[*Country*] Health Cluster / Sector
Draft Terms of Reference (2017)

Contents

Background

In response to (situation, escalation, deterioration etc) humanitarian needs in XXX area, on DATE, with the approval of the Resident/Humanitarian Coordinator, WHO was designated as the Cluster Lead Agency (CLA/s) of the Health Cluster [add co-lead if also designated *[if not an official cluster, then specify any MOH, HCT or other official designation or decision concerning the sector coordination mechanisms]*.

Vision

[ADD country Health cluster mission if different to the Global Health Cluster Vision]:

To save lives and promote dignity in humanitarian and public health emergencies.

Mission

[ADD country Health cluster mission if different to the Global Mission]:

The Health Cluster collectively prepares for and responds to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate and effective coordinated health action.

Partner commitments

Members of the [country specific response info] Health Cluster agree to the IASC minimum commitments for participation in clusters to work to enhance the accountability, predictability and effectiveness of quality humanitarian health actions (Annex 1).

Objective

The [Country] Health Cluster strives to build upon existent structures making principled health action as local as possible to relieve suffering and save lives in humanitarian emergencies. The [*Country*] Health Cluster/Sector will advance the well-being, safety, dignity and resilience of affected population through coherent, coordinated and integrated humanitarian health response. Working with national counterparts, the Health Cluster is responsible for facilitating and coordinating the engagement of partners to deliver quality programmes and services responding to the affected populations based on the different needs and capacities of women, girls, boys and men of all ages, people with disabilities, and other diversity characteristics such as ethnicity and religion.

Core functions of the Health Cluster

Throughout the lifespan of the [*Country*] Health Cluster partners will work to ensure the IASC six core functions of a cluster are addressed in an appropriate people centred and timely manner in response to the crisis. The Health Cluster will:

1. Support service delivery by:
   o Providing a platform that ensures that service delivery is driven by the identified needs of affected populations, as reflected by key humanitarian

partners for the sector, respecting their respective mandates and programme priorities;
- o Securing commitments from humanitarian partners in responding to needs and filling gaps, ensuring an appropriate distribution of responsibilities within the cluster group, with clearly designated focal points for specific issues where necessary;
- o Developing protocols for information sharing and operational coordination which ensures confidentiality where needed; and
- o Ensuring comprehensive joint analysis of needs, response and gaps to support operational decision-making and advocacy.

2. <u>Inform the strategic decision-making by:</u>
- o Ensuring effective and harmonized joint needs assessment and analysis across the region, involving all relevant sectors and partners;
- o Ensuring Health Cluster partners agree on assessment tools and approaches (i.e. core indicators, vulnerability criteria, compatible assessment processes and analysis) through consensus-building mechanisms following the Global Health Cluster Public Health Information Standards;
- o Ensuring integration of agreed priority cross-cutting issues in sectoral and inter-sectoral needs assessments, analysis, planning, monitoring and response (e.g, gender, age, diversity, environment, protection and human rights); contributing to the development of appropriate strategies to address these issues; ensuring protection mainstreaming and gender-sensitive programming; and
- o Providing regular health situation analysis reports.
- o Representing the interests of Cluster and cluster partners in the discussions with the Humanitarian Coordinator and other stakeholders.

3. <u>Plan and develop strategy by:</u>
- o Developing/updating agreed response strategies and work plans for the cluster and ensuring that these are adequately reflected in overall HCT country strategies;
- o Ensuring that response plans are in line with existing policy guidance and technical standards;
- o Ensuring the people centre approach for the development of the health cluster strategy by ;
- o Ensuring effective links with the Inter-Cluster Coordination Team and in particular other cluster groups such as Food Security, Logistics, Nutrition, Protection, WASH to improve humanitarian integrated response through joint planning;
- o Promoting emergency response actions while at the same time considering the need for early recovery/resilience planning as well as prevention and risk reduction concerns;
- o Clarifying funding requirements, helping to set priorities, and agreeing cluster contributions to the overall humanitarian funding proposals.

4. Monitor and evaluate performance by:
    o Ensuring adequate monitoring mechanisms are in place to review the impact of the cluster activities and progress against the strategic Health Cluster objectives;
    o Periodically assessing the performance of the cluster through the utilization of the Cluster Performance Monitoring Tool and ensuring that the information generated is then shared with partners for further learning and knowledge management;
    o Ensuring that cluster coordination mechanisms are adapted over time to reflect the capacities of local actors and the engagement of development partners;
    o Ensuring adequate data sharing mechanisms are in place to review impact of the cluster and progress against implementation plans; and
    o Ensuring adequate reporting and effective information sharing, reflecting the agreed minimum standards.

5. Build national capacity in preparedness and contingency planning by:
    o Investing in the institutional capacities of local and national stakeholders and partners, including preparedness, response and coordination capacities.
    o Developing mechanisms to enhance capacity building through in-country trainings.
    o Drawing lessons learned from past activities and revising strategies accordingly;
    o Serving as a forum for strengthening operational coordination and problem solving within the various Health Cluster coordination groups in the region;
    o Ensuring adequate contingency planning and preparedness for new emergencies and seasonal adaptation of responses;
    o Providing contingency-planning scenarios for the Health Cluster response.

6. Undertake advocacy by:
    o Identifying core advocacy concerns, including resource requirements, and contributing key messages to the broader advocacy initiatives of other actors;
    o Advocating for donors to fund humanitarian actors to carry out priority activities in the areas concerned, while at the same time encouraging cluster participants to mobilize resources for their activities through their usual channels;
    o Developing and implementing a communications and advocacy strategy on behalf of all Cluster partners to ensure that key decision-makers, including government and donors, are aware of the needs, priorities, geographic and programmatic gaps and importance of the necessary support to the sector activities; and
    o Representing the interests of the cluster groups in discussions with the national regional/global stakeholders on prioritization, resource mobilization and advocacy.

A people centred approach in the Heath Cluster response - Accountability to Affected Populations (AAP): Gender, Age, Diversity and Protection.

The health cluster people centred approach aims to achieve better health outcomes and improve accountability by placing Affected Populations at the centre of decision-making and action to meet humanitarian needs, systematically reduce those needs, and to increase their protection and resilience. This approach ensures awareness of the different needs and capacities of women, girls, boys and men of all ages, people with disabilities, and other diversity characteristics such as ethnicity and religion are informing what we do, how we do it and with whom. Such diversity must be incorporated comprehensively, cohesively, collectively to promote meaningful access, safety and dignity in all phases of the health sector response.

Structure of the Health Cluster
Describe the structure of the cluster
- Chair (often a member of the MoH)
- Co-coordinator/co-lead
- sub-national coordination hubs

[include all staff of the team in all hubs – HCCs, IMOs, etc]

Deliverables
In order to achieve this, the Health Cluster will oversee the development and implementation of:
- Cluster ToRs.
- Clear structure of the cluster (including sub-national clusters)
- Terms of Reference for the Cluster Team Members, including co-coordinators, facilitator's chairs, IMOs, Task Team Groups and Chairs.
- As per the Public Health Information Standards.
    - 3Ws
    - Regular Public Health Situation Analysis
    - Health Cluster components of joint Assessments (including MIRA and others)
    - EWARS
    - HeRAMS
    - HESPER scale
    - Population mortality estimation
    - HMIS
    - Vaccination coverage estimation
    - Health Cluster Bulletin and Daily/Weekly/or monthly input to the OCHA SitReps and Dashboard as per ICCG established frequency).
    - Partners' List
    - Ad hoc Infographics
- Health component of Flash Appeal and/or Humanitarian Response Plan (HRP) (including Humanitarian Needs Overview (HNO), identification of cluster indicators, baselines and targets), reviewed and updated as appropriate.
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- Cluster Work Plan (see below) Cluster monitoring plans tracking indicators attached to cluster objectives and activities linked to the Cluster Work Plan and Humanitarian Response Plan.
- CCPM (and as appropriate health cluster architecture review).
- Preparedness / Contingency plan.
- Deactivation / transition plan.

Work Plan

The Health Cluster Work Plan will establish the immediate and mid-term priorities of the Cluster in line with/ in support of the Ministry of Health strategic directions and will address the humanitarian and development challenges and build the capacity of national stakeholders. This Work Plan will include a description of the activities, timeline and frequency, responsible entities and reporting method and schedules) be reviewed by the cluster with the Ministry of Health and updated on a regular basis (see Annex 2 draft template).

Health Cluster Team Responsibilities

o As stated in General Assembly Resolution 46/182 of 1991, paragraphs 3-5, national authorities have the primary responsibility for taking care of the victims of natural disasters and other emergencies occurring in their territory[1].

o At the IASC Infrastructural Architecture level, the WHO Country Representatives is ultimately accountable to the Resident/Humanitarian Coordinator for carrying out their Cluster Lead Agency responsibilities (as specified in the November 2006 IASC 'Guidance Note on Using the Cluster Approach to Strengthen Humanitarian Response' and, 'Generic Terms of Reference for Sector/Cluster Leads at the Country Level[2]').

o The [*Country*] Cluster Coordinator is the neutral representative of the cluster as a whole and is responsible for the day-to-day coordination and facilitation of the

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[1] *"Each State has the responsibility first and foremost to take care of victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory.'*
'The magnitude and duration of many emergencies may be beyond the response capacity