

Health Cluster Co-Coordinator Generic Terms of Reference (August 2017)

The [Country] Health Cluster strives to build upon existing coordination structures making principled health action as local as possible to provide timely, effective and appropriate actions to minimize the health impacts of humanitarian and public health emergencies through strengthening of service delivery, addressing gaps, and promoting effective leadership. The [Country] Health Cluster will advance the well-being, safety, dignity and resilience of the affected population through coherent, coordinated and integrated 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 to meet humanitarian needs, improve accountability and to promote meaningful access, safety and dignity in all phases of the Health Cluster response.

Effective and efficient cluster management is a shared responsibility held by all Health Cluster partners. The Health Cluster Team, led by the Health Cluster Coordinator, are the impartial representatives of the cluster as a whole and are responsible for the day-to-day coordination and facilitation of the work of the cluster.

The **overall purpose** of co-coordination is to improve the timeliness and impact of appropriate humanitarian health assistance for crisis-impacted communities and to strengthen the collective health outcomes of the response.

The Health Cluster Co-Coordinator (Co-HCC) will be expected to work with the Health Cluster Coordinator to support the implementation of, monitor and evaluate performance against the six core cluster functions and accountability to affected populations (refer to Annex 1). The Co-HCC will ensure that partners participate in and assume their minimum commitments to the Health Cluster (Annex 2 IASC Minimum Commitments for participation in clusters) by placing Affected Populations at the centre of decision-making and action

Specifically, the Health Cluster Co-Coordinator will:

1. Strengthen pre-existing sectoral coordination by maintaining appropriate links and dialogue with national and local authorities, local civil society and other relevant actors, respecting their respective mandates and programme priorities. Taking reasonable measures to proactively engage with and support local NGOs to participate in cluster coordination and at each phase of the Humanitarian Programme Cycle. Ensuring that the health cluster position is informed by the NGO perspective.
2. Lead and/or co-lead, coordinate and conduct health needs assessments with the health partners and other sectors in particular, but not limited to, WASH Nutrition, Food Security and Protection.
3. Contribute effectively to inter-cluster coordination forums and cooperate with other clusters, Government counterparts, and relevant authorities (as appropriate) in planning, coordination, and operational activities, ensuring that the NGO community is contributing to and sharing responsibilities.
4. Ensure protection and early recovery are mainstreamed and 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 to promote meaningful access, safety and dignity in all phases of the health sector response.

5. Participate actively in gap analysis, priority setting reinforcing the complementarity of partner actions by avoiding duplication and gaps.
6. Ensuring adequate reporting and effective information sharing, reflecting the agreed minimum standards are in place and that all partners contribute on a regular basis to enable appropriate monitoring and evaluation and review the impact of the cluster activities and progress against the strategic Health Cluster objectives.
7. Participate in reviews of coordination mechanisms and their adaptation over time to reflect the evolving crisis and the capacities of local actors.
8. Convene and facilitate regular Health Cluster meetings, ensuring that discussions are participatory and results-oriented. Ensure that the NGO members of the cluster are kept fully informed of the meetings and any decisions that may take place outside of regular Health Cluster meetings.
9. Promote the leadership roles of NGOs within the cluster and ensure that all Health Cluster working groups have active national and international NGO participation to help ensure that NGOs support and influence the clusters work.
10. Promote/support training and capacity building of health sector personnel , of partners and national authorities.
11. Represent the interests of the Health Cluster in discussions with stakeholders on priorities, resource mobilization and advocacy. Taking additional steps to ensure that the resource mobilization and advocacy efforts fairly represents and benefits NGOs as well as the UN agencies in support of the agreed health cluster strategy.
12. Ensure adequate contingency planning and preparedness for new emergencies and seasonal adaptation of responses that reflect the actual and potential to scale-up capacities of all partners (local and international).
13. The NGO Co-Coordinator should act as a focal point for receiving NGO concerns in order to raise these with the Health Cluster Coordinator and the Cluster Lead Agency to strengthen accountability and transparency of the cluster's decisions and work.
14. Act as Health Cluster Coordinator Officer in Charge whenever needed.

Individual selection criteria to qualify as NGO Co-Coordinator

- Operational presence in crisis affected areas and delivering emergency health services;
- Technical expertise in health in emergencies and coordination;
- Commitment to contribute regularly (minimum xx% staff time¹);
- Active member of the Health Cluster;
- Expression of commitment, i.e. management's full support for the co-coordination function;
- Please also see Annex 3: Good practice steps for the selection for Health Cluster Co-Coordination – August 2017.

¹ Minimum % of time required to be determined by Health Cluster Coordinator.

Responsibilities and accountabilities

The Health Cluster Co-coordinator reports to the is expected to work with the Health Cluster Coordinator.

Health Cluster Co-coordinators are often hired by and NGO partner Agency and therefore depend on their Agency for human resource line management. However, the Health Cluster Co-coordinator must be accountable to the Health Cluster Coordinator and the Health Cluster as a whole as per the defined ToRs.

Overall accountability for cluster performance rests with WHO as Cluster Lead Agency.

Avoiding Conflicts Of Interest

- Individuals in an NGO co-coordinator position should act, and be perceived, as impartial and fair representatives of the cluster as a whole, not as representatives of their particular agency.
- When a co-coordinator is attending a meeting in more than one capacity, it must be made clear when they are acting as a representative of that agency, rather than as a co-coordinator.
- Co-coordinators should be willing to excuse themselves from meetings (eg: CHF Peer Review Teams) when issues directly related to their own agency are under discussion.

Expected Commitments from WHO, Cluster Lead Agency

- WHO and the NGO co-coordinator should work together according to the 'Principles of Partnership', endorsed by the Global Humanitarian Platform.
- WHO is expected to support the role of NGO co-coordinator, including through:
 - Advocating for donors to provide required funding for co-coordinator positions;
 - Sharing relevant information with the co-coordinator;
 - Ensuring the co-coordinator is invited to participate in all relevant meetings and discussions;
 - Enabling the co-coordinator to access global-level cluster resources, as required.
- UN cluster lead agencies should ensure that their coordinator positions are adequately filled with appropriately qualified staff. While it may be reasonable for NGO co-coordinators to cover for such positions during temporary periods of absence (eg: holidays) it is not realistic to expect NGOs to cover such positions on a long-term basis (eg: during gaps in recruitment).

Dispute resolution

- The relationship between the cluster lead agency, cluster coordinator, co-coordinator and cluster partners should be based on transparency, respect and a commitment to resolve disputes by mutual agreement.
- Cluster specific ToRs should set out dispute resolution procedures relevant for the shared leadership arrangements in that cluster. However, the following considerations may be relevant:

Between the Health Cluster Coordinator and Health Cluster Co-coordinator

- If an issue between a Health Cluster Coordinator and Health Cluster Co-coordinator cannot be resolved by the individuals concerned, it should be brought to the attention of the WHO Head of Office and NGO Country Director for resolution.
- Where appropriate (eg: if the issue is of a technical nature, or there is a relevant global-level agreement), the advice of the Global Health Cluster may be sought.
- If necessary, the guidance of the Humanitarian Coordinator may be sought.

Between Cluster Partners and the Health Cluster Co-coordinator

- If an issue between the NGO co-coordinator and Health Cluster Partners in the cluster cannot be resolved directly, it should be brought to the attention of the Health Cluster Coordinator.
- If appropriate, the guidance of the WHO Head of Office and the NGO Country Director may be sought.

Annex 1

Cluster core functions²:

1. Support service delivery by:
 - 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;
 - 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;
 - Developing protocols for information sharing and operational coordination which ensures confidentiality where needed; and
 - Ensuring comprehensive joint analysis of needs, response and gaps to support operational decision-making and advocacy.
2. Inform the strategic decision-making by:
 - Ensuring effective and harmonized joint needs assessment and analysis across the region, involving all relevant sectors and partners;
 - 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;
 - 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;
 - Providing regular health situation analysis reports; and
 - Representing the interests of Cluster and cluster partners in the discussions with the Humanitarian Coordinator and other stakeholders.
3. Plan and develop strategy by:
 - Developing/updating agreed response strategies and work plans for the cluster and ensuring that these are adequately reflected in overall HCT country strategies;
 - Ensuring that response plans are in line with existing policy guidance and technical standards;
 - Ensuring the people centre approach for the development of the health cluster strategy by;
 - 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;
 - 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;
 - Clarifying funding requirements, helping to set priorities, and agreeing cluster contributions to the overall humanitarian funding proposals.

² "The six core functions of a cluster at country level are: 1. To support service delivery. 2. To inform the HC/HCT's strategic decision-making. 3. To plan and implement cluster strategies. 4. To monitor and evaluate performance. 5. To build national capacity in preparedness and contingency planning. 6. To support robust advocacy." IASC Reference Module for Cluster Coordination at the Country Level, July 2015: <https://www.humanitarianresponse.info/en/coordination/clusters>

4. Monitor and evaluate performance by: Ensuring adequate monitoring mechanisms are in place to review the impact of the cluster activities and progress against the strategic Health Cluster objectives
 - Ensuring adequate monitoring mechanisms are in place to review the impact of the cluster activities and progress against the strategic Health Cluster objectives;
 - 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;
 - Ensuring that cluster coordination mechanisms are adapted over time to reflect the capacities of local actors and the engagement of development partners;
 - Ensuring adequate data sharing mechanisms are in place to review impact of the cluster and progress against implementation plans; and
 - Ensuring adequate reporting and effective information sharing, reflecting the agreed minimum standards.
5. Build national capacity in preparedness and contingency planning by:
 - Investing in the institutional capacities of local and national stakeholders and partners, including preparedness, response and coordination capacities.
 - Developing mechanisms to enhance capacity building through in-country trainings.
 - Drawing lessons learned from past activities and revising strategies accordingly;
 - Serving as a forum for strengthening operational coordination and problem solving within the various Health Cluster coordination groups in the region;
 - Ensuring adequate contingency planning and preparedness for new emergencies and seasonal adaptation of responses;
 - Providing contingency-planning scenarios for the Health Cluster response.
6. Undertake advocacy by:
 - Identifying core advocacy concerns, including resource requirements, and contributing key messages to the broader advocacy initiatives of other actors;
 - 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;
 - 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
 - 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 Health Cluster response - Accountability to Affected Populations (AAP): Gender, Age, Diversity and Protection³

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.

³ 2017 Health Cluster. Operational guidance on Accountability to Affected Populations.

Annex 2

The IASC minimum commitments for participation in clusters⁴ include:

1. Commitment to humanitarian principles, the *Principles of Partnership*⁵, cluster-specific guidance and internationally recognized programme standards, including the Secretary-General's *Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse*⁶.
2. Commitment to mainstream protection in programme delivery (including respect for principles of non-discrimination, do no harm, etc.).
3. Readiness to participate in actions that specifically improve accountability to affected people, in line with the IASC *Commitments to Accountability to Affected Populations*⁷ and the related *Operational Framework*.
4. A demonstrated understanding of the duties and responsibilities associated with membership of the cluster, as defined by IASC ToRs and guidance notes³³, any cluster-specific guidance, and country cluster ToRs, where available.
5. Active participation in the cluster and a commitment to consistently engage in the cluster's collective work.
6. Capacity and willingness to contribute to the cluster's response plan and activities, which must include inter-cluster coordination.
7. Commitment to mainstream key programmatic cross-cutting issues (including age, gender, environment and HIV/AIDs).
8. Commitment by a relevant senior staff member to work consistently with the cluster to fulfil its mission.
9. Commitment to work cooperatively with other cluster partners to ensure an optimal and strategic use of available resources, and share information on organizational resources.
10. Willingness to take on leadership responsibilities in sub-national or working groups as needed, subject to capacity and mandate.
11. Undertake advocacy, and disseminate advocacy messages to affected communities, the host Government, donors, the HCT, CLAs, the media and other audiences.
12. Ensure that the cluster provides interpretation (in an appropriate language) so that all cluster partners are able to participate, including local organizations (and national and local authorities where appropriate).

⁴ IASC Reference Module for Cluster Coordination at the Country Level, July 2015: <https://www.humanitarianresponse.info/en/coordination/clusters>

⁵ These include the values of equality, transparency, a results-oriented approach, responsibility, and complementarity. See: www.globalhumanitarianplatform.org.

⁶ Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse.

<https://www.humanitarianresponse.info/en/operations/pakistan/document/implementation-secretary-general%E2%80%99s-bulletin-special-measures-protection>

⁷ <https://interagencystandingcommittee.org/accountability-affected-people/documents-public/accountability-affected-populations-iasc-commitments%20>

Annex 3

Good practice steps for the selection for Health Cluster Co-coordinators August 2017

Effective and efficient cluster management is a shared responsibility held by all health cluster partners.

Evaluations and research have found that, when clusters share leadership between UN agencies, NGOs, IOM and the Red Cross/Red Crescent Movement, partnerships, advocacy and information transfer tend to improve. Sharing leadership produces stronger engagement and better coordination. NGOs are often well established in remote field locations where the UN has limited or no presence. They can offer technical expertise, different approaches to accountability to affected people, long-term involvement in and knowledge of the community, and leadership⁸.

The following guiding points for consideration and guiding steps have been gathered as good practice as method of selecting Health Cluster Co-coordinators

General

- There is a strong preference that co-lead positions should have specific funding, so the individual concerned can dedicate a fixed percentage of their time (ideally 100%) to fulfilling their coordination responsibilities.
- The NGO co-coordination agency should be chosen on the basis of its strategic position within the cluster, including its programme capacity, its experience of working in the country and its capacity to commit to the co-coordinator responsibilities.
- The choice of a NGO co-coordination agency should reflect the consensus of NGOs active within the cluster, with the concurrence of the WHO as the Cluster Lead Agency.
- NGOs within a cluster may wish to review the selection of co-coordination agency on a regular (eg: annual) basis. However, the frequency and timing of any such review must be balanced against the practicalities of managing such a role (eg: duration of funding cycles and staff contracts, etc).

Suggestion profile

- An advanced university degree (Master's level or above) in Public Health, Medicine or International Health or related fields.
- Ability to prioritize, organize, manage and adapt management style according to need.
- Demonstrated communication and negotiation skills and ability to convene stakeholders and facilitate a policy process among UN, national and international NGOs, national health authorities and donors.
- Relevant experience⁹ at national and/or international level, demonstrated engagement and knowledge of the of the health cluster.
- Substantive experience in developing and promoting collaborative partnerships in emergency and humanitarian relief operations, including experience in managing and coordinating health programs in chronic and acute, sudden-onset emergencies.

⁸ IASC. Cluster Coordination Reference Module 2015. (Page 21)

⁹ Minimum years of experience to be determined by Health Cluster Coordinator in consultation with the SAG. Determining factors will include the severity and anticipated length of the crisis, the technical capacities needed etc.

Guiding steps

- Adapt ToR to the country specific situation.
- Call for nominations from all NGO parnters.
- Conduct an inclusive, transparent vote (NB: it will be important to decide if the non-NGO parnters will have access to vote (eg MoH, donors, non-implementing partners).
- Present the results of the vote to the health cluster forum, then to the SAG for final approval.
- Inform all partners.