

Cluster HRP Guidance

The HRP is meant to present a summary of the **country strategy (Part I)** and **operational response plans (Part II)** by sector/cluster to address the **identified and projected needs for 2016**. The short **operational response plans** are intended as a summary to provide a simple overview of the cluster/sector's proposed response.

Each cluster is requested to submit content for a **one page operational response plan summary** and data to populate the HRP annexes in the following format:

1) Cluster/sector level objectives, indicators, baselines and targets

Guidance Note: Refer to the accompanying five (5) country-level Strategic Objectives (SO) as set by the HCT. Input your cluster specific objectives, to a maximum of five (5) objectives (add more tables as needed). Link each cluster objective to one or more of the relevant country-level SOs. Insert indicator lines to measure each Cluster Objective; preference is to use existing core indicators from the RMF 2015 as much as possible for consistency, and to facilitate comparative monitoring and analysis in coming years.



Nutrition Cluster Objective 1: *[The incidence of Acute Malnutrition is reduced through Integrated Management of Acute Malnutrition (IMAM) among boys, girls, pregnant and lactating women. (15 word max)]* relates to country-level SO2, SO3

INDICATOR	IN NEED	BASELINE	TARGET
No and % of boys and girls 0-59 months admitted for treatment of acute malnutrition in priority areas	627,507 children(240,605 SAM and 386,901 MAM)	295,588 children (155279 SAM and 140,309 MAM)	253,126 children (97,036 SAM , 156,090 MAM)
No and % of Pregnant and Lactating women admitted for treatment of acute malnutrition in priority areas	116,160 PLW	105,342 PLW	116,160 PLW



Nutrition Cluster Objective 2: *[Enhance the prevention of Acute Malnutrition through promotion of Infant and young child feeding (IYCF) and micronutrient supplementation (15 word max)]* relates to country-level SO2, SO3

INDICATOR	IN NEED	BASELINE	TARGET
Proportion of Health workers trained in IYCF in targeted provinces	100%	0	40%
Proportion of women with children aged 0-23 months who are accessing appropriate IYCF promotion messages in humanitarian situations	743,837 Women/caregivers	624,554 Women/caregivers	369,287 women/caregivers
	832,532 Children	594,036 Children	333,013 Children(169,837 Boys and 163,176 girls)

No. and % of boys and girls 6-23 receiving multiple micronutrient supplementation (MNPs)			
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 **Nutrition Cluster Objective 3:** *[Quality community and facility based nutrition information is made available timely for programme monitoring and decision making through regular nutrition surveillance (rapid assessments, nutrition surveys, sentinel site surveillance, coverage assessments)and operational research. (15 word max)]* relates to country-level SO4,

INDICATOR	IN NEED	BASELINE	TARGET
No and % of Nutrition surveys, RNA and coverage assessments conducted in targeted provinces.	22 SMART Surveys, RNA as needed, 22 coverage assessments	8SMART, 4 RNAs, 14 Coverage Assessments	10 SMART Surveys, 5 RNAs, 5 Coverage Surveys
No of staff trained in Surveys/RNA/coverage assessments	350 Staff	347 staff	350 staff

Nutrition Cluster Objective 4: *[Enhance the capacity of partners to advocate for and response at scale to nutrition in emergencies (15 word max)]* relates to country-level SO4, SO5

INDICATOR	IN NEED	BASELINE	TARGET
No and % of nutrition advocacy papers developed.	5 advocacy Activities	0	5 Advocacy papers
No of government and nutrition partners staff (disaggregated by sex) trained in Nutrition in Emergences in priority areas	100 staff	0	100 staff

2) Target Beneficiaries (90 words max)

Guidance Note: Briefly describe the people targeted by your cluster (beneficiary categories), indicating refugees separately.

The nutrition cluster will target the following beneficiaries' categories:

- Boys and girls 0-59months of age
- Pregnant and lactating women
- Women of reproductive age

A special focus will be given to the above beneficiary categories in refugees and IDPs areas due to their increased vulnerability.

3) Tiered cluster response strategy (275 words max)

Guidance note: Include a brief narrative outlining cluster/sector response strategy including summary of priorities and implementation modalities (including where cross-sector/cluster coordination will be key).

Include narrative on relevant sectoral refugee response in this section.

Where clusters have developed a more comprehensive response plan, you may provide a link to the full plan available online.

Note on tiered response planning: A tiered response plan approach has been recommended by the HCT to allow for strategic prioritization of response activities and provision of minimum response packages according to staged funding levels received over the course of 2016. Minimum packages are caseload specific and should be sequenced as **first-line, second-line and full cluster responses**, which can be scaled up if additional funding is secured (e.g. if you only receive 10% funding by Quarter 1, who and what would you prioritise first?).

Based on HCT discussions to date: as a **first priority**, clusters would target conflict-affected, refugees and returnees in need of immediate assistance; as a **second priority**, direct assistance to other areas where relevant sector indicators are below emergency thresholds or standards, and; as a **full cluster response**, respond to all identified needs within cluster boundaries [reference Iraq HRP 2015 for examples by cluster].

The cluster strategy is to provide nutrition support in all emergencies that will occur in the country in 2016 including already existing refugees, returnees and newly displaced people. Additionally 17 priority provinces with SAM rate more than 3% (NNS2013) and provinces highlighted by the seasonal food security assessments (SFSA) as having more than 20% of the population food insecure. In total the nutrition humanitarian response will be provided in 22 of the 34 provinces. The remaining 12 provinces, though not part of the HRP will still have nutrition activities covered through development partners. Nutrition response will be provided through existing health facilities and mobile health and nutrition teams where health facilities cannot reach affected population. Key nutrition activities will include screening for malnutrition, referral and follow up, treatment of acute malnutrition, nutrition assessments and surveillance, provision of Infant and young child feeding promotion messages, as well as provision of micronutrient powders to children 6-23months in all targeted areas.

4) Participating Organizations

Guidance: Include any active national/international organizations you want to highlight, including agency funding requirements (USD\$) for activities which are aligned to the HRP 2016. This gives partners an opportunity to identify what planned projects will align with the cluster's strategy, and offers visibility.

Also include any participating organizations who are not directly appealing for funding (e.g. implementing partners who are funded by UN programmes). They will be included if space allows.

ORGANIZATION	REQUIREMENT (USD\$)
MoPH, UNICEF, WHO, WFP, AADA, ACTD AHDS AKHS BDN BRAC CAF	[insert]

CPHA	
DAC	
HADAAF	
HHAAWC	
HN-TPO	
IMC	
Medair	
Move	
MRCA	
PU-AMI	
SAF	
Save the Children	
SCA	
SDO	
SHDP	
TIKA	
WVI	

5) What if... we fail to respond in your sector? **(55 words max)**

Guidance note: This section underlines the urgency to provide funding by giving **practical examples** of the likely impact of significant underfunding on the people targeted by the HRP. Include cluster/sector specific examples.

In the event that the cluster fails to provide nutrition support to malnourished children and women in emergencies and the targeted provinces, there is a likelihood of increased morbidity and mortality for the affected children. Nutrition support to severely malnourished children is so essential to reduce the risk of death. Moderately malnourished children would potentially become severely malnourished increasing the risk to mortality. No response to pregnant and lactating women would result in poor birth outcomes with increased risk of death

6) Cluster Contact for 2016

Guidance note: Insert the appropriate cluster contact information to be included in your section page

First and last name: [Leo MATUNGA]

Title: [Nutrition Cluster Coordinator]

Agency: [UNICEF]

Email address: [lmatunga@unicef.org]

7) Response Monitoring Framework update

Guidance note: Refer to the accompanying RMF 2015 for **updating only as needed**. As noted above, try to ensure consistent core indicators (RMF 2015) to facilitate monitoring and analysis over time.

NUTRITION CLUSTER

Nutrition Monitoring	Strategic Priority One	Strategic Priority One	Strategic Priority One
Indicator	% of boys and girls 0-59 months with acute malnutrition admitted	% of boys and girls 0-59 months cured of acute malnutrition	Proportion of Health workers trained in IYCF in targeted provinces
Benchmark	295,588	86.8%	0%
Target	253,127 boys and girls 0-59 months	>75% (sphere Standard)	>40%
Numerator	Number of Boys and Girls 0-59 months admitted	Number of Boys and Girls 0-59 months cured	No of health workers trained on IYCF in targeted provinces
Denominator	Number of boys and girls 0-59 months targeted with IMAM programmes	Number of boys and girls 0-59 months discharged from IMAM programmes	No of all health workers targeted provinces
Data source	Partners monthly Statistical reports/ Nutrition Database	Partners monthly Statistical reports/ Nutrition Database	Partners monthly Statistical reports/ Nutrition Database
Disaggregation	Male/Female	Male/Female	N/A
Data Collection Method	Monthly reports from nutrition partners UNICEF to compile	Nutrition Services monthly reports from partners	Nutrition Services monthly reports from partners
Org. Responsible for Data Collection	BPHS NGOs, Government	BPHS NGOs, Government	BPHS NGOs, Government
Geographic Level of Data	Health facility/Community site	Health facility/Community site	Health facility/Community site
Reporting Frequency	Monthly	Monthly	Monthly
Expected Partner Activity Reporting:	Number of boys and girls with acute malnutrition admitted to TFU, OPD SAM, OPD MAM	Number of boys and girls with acute malnutrition 0-59 months discharged cured	No of health workers trained on IYCF in targeted provinces
Additional denominator info. reporting	Total number of estimated children with acute malnutrition targeted for inclusion in IMAM	Number of boys and girls 0-59 months discharged from IMAM programmes	Total health workers targeted with IYCF training

Nutrition Monitoring	Strategic Priority One & Three	Strategic Priority Three
Indicator	% of boys and girls 6-23 months who receive multiple micronutrient supplementation (MNPs)	% emergency situations where Rapid Nutrition Assessments conducted
Benchmark	210,965	0%
Target	333,013 boys and Girls 6-23 months	>50%
Numerator	Number of boys and girls 6-23 reached with MNPs	No of Emergency Situations where RNAs has been conducted
Denominator	Number of Boys and girls 6-23months targeted to receive MNPs	No of Emergency situations requiring RNAs
Data source	Partners MNP campaign reports	RNA reports
Disaggregation	Male/Female	N/A
Data Collection Method	Monthly reports from partners	Assessment
Org. Responsible for Data Collection	BPHS NGOs, Government	BPHS NGOs, Government
Geographic Level of Data	Health facility/Community site	Health facility/Community site
Reporting Frequency	Monthly	As Necessary
Expected Partner Activity Reporting:	Number of boys and girls 6-23 months receiving multiple micronutrient supplementation (MNPs)	Number of RNAs undertaken
Additional denominator info. reporting	Total number of children 6-23 months targeted to receive MNPs	Total situations where RAF indicated RNA required

8) Funding requirements (USD \$)

***Guidance note:** Refer to the accompanying 2014-15 Activity-Based Costing matrix for your cluster, update accordingly and return. This will form the basis for your overall funding requirement for 2016.*

Note that total requirements for the Refugee Response Plan will remain distinct from cluster/sector financial requirements.

Cluster funding requirement for 2016: [USD \$ 63, 246,962]