
1. Purpose and methods of the joint GHC-GNC mission
The purpose of the joint mission was to:
1. Review cluster mechanism and assess coordination performance at national and subnational levels, and reflect on continued need for cluster coordination for the coming year(s)
2. Assess current collaboration between the Health and Nutrition clusters, as well as with other clusters as relevant to the nutrition and health humanitarian strategic objectives (at national and sub-national level)
3. Propose options that can make health and nutrition clusters more efficient, their staffing capacities, as well as modalities for inter-cluster collaboration.

The team consisted of Vivienne Forsythe, representing the GNC, Andre Griekspoor, representing the GHC. Furthermore, Sylvia Kaufmann from the UNICEF regional support office joined the team for four days. Invited global NGO partners were not able to join due to visa delays. The team met with key UN agencies, Ministry of Public Health (MoPH), health and nutrition cluster NGO partners, donors, and selected other cluster coordinators. The team visited Jalalabad to assess subnational coordination. Key documents were reviewed.

We would like to thank all the partners we met for the time they made available for us and express our respect to all who are working under the demanding circumstances in Afghanistan.

2. Background and humanitarian context
Since 2012, the Humanitarian Country Team (HCT), supported by OCHA, has developed a number of tools that allow better multi-sectoral analysis for humanitarian strategies and setting priorities in a context of protracted crisis, including a needs and vulnerability analysis (NVA), ranking of priority provinces by sector, and operational presence of partners. Cluster performance is monitored based on key expected outputs. Separate maps exist that indicate access restrictions due to the security and political situation to geographic areas for the government, the UN agencies and NGOs. As development and recovery programmes are not delivering as expected leading to deficits in services and access to goods, and due to the deteriorating security context, humanitarian needs in key sectors are still significant. The withdrawal of ISAF troops and the elections in 2014 is expected to lead to a further deterioration. Access is more and more constrained for humanitarian programming based on humanitarian principles. As Afghanistan has become a protracted crisis, donor interest is decreasing, and key international NGOs are reducing operational capacities, also due to high security risks. To rationalise the clusters, to reduce transaction costs and improve their efficiency, the HCT had proposed in January 2013 to merge several clusters, including health with nutrition.

3. Cluster performance
The performance of the Health and Nutrition clusters was reviewed against the generic six core functions for clusters and their deliverables. Prior to the mission both the Health and Nutrition clusters initiated the Cluster Performance Monitoring surveys. Intermediate results were used for triangulation of findings from the interviews and documents.

Health cluster: Overall the health cluster performed well. With partners, a good risk and needs analysis is done, and the information from the Disease Early Warning System (DEWS) provides valuable information at district level to detect and respond to outbreaks. Data on health facilities and their functionality comes from the partners and MoPH involved in the Basic and Essential Packages of Health Services. The process and quality of the CHAP strategic plan meets all expectations. All expected contingency plans for health hazards are in place. Resource mobilisation for the health cluster was at just over 70% by
the end of June, all partners interviewed were positive about the cluster support to joint proposal development and the resource allocation process between cluster partners.

**Recommendations for the health cluster:**

- Together with MoPH and cluster partners, assess capacity and develop a five year roadmap for Disaster Health Risk Management led by the MoPH, linked with the Afghan National Disaster Management Authority and Provincial Disaster Management Committees, that includes Early Recovery approaches supported by the health cluster (focus on selected capacity building for emergency preparedness and lifesaving response aligned with CHAP priorities).
- Ensure continued funding for DEWS, and prepare Information Management mission to learn from the Afghan experience of risk mapping and ranking priority areas for priority setting in a protracted crisis, and help further improve strategic analysis of available health data, including more active engagement in multi sectoral analysis.

**Nutrition cluster:**—The cluster has made significant contribution to supporting establishment of nutrition services across Afghanistan, conducting capacity building of nutrition staff at both national and sub-national level on Community Management of Acute Malnutrition (CMAM) and Nutrition in Emergencies (NIE), facilitating the revision of protocols and guidelines for CMAM; and translation of NiE handbook. The cluster has collaborated with the Food Security and Agriculture Cluster (FSAC) inputting into the ICP and with FSAC and WASH to develop a sentinel surveillance system (piloted Nov 2012-Feb 2013) in a limited number of sites. Resource mobilisation for the nutrition cluster was at over 80% by the end of June. However, the performance of the nutrition cluster has been weak in some of the core functions; although a rapid nutrition assessment tool has been developed by cluster partners (not yet validated by MoPH), there are concerns in relation to the lack of validated information on nutrition status and the lack of clear focus of emergency nutrition vis a vis longer term nutrition interventions.

**Recommendations for the nutrition cluster:**

- With support from the GNC and the Regional and County Offices; and through a consultative process with partners; the Nutrition cluster should develop a clear strategy for Nutrition Emergency Response for 2014 and beyond, aligned with CHAP priorities.
- (Again with support as above) the Nutrition cluster should assess capacity of the Nutrition section of the MoPH against the core functions of the cluster and develop a realistic and time bound plan to strengthen the capacity of the section to gradually take on coordination responsibilities.
- There is need for significant strengthening of the nutrition information and surveillance, building on the existing work of the cluster. This should include – a) review of the tri-cluster sentinel surveillance established as a pilot in 2012 (WASH, Nutrition and FSAC) with amendments as necessary and re-establishment of this surveillance system – until the longer term nutrition surveillance system to be implemented jointly by UNICEF and WHO is up and running (currently in planning phase), b) every effort should be made by UNICEF to ensure that preliminary findings from the national nutrition survey conducted in 2013 are available to feed into the analysis and prioritisation process of the 2014 CHAP, c) the cluster should identify appropriate partner(s) to support implementation of additional province level SMART and province or local level Rapid Nutrition Assessments surveys as required.
4. Inter-cluster coordination and collaboration with other clusters

Several good examples of inter-cluster coordination were identified during the mission including the improved inter-cluster analysis facilitated by the NVA, Nutrition and FSAC collaboration on IPC; WASH, FSAC and Nutrition sentinel surveillance; and joint programming for cholera outbreaks between Health and WASH clusters. Nonetheless, the team identified a number of missed opportunities for greater strategic joint analysis and joint programming to improve effectiveness of cluster responses, both between the Health and Nutrition clusters, as well as with other key lifesaving clusters in particular WASH and FSAC. However there was a general consensus between all partners interviewed that the merging of the Health and Nutrition clusters would not lead to greater efficiency. Never the less, stakeholders across the board were aware of the need for greater joint strategic analysis and collaboration, and to identify and build operational synergies between Health and Nutrition as well as with other relevant clusters, in particular with FSAC, WASH and protection clusters. Further details for improving inter cluster collaboration, and the pros and cons of the option for merging the Health and Nutrition Clusters, will be provided in the full report.

**Recommendations for the health and nutrition cluster:**
- To engage actively in multi-sectoral analysis and strategic planning, in particular the IPC multi cluster analysis for drought and consequences of food-insecurity, and to identify strategic synergies and coordinated operational programming across the key clusters (incl. causal analysis for malnutrition).
- Where relevant for hazards that require response from more than one cluster, organise on demand inter-cluster meetings for joint analysis and programming (e.g. for drought between FSAC, Nutrition, Health and WASH, for Cholera between WASH and Health)
- Regional Inter-Cluster Coordination mechanisms need to remain flexible and action oriented, based on identified needs for collaboration, taking into account the local context, needs and risks, and the capacity of partners.

5. Capacity of the health and nutrition clusters at national and subnational levels

**Health cluster:** The health cluster coordinator dedicates approximately 70% of her time to cluster coordination, and is also responsible for WHO emergency programme management. Risks for potential conflicts of interest are well managed through a strategic committee representing key partners. The MoPH co-chairs the cluster at national level. At provincial level the Provincial Health Director chairs the provincial health emergency response committee, that includes nutrition. There are five health clusters in the eight regions that now meet on an appropriate on-demand basis, chaired by WHO as there are no governmental regional structures. The coordination and response capacity of the MoPH at national level is insufficient to consider transferring responsibilities for the six core functions. As humanitarian needs are still high and expected to increase, and response by international partners remains complex, the need to continue the health cluster remains at least for the coming years.

**Recommendations for the health cluster:**
- To proceed on plans for establishing a NGO deputy health cluster coordinator, at least for 60%.
- To recruit two (national) health cluster focal points in priority regions Kandahar and Jalalabad
**Nutrition cluster:** The nutrition cluster coordinator position is a full time post. Although an INGO was appointed as deputy cluster coordinator, the level of involvement/engagement on going day to day cluster business/process is limited (INGO stepped down as Deputy in July). The Nutrition section of the MoPH attends the cluster meetings, but currently does not co-chair these meetings.

The Provincial Health Director chairs the provincial health emergency response committee, which includes nutrition. There are five nutrition clusters in the eight regions. These regional nutrition clusters are chaired by UNICEF and/or by an INGO, with involvement of the Provincial Nutrition Officers. These clusters meet on an on-demand basis and opportunistically (eg if trainings are taking place).

**Recommendations for the nutrition cluster:**
- The Nutrition cluster should proceed with a transparent and consultative process for appointment of a replacement deputy cluster coordinator, clarifying the expectations in terms of responsibilities and time commitment to the cluster.
- The Nutrition cluster should facilitate more active involvement of the MoPH nutrition section in the cluster, as a co-chair, rather than as a participant at the meetings.
- The national Nutrition Cluster Coordinator should support the sub national coordination structures in collaboration with the Cluster Lead Agency.

24th July 2013