management
l. Engagement with host partner ACF for development of country advocacy toolkit

The evaluation team found that there is a perceived weak communication link between the GNC-CT and the SAG members in relation to the RRT system and activities. It was noted that information sharing could be strengthened with the SAG in particular with special regard to the movements and results of RRT deployments. The SAG members are disconnected from the RRT program and are not aware of where RRTs are, where they have been, or how they have been engaged. Additionally, it was felt that the SAG

could play a more active and strategic role in the GNC-CT and that currently they are engaged on an as-needed basis. It was recognized that these issues have already been identified and communication has been improved through the use of a regular GNC Newsletter. SAG members also noted that recent discussions have begun around ways to engage the SAG more strategically.

liness of response was paramount. There was a widespread appreciation for the fact that there was almost no bureaucracy and waiting around that accompanies usual requests for human resource support and all stakeholders on the receiving end of support acknowledged that the system worked well for their support needs.

'RRT is an imperfect model but still a good one...'

A CLA staff member

5.2 EFFECTIVENESS

5.2.1 Effectiveness of RRT support to national platforms

Analysis of surge response

The evaluation team found the functioning of the rapid response mechanism to support national nutrition clusters to be effective and timely. Deployment within 72 hours is viewed as ideal in case of a new emergency but not realistic given the constraints placed on obtaining visas, especially for some nationalities. When deployment in other than sudden L3 emergency is needed, the goal for time between request from the CO and actual deployment could be revised to better reflect the constraints faced, for example between 1-2 weeks. Over the period June 2013 – Sep 2014 it took on average 2 days from UNICEF's CO request for RRT to the decision taken by the Steering Committee to deploy a RRT member. However, it took an average of 11 days between the Steering Committee's decision and the actual arrival of the requested RRT member in the country. The primary reason for delay is the lengthy waiting period for obtaining visas. Previously the requirements of the RRT stated that they would be deployed within 72 hours of a request. This requirement has been revised to state the RRTs are available for deployment within 72 hours but actual deployment will depend on the requesting office requirements. This is based on lessons from the field that not all requests need to be filled within 72 hours though there is a need to have a standing capacity with this capability in case of need, especially during L3 emergencies[21]. The evaluation team noted much appreciation for the speed of deployment of requested RRT members especially in urgent situations where the time-

The GNC significantly improved its response rate during the period of June 2013 to March 2014, when all requests for deployment (100%) were met compared to only 67% during the period of June 2012 to June 2013[22]. It's of note to mention that before June 2013 the GNC RRT had only deployable member (as opposed to 5 in the following period) so a 67% response rate is quite impressive. Country offices that requested NCC or IMO support were provided although extension on a few occasions was not always possible and therefore some key informants felt that RRT deployments were sometimes not long enough. All requests for deployment came directly from COs with one exception – Turkey for the Syria crisis response. In this example the GNC urged for the deployment in order to put nutrition on the response agenda and preventing it to be subsumed under health. The experience for the RRT member was difficult and they felt that it would have been more useful to deploy a nutritionist rather than rapid response personnel in coordination.

The RRT system provides both NCCs and IMOs. The majority agreed that the RRT should contain cluster coordinators and potentially, but not necessarily, IMOs. **The evaluation team noted that there was a division of opinion among stakeholders: some stakeholders felt that information management support could be provided through alternative mechanisms such as by standby partners thereby alleviating the cost and administrative burden of having a standing IM rapid response force where as other stakeholders felt that it is**

21 & 22. Final Report for ECHO on 'Strengthening capacity for effective and timely support to large scale emergencies and humanitarian capacity development in the global Child Protection and Gender Based Violence Areas of Responsibility and Nutrition Cluster', 2013

essential that every cluster coordinator is deployed with an information officer.

On the other hand, **the evaluation team noted consistent strong belief that the surge for emergencies needs to be expanded to technical people that can be deployed as technical rapid response support on technical areas such as CMAM, IYCF, and nutrition assessments.** But there is no clear consensus on the modality of such a technical deployment model to improve the technical understanding, discussion and joint programme planning at the cluster level. **The majority agrees that UNICEF as the CLA is responsible to provide such nutrition technical surge**. At the same time it is agreed that UNICEF does not sufficiently provide such technical support to the national nutrition cluster partners but rather deploys nutritionists to emergencies for UNICEF programme work. NGOs are seen to be able and prepared to provide technical surge capacity (if funding is guaranteed).

Improved Coordination of the Emergency Response

The evaluation found that there is agreement that the RRT system contributed to overall better coordination of the emergency response because RRT members put coordination systems in place. It was felt that if the groundwork and systems for coordination were put in to place by an experienced RRT, the cluster as a whole would work more effectively even after the departure of the RRT member. Some examples of the effects left by RRT nutrition cluster coordinators are:

a. more productive meetings;

b. improved planning with other sectors;

c. improved advocacy for needs and partners;

d. strategic response plan developed;

e. initiation of working group task forces.

On a more basic level, there was widespread agreement that RRT members contributed to the improved coordination of the emergency response through the simple presence of extra resources to handle tasks. It was considered better to have human resource gaps filled than to have no one at all. However **the evaluation team gathered the widespread belief that this basic human resources support to emergency response could be provided through alternative ways than through the deployment of an RRT member.** The example of the extensive RRT and GNC support to the South Sudan response was often noted as prime example of overuse of the RRT mechanism.

> **"The difference is immense where there is a functioning cluster in place. It's easier to have the reach in humanitarian response and the funding."**
>
> **A SAG Member**

An inability within the UNICEF CO to recruit longer-term personnel to fill the nutrition cluster coordination and information management roles resulted in critical capacity gaps in the response to an L3 emergency, which out of necessity were almost routinely filled by rotating GNC RRT and CT personnel. Alternatives to a cyclical use of RRTs would be to increase engagement with standby partners to deploy personnel who could provide support for 3-6 months while permanent staff are being recruited, either directly from the beginning of the need for support or to take over from an initial RRT deployment which would jump start the coordination response. It should be noted that the GNC does use standby partners to support coordination needs (ten deployments during the evaluation period) and these success could be expanded upon in order to both make support available to country offices for a longer duration for example when simple gap filling or basic support is required.

UNICEF's long recruitment procedures were largely criticised as inadequate by the majority of the interviewed stakeholders leading to the impression that the RRT potentially makes the recruitment system even worse: as RRT members are currently provided 'for free' to UNICEF CO's and therefore the CO's becomes complacent and does even less effort to work hard on NCC and IMO recruitments. The vast majority stated that UNICEF as CLA falls short on the mandate of providing NCCs and IMOs

timely and adequately.

"We need more meaningful and lasting system and stop being complementary. We as NGOs can deploy people quite fast, faster than the UN. If UNICEF is willing to accept their limitations... and acknowledge that UNICEF as CLA has problems providing cluster staff/services. Then we can make a system on behalf of UNICEF and on a more permanent base."

A Host Agency for the RRT

The frustration with UNICEF has mounted to an extent that some agencies and donors are very dissatisfied. Some agencies were dissatisfied with UNICEF not being able to recruit NCCs or IMOs for Somalia (based in Nairobi), Sudan and Pakistan since these were regarded as relatively stable contexts to live and work in. Although the small recruitment pool for nutritionists in general can be a challenge, some expressed surprise that UNICEF is not able to recruit when the employment package the UN provides can be much more attractive than what an NGO can provide. The overall dissatisfaction amongst GNC partners divided the group in two approaches:

1.Stop RRT model as it is now and take it out of UNICEF so those that provide the RRT get the credibility, visibility and most importantly, the funds directly from the donor ('time for a change' approach) or

2. Keep on supplementing UNICEF's poor HR system with the current RRT mechanism as the work in emergency response and coordination needs to be done, regardless who does it (pragmatic approach).

Effect on Partner Participation in the Cluster

The evaluation team found that the fact that GNC partners managed the RRT system had a positive effect on the GNC's global credibility as an emergency response support service that focused on the improvement of the overall response as opposed to something driven by UNICEF. It is highly appreciated by non-UN partners to see so much engagement in the NC creating more cohesion amongst partners that respond to emergencies. One stakeholder noted that the RRT project is the 'first institutionalized declaration of partnership' within the GNC and as such helped to formalize contribution and commitment.

However, at the field level the effect of engaging RRT members from partner agencies had less of a universally positive effect – it seemed to vary greatly depending on the operational context, upon the RRT member and upon the country level engagement of the partner agency. In some instances it was viewed as contributing to better neutrality and collaboration. In some instances cluster partners were not even aware that RRT members are provided by NGOs and therefore there was no effect one way or the other. In those countries where there was a positive response, the placement of RRT members within NGOS contributed to cluster partners feeling the system was more inclusive,, increasing the collective responsibility towards response and coordination.

The evaluation team found that all stakeholders agreed that the partnership based RRT system worked effectively with good collaboration between the GNC-CT and the host agencies. The partner agencies hosting the RRT members were responsible for the staff recruitment and management. All host agencies noted that the level of effort to set up and manage the RRT personnel far exceeded original estimations in terms of time and agency resources required and that the system continued to work primarily due to the partner agency's dedication. Lastly, it was felt that the host agencies that had provided RRT members have become now better in cluster work both at the national and global level according to the GNC-CT. Some host agencies also have expressed they benefited from their RRT deployment as they had often better access to information on global and/or national level on the situation.

The evaluation team found that recruitment and retention of rapid response personnel was found to be a significant challenge for the majority of the host agencies. All the agencies involved noted that it was very difficult to recruit for the RRT regardless of what agency was involved. This was attributed to the accepted fact that it is harder to recruit nutrition in emergency personnel as compared to other equivalent sectors and the nature of the rapid and extended response times decreases the attractiveness of the position. It was also noted that extensive time was spent by each respective agency on recruiting the same profile, often at or around the same time, and that there could have been more efficient and effective recruitment drives. Not enough was done to try to create also complementing profiles of RRT members, for example in terms of languages, gender, regional expertise, etc.

5.2.2 Effectiveness of GNC-CT Support to national platforms

The evaluation found that the GNC-CT has improved coordination of the humanitarian response primarily through fundraising, partnership building/advocacy and support to national platforms. The strategic thinking of the cluster has improved and this was made possible by the active engagement of the global partners in the GNC. The GNC-CT has been very inclusive and worked actively towards building partnerships in general and in particular with the creation of a RRT hosted and managed by partner agencies. This GNC-CT work to support national platforms in operational and surge support has been reflected in GNC Work plan (See Table 2) which national platforms and GNC partners took part in developing.

It was found that the effectiveness of the GNC-CT support to national coordination platforms was affected by management at country level and general lack of understanding at the national level of the CLA's responsibilities with reference to national nutrition clusters. At the global level the GNC-CT is functioning effectively to support operational and surge support needs with, among other things, capacity development initiatives on going and surge response systems established. However, the effectiveness of the GNC-CT initiatives and support at the national level is hampered by the receptiveness and engagement of UNICEF country offices to uphold the CLA responsibilities.

It was found that the senior level GNC-CT deployments to support national platforms were very important for creating understanding and putting systems in place however at a high price to the functioning of the Global Nutrition Cluster. The GNC Coordination Team is composed of two professional staff upon which key aspects of the GNC Work plan relies. This includes, as a small sampling, engaging in policy and guidance work within the IASC, representation with donors and in international fora and management of consultants hired to complete specific workplan activities. When one of those two individuals is deployed to support national platforms the capacity of the GNC-CT to fulfil its core business obligations is reduced by 50%. For example, a key informant stated that when the GNC Cluster Coordinator deployed to South Sudan to fill gaps "she essentially had to abandon her functions to fill the gaps". While senior level engagement at the national level is considered essential in certain circumstances the nature of the support request should warrant the loss of capacity at the global level.

> **"During GNC-CT deployment the core business of the GNC is delayed"**
>
> **A SAG Member**

5.3 EFFICIENCY

5.3.1 Efficiency of RRT support to national platforms

In terms of examining the GNC RRT system in terms of economic efficiency, the majority of relevant stakeholders indicated that the current system with UNICEF obtaining the funding for the RRT and passing it through via project cooperation agreements (PCAs) was not the most efficient funding mechanism. UNICEF's procedures

Table 2: GNC-CT ENGAGEMENT IN OPERATIONAL AND SURGE SUPPORT, GNC WORKPLAN

GNC Vision/ Strategy	Priority Activities	Status
GNC Vision 2011-2013	Engage with donors for funding for secondment of Cluster Coordinators	Achieved
	Continue develop partnerships with NGO's for cluster coordinator standby roster.	Achieved
	Update emergency roster for IM, Cluster Coordinators and NiE	Achieved
	Develop at least two partnership/standby arrangements with GNC partners at global level	Achieved
*GNC Strategic Plan 2014-2016**	Maintain eight to ten Standby Partner (SBP) staff who have the capacity to provide nutrition coordination and IM surge support	Partially Achieved
	Deploy trained surge NCC/IMOs to country clusters to fulfil core cluster functions	Achieved
	Advocate for and secure funding for RRT function (four NCCs and two IMOs)	Achieved
	Support country clusters in the development of mid and long-term HR transition plans for cluster coordination/information management from surge	On-going
	Support the Cluster Performance Monitoring exercise at country level where needed	Achieved and on-going
	Establish a system for systematically flagging the countries with potential deterioration of nutrition status	To be achieved
	Conduct evaluation of the RRT.	On-going
	Establish surge technical capacity in IYCF-E, Nutrition Assessment and CMAM (2 IYCF-E, 1 NAs and 1 CMAM)	To be achieved

*Note that the period this evaluation covers is 2012-2014 therefore there are a remaining 2 years to accomplish the priority activities for the GNC Work plan 2014-2016

require 7% of the total funds to be retained for administrative fees and within each PCA the host agency retains a further 7% for indirect program costs associated with administrative burden. This means that in the current method where UNICEF, on behalf of the GNC, receives and disburses the funds, 14% of the total project budget for the RRT system is absorbed in administrative costs. Some donors acknowledged that the RRT model was not the most cost-effective due to the double loss on administration fees but more a convenience model for they, as donors, prefer one reporting agency and one contractual partner. There is a perceived benefit for the 'one-stop shop' model whereby NGOs rely on the GNC-CT for the reporting and monitoring activities required by the donor where likewise the donor streamlines funding through only having one main contractual partner.

On the other hand, placement of the RRT members within host agency partners is in fact a cost-saving measure in terms of the overall economic burden of the GNC RRT system. The evaluation team examined the actual costs incurred by the GNC RRT system, with outplacing of RRT members in NGO host agencies. The annual cost of the RRT is about USD 170,000 per RRT personnel[23] including both salary and an average costs of three annual deployments of 8 weeks each as well as three trips to Geneva to engage in activities with the GNC. This is comparable to the costs of USD 183,000[24] per WASH RRT personnel in the similar WASH model where RRTs have placement in host agency partners. In comparison, if the RRT members were to be employed directly through the GNC/UNICEF the cost would vary between USD 209,000-248,000 per RRT personnel[25] for salary alone with an addition of a minimum of USD 40,000[26] for travel. This roughly calculates to an average complete cost per RRT personnel of between USD 249,000 – 288,000 if placed within the UN system as compared to USD 170,000 when placed with NGO partners. One of the recommendations coming from the recent evaluation of the WASH RRT mechanism was to "analyze the potential for implementing a partial cost recovery model and other mechanisms to increase the financial sustainability"[27]. At the time of this evaluation the WASH cluster is still examining potential models and the progress and lessons learned will be of value to the GNC at a later date.

There are some added values of the RRT being placed directly within UNICEF which can not be see when only looking at the cost breakdown. For example, if the RRT members were placed within UNICEF the 25% allocated to the host agencies would be available to the GNC to carry out the GNC workplan. If calculated on the basis of a 5 person RRT (5x25% = 125%) this the equivalent to one additional full time person plus 25% which is a significant amount of manpower. Furthermore, under a direct GNC/UNICEF model 50% would be deployment (max would remain the same) and 50% would be devoted to the GNC work plan. Theoretically this could result in better completion of activities within the RRT members' workplan because their tasks would be consolidated without conflicting priorities between completing GNC tasks and host agency tasks. Additionally, if all the RRT members were 'housed' within the GNC/UNICEF they would have access to UN Laissez Passer, which would in most cases reduce the time needed to obtain a visa, thereby reducing the time between request and deployment.

5.3.2 Efficiency of GNC-CT Support to national platforms

The GNC-CT has efficiently mobilized resources at its disposal to fulfil its responsibilities to support countries as successfully as possible. The GNC-CT has a multi-pronged approach for fulfilling surge requests whereby there is the engagement of established standby partners, the use of RRT members, deployment of GNC-CT staff, or temporary redeployment of UNICEF staff. In the time period of this evaluation there were ten standby partners deployed, 2 UNICEF staff members were redeployed and the GNC-CT staff supported in ten instances (Philippines, South Sudan x5, Somalia, Kenya, Pakistan and Afghanistan). The Standby Partnership arrangements is a mechanism that is developed and maintained by UNICEF for use both in UNICEF programmes but also from the standpoint of fulfilling CLA responsibilities.

It was found that the efficiency of the GNC-CT to mobilize human resources to support national platforms was affected by the fact that a functioning integrated UNICEF-wide strategy for surge capacity and for developing coordination staff is lacking[28]. The understanding that nutrition in emergencies is not high on the UNICEF agenda in general, and that dedicated capacity is limited and already over-stretched in both attention to UNICEF programmatic areas and CLA responsibilities further complicates this. Nutrition in Emergencies staff at the regional level are limited and their role

23. Figures provided by the GNC-CT from calculations done in 2014 during revision of the PCAs, based on NGO specific salary scales and including a travel budget.
24. Evaluation of Support Provided to the National Coordination Platforms, Global WASH Cluster May 2014
25. RRT NCCs are usually at the P4 level and RRT IMOs are usually at the P3 level. Amount based
26. Based on average of the travel budget in the RRT PCAs with hosting NGO agencies. Most likely travel costs would be higher when placed directly within a UN agency due to per diem rates.

in supporting national cluster platforms is undefined. Dedicated nutrition in emergency staff at country offices is not common and redeployment of UNICEF staff to fulfil cluster support functions is uncommon.

5.4 COHERENCE/CONNECTEDNESS

5.4.1 Coherence and Connectedness of RRT support to national platforms

The role of regional offices related to CLA responsibilities remains unclear and country offices are not always adequately supported in their coordination needs resulting in a mis- or over-use of RRT support in some instances. Most interviewed stakeholders stated that if several consecutive deployments from various RRT members have taken place in the same emergency, UNICEF as CLA should provide NCCs from within UNICEF in temporary re-deployment schemes if recruitment of a long term NCC remains an issue[29]. This staff could come from a regional office or another UNICEF CO. In 2013 an evaluation of UNICEF's CLA role found that while the core commitments for children in humanitarian action articulate a coordination mandate, they have not been translated into clear responsibilities and accountability mechanisms at regional level. This is significant because regional offices are the only formal link in UNICEF's accountability chain between country offices and headquarters[30]. The evaluation team found one year after the previous evaluation findings there continues to be a lack of engagement of the regional offices in supporting national clusters and roles and responsibilities are still not defined.

The coherence of the RRT support to national coordination platforms was negatively affected by the general lack of understanding of the cluster approach at the UNICEF country office. Roles and responsibilities, including lines of accountability, are often not clearly understood before a RRT arrives in a country resulting in an initial time period requiring sensitization to the cluster approach[31], resulting in time lost and burden on the RRT member outside of their intended TORs. Additionally, in some instances, throughout the duration of deployment RRT members have to actively resist taking on UNICEF programmatic tasks and struggle with gaining recognition of the importance of UNICEF's CLA obligations. This issue is one that was reported in the RRT Retreat[32] and continues to be of issue more than a year later. Recommendations from that retreat were that there should be clear communication of RRT roles to the CO and a clear distinction should be made between support to cluster and programs.

5.4.2 Coherence and Connectedness of GNC-CT support to national platforms

The GNC-CT is actively working towards improving the coherence of its work. A costed work plan and fundraising strategy are two new significant steps for the collective GNC, providing a coherent structure which to move forward with. Likewise the closely associated Food Security Cluster is collaborating well with the GNC with a recently issued declaration of intention to collaborate at the global level with the intent to translate that down to joint programming on the ground. It is felt that more could be done to connect the cluster and the Scaling Up Nutrition (SUN) initiatives at the national level; likewise as previously noted the role of the regional office is missing and most cluster related needs come directly to the global level.

5.5 COVERAGE

5.5.1 Coverage of RRT in-country support to national platforms

The evaluation team found that the coverage of the RRT support was adequate in terms of availability (requests for support was improved from 67 to 100%[33]), geographic coverage (all regions except southern/central America received support) and temporal coverage (average of 7 weeks per deployment). The RRT members (in total 6) were deployed 22 times over 9 countries with 6 deployments in South Sudan (see Figure 3). Figure 4 shows the number of days per expertise and per country office over the evaluated period of time.

27. Evaluation of Support Provided to the National Coordination Platforms, Global WASH Cluster May 2014
28. Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action Final Report (CLARE Report), UNICEF 2013
29. Ideally, as stated elsewhere in the report, the CLA needs to establish the required staffing needs for cluster work/position from the onset of the emergency, raise funds and fast track recruitments.
30. Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action Final Report (CLARE Report), UNICEF 2013

The total days of RRT deployment was 663 for cluster coordinators and 254 for information managers, mounting up to a total of 917 days. Seven out of twenty two deployments exceeded 8 weeks (32%) and no deployment ever exceeded 12 weeks. In the period June 2013 – September 2014 the average deployment time was 7 weeks per RRT member. Deployment for support to nutrition clusters in South Sudan, the Philippines and Somalia took most of the RRT's time. There was an overriding consensus that the deployment time of 8 weeks, with a possible for extension up to 12 weeks, was an appropriate amount of time. Longer deployments could jeopardise the availability of RRT members for deployment as they would be tied up longer and consequently could require a larger pool of RRT members. Additionally, in line with out evaluation findings and recommendations, complementary HR measures could be employed to fill longer support needs.

Deployment RRT per Country

(May 2012 - Sep 2014: 22 times)

Source: GNC database

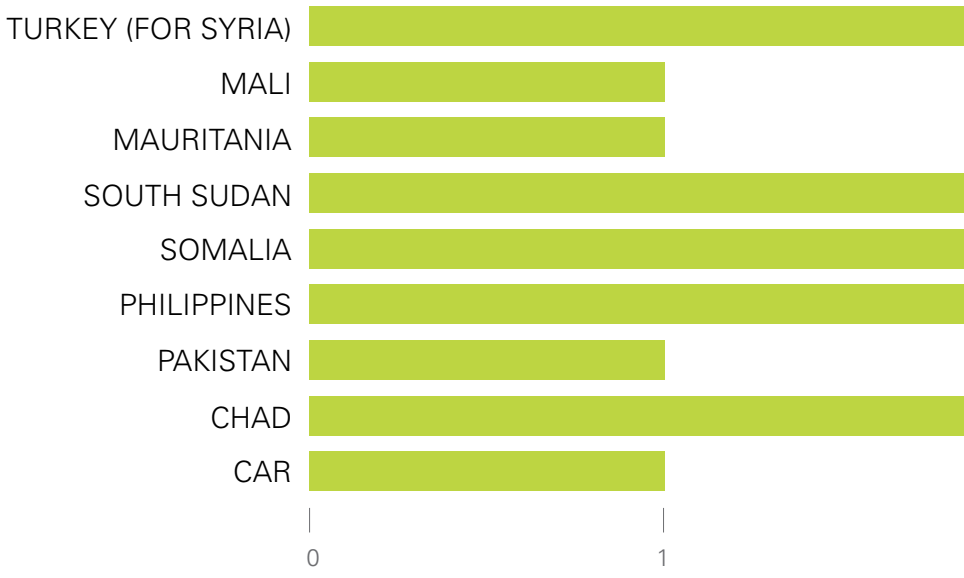
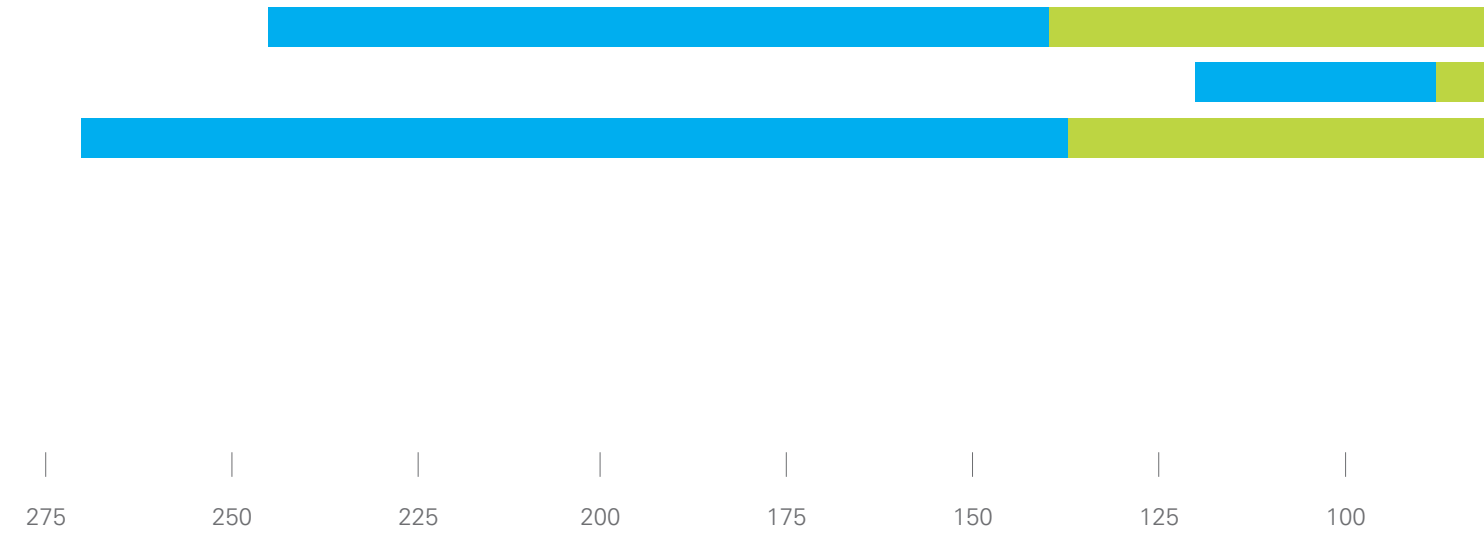


Figure 3: NUMBER OF RRT DEPLOYMENTS PER COUNTRY MAY 2012 - SEPTEMBER 2014

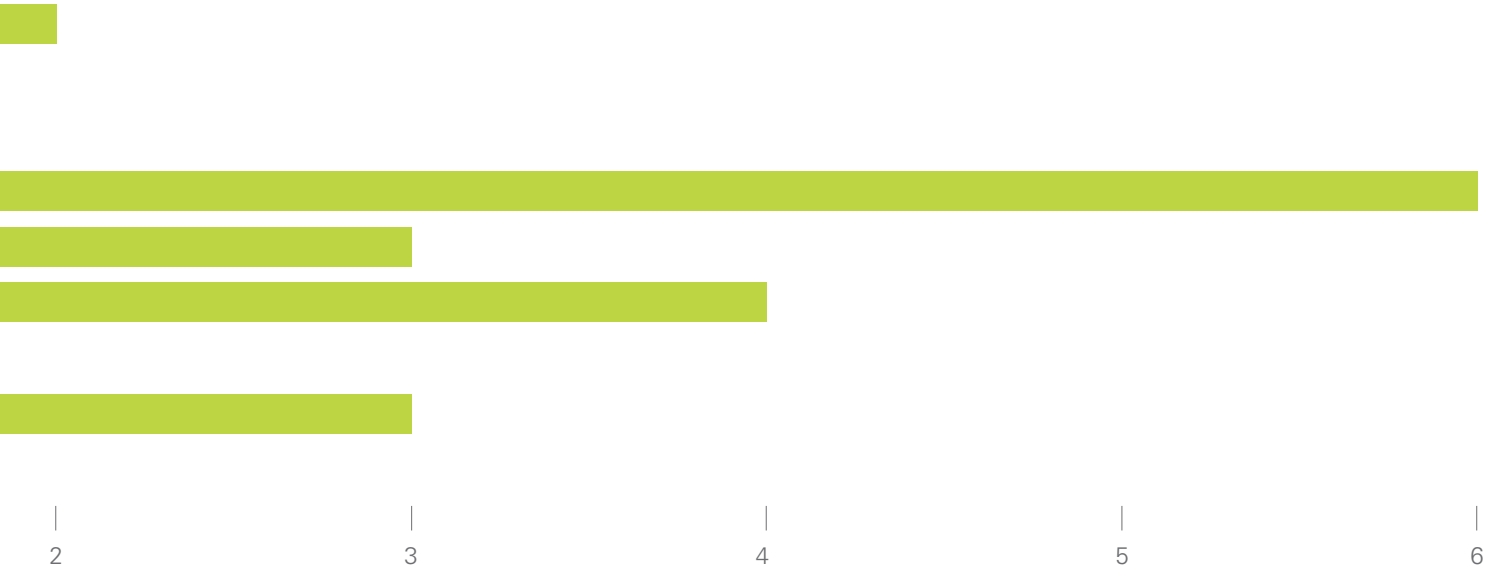


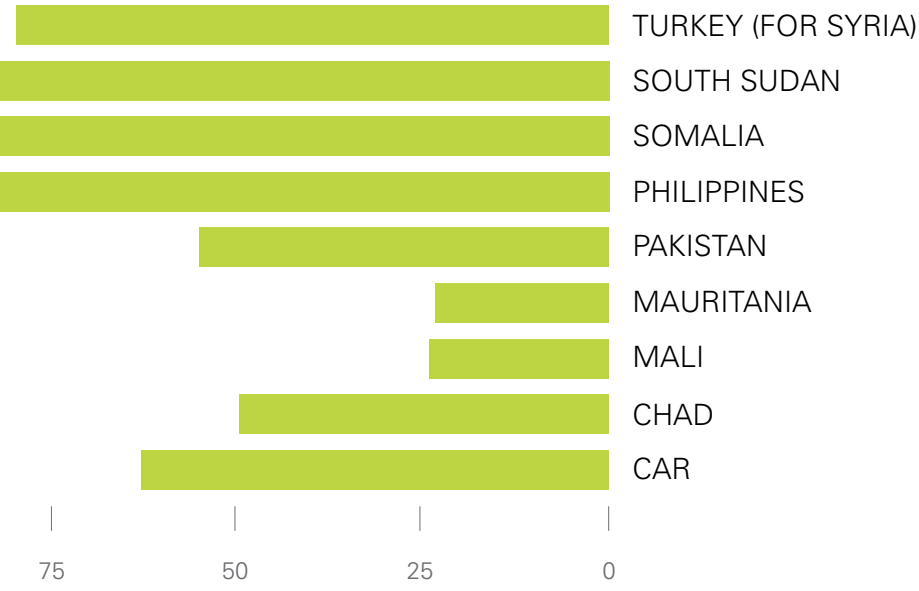
31. Overall, it was felt that UNICEF staff in countries that were not regularly exposed to some kind of emergency often did not understand well the cluster approach that did not help the RRT in their assignments.
32. Inter-cluster RRT Retreat Main Recommendations, June 2013.

33. For more details about deployment results see section 5.1.2

Although overall the coverage and availability of the RRT was found to be adequate, the evaluation team noted (as mentioned earlier) concern and dissatisfaction over the perceived overuse of both RRT and GNC-CT personnel in the South Sudan response. South Sudan received multiple visits starting February 2014 and continuing beyond September 2014 (the end of the evaluation period) from both IMO and NCC and there were a large number of support missions (6 RRT and 5 GNC-CT) within that time.

For comparison purposes the cumulative length of support was more than double or triple other countries and the number of RRT deployment days was equal to the number of RRT deployment days in the Philippines. Key informants in South Sudan noted that the UNICEF CO has made requests for cluster RRT support without necessarily having full consultation or buy-in of the cluster partners. In June 2014 an RRT end of mission report noted "the major gap in the (South Sudan) nutrition cluster remains the recruitment of NCC and IMO for longer term and more permanent faces to handle the cluster."





Days of Deployment RRT
(May 2012 - Sep 2014)

Source: GNC database

Figure 4: RRT DEPLOYMENT DAYS PER COUNTRY

NCC IMO

5.5.2 Coverage of GNC-CT in-country support to national platforms

The GNC-CT has contributed to improve in country coverage of humanitarian coordination needs through efforts to supply a combination of RRT members, stand-by partner deployments and GNC-CT in-country deployments and visits resulting in more than half of the cluster countries receiving direct support for their coordination needs. Approximately 30% of the GNC-CT time has been spent on supporting L3 emergencies with other emergencies receiving support on an ad-hoc basis.[34] As an example, key informants in the Philippines noted that the deployment of the GNC-CT staff to the large scale and rapid onset emergency response rapidly set up systems and jump started coordination platforms resulting in an improved framework for coordination.

5.6 SUSTAINABILITY

5.6.1 Sustainability of RRT support to national platforms

Overwhelmingly the evaluation found that the GNC RRT was very effective during rapid response deployment however for sustainable results there needed to be more focus on the time in-between the RRT deployment and the longer term human resource solutions. If successes are to be built upon there needs to be someone to hand over to and someone to further the progress the RRTs have made. It was felt that HR plans for coordination needs at the CO level were often lacking and not much thought at was given to what would happen after the RRT left. Additionally lengthy and complicated recruitment procedures within the CLA and difficulties in recruiting cluster staff meant that the time between the start and departure of an RRT member and the recruitment of a longer term position could quite easily span months. During this time functioning systems degraded and humanitarian coordination and response slowed down. This has been an on going issue as captured by a recommendation in the recent RRT Retreat[35] that noted 'When CO requests RRTs they should have an 'end-game ready' for when the RRTs leaves'. For example, in South Sudan a rapid response IMO was deployed in March 2014 to help set up information management system. When she left there was still no information manager in place and upon a repeat support mission in September of the same year it was reported that the IM system had lost most of its original functionality and was barely recognizable as the same system. Clearly the sustainability of coordination and information management processes and systems are questionable if there is not an appropriate capacity to maintain and build on the work done to date.

The evaluation team found that retaining staff was suboptimal both in terms of duty of care for the RRT personnel and for the efficiency and sustainability of the GNC RRT system. The longer-term viability of a rapid response system is partially dependent on the ability to recruit capable staff with the right profiles and to be able to retain them. Only one third of the GNC RRT members have continued their contracts beyond the initial one-year commitment. Difficulties to retain RRT members were a result of working conditions in the field during a major emergency and issues regarding work-personal life balance. A major hurdle is that RRT member can hardly plan their holidays (on a few occasions a RRT member had to cancel the holiday and still pay for the lost expenses). One RRT member said '50% deployment time in field was not the biggest problem, but rather that you did not know when you were going to be deployed'.

> **"What is challenging is that we as RRT need to understand the context very quickly, and work 1000% to set up everything in a very short period and ensure sustainability."**
>
> **A RRT member**

Key informants interviewed who are involved with other rapid response mechanisms within the cluster system recommended that RRT member should be retained at least 2 years, ideally for 3 full years, as it requires a significant investment to recruit, train and build up experience. Key informants

34. Rough estimate based on communication with the GNC-CT.
35. Inter-cluster RRT Retreat Main Recommendations, June 2013.

shared suggestions to improve RRT staff retention and ideas were that RRT members should:

- be more respected by GNC including GNC-CT;
- be more respected by CO and not seen 'just as migrant workers';
- have regularly contact and support from a team in order to ensure they feel supported by UNICEF as CLA and the host agency;
- feel acknowledgement that they are valuable;
- have more say in where they are deployed;
- be offered a career path and/or longer contracts;
- in some cases have improved contracts concerning salaries, holidays and sick leave[36].

A majority of stakeholders stated that experienced RRT members are a highly experienced and qualified resource that are currently underused and could contribute more to capacity building initiatives. Key informants consistently noted that RRT members develop a wealth of experience that could be more optimally utilized. This finding is echoed by the recommendations from the RRT Retreat[37] that stated that 'RRT members are experienced and therefore capable of undertaking training – consider their role in this process'. This could be through a more strategic use of their experiences and skills within the host agency and GNC work plan activities so as to include them in trainings given for partners in-country, in a region and within host agencies. Continuing their involvement in the Country Cluster Performance Monitoring (CCPM) activities, which benefit from external guidance and advice on how to analyse the results and create plans for action, is another way to ensure that their expertise is shared.

'Most RRT members are heroic people doing amazing jobs'.

A donor

Host agencies and donors pointed out the **difficulties on finding and hiring competent RRT members as it also somehow competed with their own organisational needs for finding additional competent nutritional staff in major emergencies**. During every emergency organisations fished from the same pond with regard to nutritionists/nutritional managers and this pond was more or less 'empty'. One donor clearly pointed out that *'the humanitarian nutrition community should be working more on what we all need the coming years. And make a plan, we need X number of people nutritionally trained and X number of RRT members. This should be a concerted action and then a collective plan can be funded. We want GNC partners to come to us and represent the priorities of the collective (collaborative initiatives). The GNC is all about partnership! The GNC has taken massive steps forwards. To get the RRT was crucial.'* This is all tied to the future formation of the RRT in terms of number of RRT members needed. Viewed from the basis of request for support being met (which for the later part of the evaluation period was at 100%), the team composition of 3 NCC and 2 IMOs may appear to be a sufficient and appropriate amount. This simplified view however does not take in to account all the possible factors affecting predicted future needs for cluster support such as: average planning figures for number of L2 and L3 emergencies for the coming year (more or less than 2014?), numbers trained in cluster coordination (increasing the pool for rapid recruitment), any changes in cluster support from the regional or HQ level, strategic decisions around use of RRT members in capacity building initiatives (CCPMs, cluster coordinator trainings, support to underperforming clusters, etc.).

Related to this and more from an economic point of view, **many key informants felt that the funds used to cover double administrative costs as a result of the money passing through UNICEF could be better used in direct project costs and also from a strengthened partnership point of view there was the opinion that direct funding of NGOs would be preferable (as opposed to contracting through UNICEF).** An NGO consortium was highlighted by many stakeholders with various constructions possible with one NGO as prime contract holder providing NCCs/IMOs with various NGOs together or a consortium construction with independent consortium managers/staff working on a day-to-day base on the RRT pool and deployment issues. Though other clusters used other RRT models, and sometimes NGO consortiums, none of them surfaced as ideal by those that

36. There are differences in contracts of RRT member within different host agencies. However, this was not necessarily seen as problematic as people signed up for it and were aware in advance of conditions. Some staff got not paid during sick leave or holidays as it concerned consultancy contracts.
37. Inter-cluster RRT Retreat Main Recommendations, June 2013.

worked with them. Perhaps the optimal system remains to be created through an amalgamation of lessons learned from the various RRT systems over the last few years. The suggestion by many stakeholders to loop around UNICEF was not necessarily done to create a cheaper system but rather a more efficient system. Stakeholders involved in both the funding and the management of the GNC RRT unanimously agreed that a crucial system had been established but it could not remain in the current format forever and that there will need to be a change.

To promote the sustainability of the GNC RRT, UNICEF is exploring the possibility of partnering with NGOs that can provide NCCs and IMOs through Standby Arrangement where the costs of the RRT members are covered by a Standby Partner organisation. This approach has proved highly successful for the Child Protection and GBV Areas of Responsibility, but has limitations related to the sustainability of deployment and management costs. The approach will contribute to collective efforts and partnership while promoting sustainability of the action. For instance, if a larger pool of nutritionists is included within standby partner rosters it is expected in one to two years that Standby Partnerships would be able to cover around 50% of the RRT needs for the Nutrition Cluster[38]. The WASH cluster has a similar RRT mechanism with RRT personnel placed within host agency partners and they are currently looking into cost-recovery models that would increase the financial sustainability of the project – lessons learned from their investigations and applications will be of interest in the future. The WFP/FAO based Food Security Cluster

has a large global coordination team and no RRT. The global team both manages the implementation of the global workplan and deploys to support national platforms. The evaluation team learned that this is not thought to be an entirely optimal model and they are considering adjusting to a model that would be a hybrid of the current FSC model and the GNC model – a global coordination team (smaller than the current but larger than the GNC) with a complementing RRT support mechanism. In conclusion the evaluation team found amongst the current global cluster support mechanisms, with variety of rapid response mechanisms, there is no gold standard. There is no evidence that convincingly lead to the abandonment of one system for the adoption of another.

The evaluation found that **RRT members did not work much on disaster preparedness during deployment and non-deployment and there was no clear consensus on how this concretely needed to be done.** However, many agreed that RRTs could and should work on preparedness though this needed concrete formulation on what exactly preparedness would entail. A RRT member could assist national platforms, partners[39] and especially the Government in making preparedness plans on nutrition in case of an emergency. However, the actual work on preparedness was likely to be done mostly in the field so it was unclear how such work would could be done within the deployment time with so many other pressing priorities. Some felt that it was mostly UNICEF in country that should work on emergency preparedness, not only for its own programs but also related the cluster.

5.6.2 Sustainability of GNC-CT support to national platforms

The obligation to the Integrated Rapid Response Mechanism (IRRM) as set out by the Transitional Agenda has been fulfilled with the deployment of GNC-CT staff as required. However, it was widely felt that the deployment of the GNC-CT to support national platforms resulted in global duties being neglected due to the small size of the global coordination team. Some key informants stated that UNICEF as CLA should explore deploying other senior staff on occasion for cluster responsibilities in a L3 emergency similarly as it is done for UNICEF programmes. This could be done through expanding the capacity of the Global Cluster Coordination Unit (GCCU) currently housing only one senior level inter-cluster focal point and one inter cluster IMO. If that team was strengthened they would be able to support the GNC and other UNICEF led clusters in the IRRM deployments. Another, and not necessarily parallel option, is to increase the size of the GNC-CT so as to minimize the effects of deployment. For example, the deployment of 1/3 staff (33%) or 1/4 staff (25%) has a less significant negative effect than deployment of 1/2 (50%) of the team. There needs to be a balance found between GNC-CT deployment and the essential functioning of higher level activities at the global level.

Some stakeholders felt that sustainable impact in the GNC setting was possible and actually happened. The RRT system showed great partnerships it showed work for the collective good was possible strengthening trusts between partners. The RRT model showed collective efforts and less 'monogamy' of the individual agencies that engaged in the RRT. The majority of interviewees agreed that trust amongst partners had greatly increased with the RRT except between UNICEF and most of the other stakeholders. In some ways the existence of the RRT had aggravated the relationship between agencies and UNICEF as people felt overwhelmingly that UNICEF had become more complacent and relied heavily on RRT in order to gap fill posts it was unable to employ itself. It was once again raised that more needs to be done to mainstream the understanding of the cluster into UNICEF in order for the clusters to function more efficiently and to provide a stronger platform from which GNC and RRT can do its work.

38. Final Report for ECHO on 'Strengthening capacity for effective and timely support to large scale emergencies and humanitarian capacity development in the global Child Protection and Gender Based Violence Areas of Responsibility and Nutrition Cluster', 2013

39. Collective within the cluster or with specific NGOs in the country on how to work with communities when an emergency arises.

6

RECOMMENDATIONS

The following recommendations are made on the basis of all findings. The evaluation looked at the GNC operational and surge support to national coordination platforms and recommendations have been identified for application to the RRT system, to the GNC-CT and for the CLA. From the analysis of the findings the evaluation team recommends to:

IMPROVE THE GNC RAPID RESPONSE SYSTEM

1) **Keep and protect the time division of a RRT member at 50% (max!) for deployment and 50% for non-deployment** (equally distributed amongst the GNC and the host agency). Concrete recommendations for doing so are: within work planning recognize and account for the considerable time spent on remote support to COs; identify potential constraints associated with sudden deployment and pre-identify solutions; ideally assign an equal maximum number of days deployable across all RRT member contracts as opposed to a percentage of time[40], respect in particular the time allocation for host agency activities.

2) **Collectively (re)define the boundaries of how the allocated host agency time is utilized.** The GNC-CT and the RRT host agencies should reconfirm whether RRT time should be used solely for capacity building of the host agency on the cluster approach, or if there is a defined range of flexibility for undertaking agency specific technical nutrition related tasks. Utilizing host agency time in a more strategic manner should be a priority. A suggestion for better utilization o resources is for the GNC and host agencies to collectively set common goals with work planning towards achieving those goals. Alternatively, the 25% host agency time could be optimised by clustering the 25% from each host agency together and thereby allocating one full time RRT members to work on cluster/NiE issues that are pre-identified and collectively agreed and serve the common good (for all host agencies).

3) **Prioritize deployment criteria and develop decision-making tools for use by the Steering Committee**. The tools should give shape to the deployment request in terms of situating the request within the specific national context as well as in relation to previous deployments. The specific request should also be evaluated in relation to on-going or potential deployments within the wider GNC RRT system.

40. Due to varying agency HR policies regarding sick leave and vacation the potential number of days an RRT is deployable currently varies thereby making a percentage calculation variable. HR policies should be shared with the GNC-CT so that equalization of deployment terms can be accounted for.

4) **Develop emergency/deployment specific TOR prior to deployment with defined deliverables relevant to coordination activities.** Routinely have discussions on the TORs with the CO, RRT member and the GNC before the RRTs arrival in country so that roles and responsibilities are clear and appropriate reporting lines are confirmed.

5) **Value the skills, capacity and intent of the rapid response team.** Prioritization of deployment criteria (see also recommendation #3) should limit the amount of gap filling a RRT is engaged in. Multiple/repeat deployments by RRT members to the same national platform could be capped or limited.

6) **Improve sub-optimal RRT staff retention.** This is crucial in order to increase multiple year employment of RRT members thereby protecting the invaluable expertise available to national platforms. Additionally, multiple year retention keeps staff costs down. Further investigation into causes of departure could be conducted. Staff retention could be increased by addressing some of the issues already identified: creating a career path for valuable RRT members within the host agency or broader GNC; capitalise on the RRT experiences and give RRT a more prominent place in GNC meetings and trainings; formalise and nurture more peer-to-peer contact amongst RRT members in order to increase mutual learning and sharing; formalise holiday time and accommodate that by ensuring a back-up plan in case of emergency.

STRENGTHEN THE GNC IN THEIR SUPPORT TO NATIONAL PLATFORMS

7) **Develop an operational support plan for the GNC-CT that engages national clusters in a systemic as opposed to ad-hoc manner**. This would facilitate a more strategic approach to operational support of national platforms as opposed to filling needs as they occur. For example, annual consultation with country clusters to identify top priority support would allow a clear identify of upcoming needs. Natural clustering of support needs (i.e. IM systems and tools, advocacy tools, review of SRPs, etc.) could contribute to a clear workplan identifying explicit support to be provided per country per theme. Technical working group with GNC partners could be formed to support the GNC-CT in implementing that country level workplan. Through identification of routine support needs and work planning around those needs all clusters would receive a basic level of operational support.

8) **Identify modalities for improved strategic engagement of GNC partners/ SAG in support of national platforms.** SAG members, or a specially formed GNC Working Group, could be mobilized to expand the operational support to national clusters. This could be through building upon pre-identified activities in the GNC Workplan[41], for example through supporting Cluster Performance Monitoring exercises, or through other modalities.

9) **Ensure that the effects on the core business functions of the GNC are mitigated during the critical deployments of the GNC-CT (both for IRRM and in support of national coordination platforms). This can be done through a variety of ways and not necessarily in isolation of each other.** The GNC-CT is a very small team and they fulfil essential functions at the global level therefore the cost-benefit ratio for deployment is considerable. One option is the expansion of the GNC-CT to increase the number of senior level staff available for critical deployments. Another option is to make more senior level CLA staff available for deployment within the IRRM as needed. Staff within the GCCU would be best placed to assume those responsibilities but in order for that to be a viable option their capacity needs to be increased. A third suggestion is to increase the senior level capacity within the RRT to relieve the deployment burden on the GNC-CT

41. See Table 2 for an overview of the Operational and Surge Support requirements as per the GNC Workplan 2014-2016.

10) **Develop a surge support plan for the coming years with clear and concrete assumptions on magnitude (numbers/ duration) of emergency support required and how many RRT personnel are required to meet those needs.** Then start working on implementing a timely plan to meet those needs which includes capacity development and retention schemes so that recruitment of highly qualified RRT staff is easier and remains in position longer.

11) **Map IM surge needs of national coordination platforms and consider whether alternative mechanisms for IMO deployment are viable.** IMOs could possibly be made interchangeable between clusters with a pool of partially polyvalent IMOs created with the idea of improving availability and coverage. Another possibility is working more with Standby Partners to develop and provide IMOs on an as needed basis so as to avoid maintaining a standing IM team.

12) **Continue to explore ways in which national clusters can have improved access to technical rapid support in areas such as CMAM, IYCF and nutrition assessments.** This support would be for the benefit of the cluster partners as a whole with a focus on standards, systems and capacity building. Further consider whether it should be advocated that NGO partners systematically provide this and if so, what system could enable such technical support (for example recommendation #8 which calls for further strategic engagement of SAG and GNC partners in supporting national clusters). Alternatively, further explore the idea of having rapid response personnel who can be deployed to support the technical needs of a national cluster.

13) **Further explore alternative funding modalities for the RRT system such direct funding to an NGO consortium instead through the CLA**. Economic analysis indicates that placement of RRT personnel within hosting NGO partners is a significant cost saving measure. Further cost saving measures could be obtained by reducing administrative costs through funding NGOs directly. Consortium funding would ensure that fund distribution and reporting measures remain streamlined. Recent experiences within the WASH cluster could prove to be valuable.

ADDRESS RECURRING ISSUES FOR THE CLA

14) **Reinforce deployment from regional or country office staff for support to national clusters and to fill extended capacity gaps. Define and strengthen the role of the regional offices in supporting national clusters.** While regionalisation of the RRT system is not recommended, the roles and responsibilities of staff at the CLA regional offices to support national nutrition clusters need to be clarified and strengthened. The missing link needs to be defined thereby establishing a wider network of support options.

15) **Increase awareness among UNICEF staff and management on the responsibilities of the CLA** including attention to improved management of cluster accountabilities at the country level and better understanding of the roles vis a vis UNICEF programme and cluster coordination. Sensitisation to the cluster approach and principles should be systematically rolled out in all UNICEF CO's. Attention should be paid to highlighting the separation of UNCIEF programme activities and cluster activities and well as reinforcing the neutrality of cluster work.

16) Continue working on previous recommendations that **the CLA develops an integrated strategy for surge capacity**

and a UNICEF-wide effort for developing coordination staff[42] **in order to improve the range of human resources** available to respond to national coordination platform surge needs in a timely way. While the RRT and the GNC-CT are a valuable resource they should not be the only support available to support coordination needs at the national level. Improved support from regional offices and other deployment mechanisms such as standby partners or internal UNICEF re-deployment could be expanded in order to provide a menu of options that would fit variable needs.

17) **Improve recruitment practices in general and with a special focus on shortening the recruitment time in between the RRT deployment and the longer-term staff placement.** The CLA needs to prioritize filling coordination and information management positions within a reasonable time of the RRTs deployment. The gains made by the RRT and the sustainability of the systems set up by the RRT member depend on a timely recruitment of staff to take over coordination responsibilities.

42. Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action Final Report (CLARE Report), UNICEF 2013

ANNEX 1: DOCUMENTS REVIEWED

- GNC Strategic Operating Procedures March 2014
- GNC Strategic Plan July 2014
- RRT Dashboard September 2014
- Evaluation of Support Provided to the National Coordination Platforms, Global WASH Cluster May 2014
- Inter-cluster RRT Retreat Main Recommendations, June 2013
- WASH Lessons Learned from End of Mission Reports April 2013
- GNC RRT Technical Skills Mapping
- GNC RRT Work plan 2013-2014
- GNC RRT Leaflet (2013 & 2014)
- GNC RRT Time tracker
- Job Description for GNC RRT Information Management Officer
- Job Description for GNC RRT Nutrition Cluster Coordinator
- RRT Orientation Package
- GNC RRT Members and Partners Meeting Minutes June 2013- October 2014

• End of Mission Reports and Monthly reports for:

Angelina Grant

Anna Ziolkovska

Deborah Wilson

Geraldine Bellocq

Paul Wasike

Samra Hanif

• Final Report for ECHO on 'Strengthening capacity for effective and timely support to large scale emergencies and humanitarian capacity development in the global Child Protection and Gender Based Violence Areas of Responsibility and Nutrition Cluster', 2013

• Lessons Learned in Somalia Nutrition Cluster, GNC and Somalia Cluster 8 September 2014

• Lessons Learned in Yemen Nutrition Cluster, GNC and Yemen Cluster 10 September 2014

• Lessons Learned in Ethiopia Nutrition Cluster, GNC and Ethiopia Cluster September 2014

• Lessons Learned in Philippines Nutrition Cluster, GNC and Philippines Cluster 11 September 2014

• Overview of Core Cluster Issues in South Sudan Nutrition Cluster. Reports from GCC Mission 27 July to 15 August 2014

• Somalia National Nutrition Cluster Team and GNC Coordinator Meeting Minutes. 29 August 2013

• Project Cooperation Agreements (PCAs) for RRT funding between UNICEF and the four partner agencies (IMC, ACF, World Vision and ACF)

• UNICEF RRT Human Resources Arrangements Mapping of Partners, 2013

• RRT Deployment Checklist

• Rapid Response Team – Nutrition: Workflow for Cluster Coordinator and Cluster IMO Requests , October 2013 (draft)

• Highlights of the GNC-CT Meeting with Partners and the Nutrition RRT June 2013-August 2014

• Global Nutrition Cluster Vision 2011-2013

• Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action Final Report (CLARE Report), UNICEF 2013

ANNEX 2: LIST OF INTERVIEWEES FOR THE EVALUATION

	Category	Name	Title/Description of role
1	RRT	Angeline Grant, ACF	RRT NCC (finished 26 Sep 2014)
2		Anna Ziolokovska, ACF	RRT IMO
3		Deborah Wilson, IMC	RRT NCC (finished 30 Jun 2014)
4		Paul Wasike, SC-Uk	RRT NCC
5		Geraldine Belloq, IMC	RRT NCC (finished June 2013)
6	GNC Coordination Team	Josephine Ippe	Global Coordinator
7		Ayadil Saparbekov	Deputy Global Coordinator
8	SAG	Diane Holland, UNICEF	Snr. Nutrition Adviser
9		Britta Schumacher, WFP	Programme Policy Officer
10		Anne-Dominique Israel, ACF	Snr. Nutrition and Health Adviser
11		Nicki Connell, SCUS	Humanitarian Nutrition Adviser
12		Samson Desie	Cluster Coordinator, UNICEF Ethiopia

13	UNICEF Staff	Julian Temple	EMOPS, Stand-by Partner Manager
14		Gwyn Lewis	EMOPS, Global Clusters Unit Manager
15	RRT Partner Agencies	Silke Pietzch, ACF-USA	Technical Director
16		Saul Guerrero	Director of Operations, ACF-UK
17		Jose Luis Alvarez	Senior Technical Advisor, ACF-UK
18		Caroline Abla, IMC	Director, Nutrition and Food Security
19		Sarah Carr, WV	Emergency Nutrition Technical Adviser
20		Geraldine Lecuziat, SC-UK	Humanitarian Nutrition Adviser
21	In-country supervisors for RRT missions	Megan Gayford, Pakistan	Cluster Coordinator
22		Francis Ayambaye, CAR	Cluster Coordinator
23		Maya HageAli, South Sudan	Cluster Coordinator
24		Willibald Zeck, Phillipines	UNICEF Chief of Health and Nutrition
25		Oscar Butragueno, Somalia	UNICEF Chief of Field Operations
26	Selected Country Clusters receiving GNC-CT support	Leo Mantuga	Afghanistan; NCC
27		Tamirua Mathewos	Ethiopia:IMO
28		Isaack Manyama	Ethiopia; NCC
29	Other Clusters	Dominique Porteaud, WASH	Global WASH Cluster Coordinator
30		Silvia Ramos	RRT member WASH Cluster
31		Emma Tuck	RRT member WASH Cluster
32		Cyril Ferrand, Food Security	Global FSC Coordinator
33		Andre Griekspoor	Health Cluster, WHO
34		Catherine Barnett, Child Protection	Global CPWG Coordinator
35	Donors	Catherine Chazaly, ECHO	ECHO Brussels
36		Marie-Sophie Whitney	ECHO Nutrition
37		David Rizzi	ECHO Africa Regional NBO
38		Kennedy Shiundu	ECHO Africa Regional NBO
39		Torben Bruhn	ECHO Asia Regional
40		Roselynn Mullo	ECHO Asia Regional
41		Abigail Perry	DFID
42		Mark Phelan	OFDA

ANNEX 3: EVALUATION SCHEDULE

Week of....	Oct-27	Nov-03	Nov-10	Nov-17	Nov-24	Dec-01
Analytical Exercises	Desk Review	Desk Review				
Qualitative Assessment	Draft questions Set up interviews	Finalise questions Set up & conduct interviews	Interviews (Mija)	Interviews (Mija)	Interviews if necessary. Compile findings	Interviews (Leah)
Feedback / meetings	Dialogue with SAG & GNC-CT	Comments on Inception Report 5 Nov				
Deliverables	**Inception Report 29 October**		**Final Inception Report 10 November**			

Dec-08	Dec-15	Jan-05	Jan-12	Jan-19	Jan-26	14-Feb
	Prepare Draft Report	Prepare Draft Report			Prepare Final Report	
Interviews (Leah) Compile findings						
				Comments on Draft Report 21 January		Mid Feb Present at GNC
			Draft Report 14 Jan		**Final Report 27 January**	**Presentation to GNC**

ANNEX 4: LIST OF GUIDING QUESTIONS USED DURING INTERVIEWS

Note: questions during interviews will vary in order and not everybody will be asked the same or all questions.

First general introductory questions:

- What exposure did you have with RRT (or GNC-CT) support, elaborate

- What was your role, your impressions

A. RELEVANCE/APPROPRIATENESS:

1. **How closely is the RRT support aligned with coordination needs in country?**

Questions:

i) Who developed the TORs for the deployment and are you satisfied with this process? Did the TOR meet the immediate needs in the country? Did it have the most impact on coordination or on response - or both?

ii) What has RRT provided for support (re coordination but also broader) and was this in line what was a. agreed/ToR b. needed?

2. **How effectively have the RRTs utilized the 50% of their time and how have they used their time when not deployed in the field, especially the activities done while working with the host agency and the GNC-CT.**

Questions:

i) Was the allocation 50-25-25 sufficient for field? For GNC CT? For host/NGO?

ii) How relevant was the work for field/GNC/Host agency? And relevant to whom? Was it in line with

the ToR and/or Work Plan (GNC-CT)? What purpose did it serve? Elaborate.

iii) Of the 50% time allocated for deployment, what % of that time was utilized in the field?

iv) Of the 25% allocated to the GNC, what were the major themes of activities undertaken? Was this time utilized adequate/appropriate?

v) Questions on ***internal accountability*** of RRT member: to whom he/she was accountable? What was the experience of this choice? What would be best and why?

3. **Is this model of 50%+25%+25% useful? What are the lessons learned from other RRT mechanism? What is the comparative value of the RRT model versus another model of support to national platforms (including other cluster models)?**

Questions:

i) Is the allocation in % appropriate, realistic? Elaborate.

ii) What were the constraints/challenges?

iii) What are the positive and negative aspects of the GNC model of having rapid response personnel outsourced into partner agencies?

iv) How is the WASH model? Do you know other models? (FS? Health?) Compare and elaborate?

v) What are other examples of modalities to support national platforms?

4. **How relevant/appropriate is the support provided by GNC-CT? What are the lessons learned?**

B.EFFECTIVENESS

1. **To what degree has the GNC-CT and the RRT contributed to improved coordination of the emergency response through the support provided to countries?**

Questions: To do this for GNT-CT and RRT in separate ways

i) What did RRT/GNC CT contribute to response? elaborate

ii) Could this support have been provided in different ways/by others?

iii) In what way could it have been provided in more effective ways? Elaborate. Are there lessons learnt from this?

iv) Did the GNC or (CT) mobilize resources to support operational and surge support? This could include information on how funds are raised for the entire surge support and this could include securing of the funds for the RRT, negotiating PCA with the RRT partners, reporting to donors, recruitment of the RRTs, the timeliness ect.

2. **To what degree the RRT mechanism serves as an effective mean for surge response, including analysis of effectiveness of deployment process (i.e. all requests for RRTs are met within 72 hours of the request receipt)?**

Questions:

i) Was deployment done within 72 hrs, if not why not? What hurdles and how were they surmountable?/avoidable?

ii) If not within 72 hrs, was this detrimental in anyway? Is 72 hrs relevant as a goal? Why?

iii) Was there a good understanding amongst all stakeholders on the RRT mechanism? Were there misunderstandings/different expectations? Elaborate.

iv) Are the TORs of RRT personnel understood and respected in country during deployments?

3. **How did the RRT partner agencies support the GNC RRT mechanism (recruitment, deployment, other support) and was the support adequate[43]?**

Questions:

i) What was formally the role of RRT partner agencies vis-à-vis RRT?

ii) What support was provided? If different from agreements, why was it different?

iii) Was the support adequate in relation to the core

43. In relation to contributing to the core functions

functions of the cluster? In what way?

iv) What is the challenge for a RRT partner agency to provide this support? Can this be done differently? Any lessons learnt?

v) How does this current model of RRT staff being recruited by a partner agency compare to them being recruited directly by UNICEF/the GNC? Are there advantages or disadvantages you can note?

4. **How has this RRT model had an impact on global cluster partners participation and engagement in global cluster issues, within the RRT project and beyond?**

Questions:

i) Has the engagement of RRT partner agencies caused them to be more engaged in the general work of the cluster at national or global level?

ii) Has the direct engagement of GNC partner agencies in responding to national coordination platform needs had any spillover effect on the engagement of other GNC partners, positive or negative? E.g. Are other GNC partners perhaps less engaged in the GNC?

C.EFFICIENCY

1. **What resources has the GNC had at its disposal to fulfil its responsibilities to support countries as successfully as possible and have they been adequately harnessed?**

Questions

i) Besides the RRT, what other resources does the GNC have to support national platforms? Is it enough to meet their needs?

ii) Are their resources (systemic, fiscal, personnel) that the GNC could further access to improve support?

iii) What other resources (specifically human resource) was mobilized to support country clusters in addition to the RRTs? These could include the GNC-CT support to countries on recruitment, liaison with the Humanitarian partnership office within the CLA to identifying NCC or IMOs from standby partners to fill a gap in a given countries, liaising with UNICEF country offices on request for RRT or standby partner support, review of the TOR to ensure they are line with the support GNC provides to countries (limited to cluster work, not Unicef programme work).

2. **To what extent is the current RRT model a good use of resources as examined through the appropriate use of the 50%-25%-25% model? Are their suggestions or evidence for more cost-effective mechanisms that will provide similar or better results in providing support to Nutrition Coordination Platforms in humanitarian contexts?**

Questions:

i) What are approx. the cost to have a RRT system? Who carries which costs? And for what exactly?

ii) Could there be another financial set-up ensuring the provision of the same services?

iii) What would be the comparative value of investing the allocated resources for an RRT directly into expanding and strengthening the GNC-CT to better support national platforms.

iv) In the lessons learnt part of the RRT retreat report is stated: to secure funding takes a long time – elaborate. What are hurdles, to what detriment on impact of RRT?

3. **What are the comparative advantages of the RRT mechanism vis-à-vis other mechanisms?**

Questions:

i) What other mechanisms could be there to support/conduct NC work?

D. COHERENCE/CONNECTEDNESS

1. **How clearly have the support mechanisms given by the GNC-CT been linked among themselves with other relevant initiatives and with the regional levels?**

Questions:

i) What has been the role of the regional office in supporting national coordination platforms? Has

this been appropriate?

ii) Are the generic RRT TORs comprehensive and matching with the needs on the ground? What could be changed?

iii) How did the GNC support (CT or RRT) fit into the existing coordination and response structures on the ground? Where they reinforcing or was their duplication? What worked and what didn't work?

2. **Have any of the RRT deployments contributed to improved coherence in the overall humanitarian response in country?**

i. What sort of remote support does the GNC-CT provide to national platforms? Is it seen as contributing to improved response?

E. COVERAGE

1. **To what extent has the GNC RRT and support by the GNC-CT improved the reach of humanitarian coordination within the nutrition sector, both in terms of geographic and temporal coverage, through enhanced support to national Coordination Platforms within L3 context?**

Questions:

i) Before 2012 (the RRT), what was the average annual of surge response deployments for national coordination platforms? How many countries (and what % or requests) was the GNC able to support surge requests in? How does this compare to 2012-2014 when the RRT was operating?

ii) What surge and operational support did the GNC-CT provide? What specific role within the cluster function did these visits meet?

2. **What are the trends in requests for support, fulfilment of requests, and availability of members for deployment? Has the GNC RRT and GNC-CT been able to meet the needs for national coordination and technical support?**

Questions:

i) Was there ever a situation that RRT/GNC CT support was requested but not delivered? Elaborate.

ii) Was the deployment in line with needs for national coordination and/or technical support?

iii) How often is their a request for support but no RRT is available? What is the back-up plan in those instances?

F. SUSTAINABILITY

1. **Has this immediate support of the GNC-CT and RRT resulted in the immediate improvement of in-country coordination and in facilitating a response capacity? Has it enhanced the long term coordination?**

Questions:

i) Did the RRT/GNC-CT contribute to immediate improvement of a. in-country coordination b. response capacity? elaborate

ii) And on the long term as well? Elaborate

iii) What are the funding mechanisms re RRT and how sustainable is this? What needs changing and why?

2. **How does RRT contribute to transition process (where Governments and /or partners take over the coordination mechanisms) (if at all), to preparedness and capacity building?**

3. **How does the RRT mechanism contribute to the capacity of GNC to fulfil its obligation under the Integrated Rapid Response Mechanism (IRRM) framework?**

4. **What are the key findings from other cluster RRT evaluations/reviews and how do those compare with this current GNC evaluation? Using that evidence, what are the future requirements in relation to possible expansion of this system? What are potential recommendations for adaptation to an alternative/modified system?**

Questions:

i) Were there evaluations on RRT previously by WASH? Education? Health? Prot? Etc If so what were the main findings and do they differ from this review/eval? Elaborate.

ii) If RRT system is to be expended, what would be needed to do so?

iii) Does the current RRT system needs changes? Elaborate.

iv) Or do we need a totally different system? Elaborate.

Last questions (if not yet covered):

- If we could do this deployment system/RRT again, how would you do it differently?

- What are for you the strongest points of RRT, the weakest?

- If you were entitled to make any changes, what would you change of the RRT system?

“The GNC-CT has contributed to improve in country coverage of humanitarian coordination needs through efforts to supply a combination of RRT members, stand-by partner deployments and GNC-CT in-country deployments and visits resulting in more than half of the cluster countries receiving direct support for their coordination needs.”

The GNC Rapid Response Team members are seconded from the following agencies:

ACTION AGAINST HUNGER · International Medical Corps · Save the Children · World Vision · unicef

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