



THE HEALTH CLUSTER CAPACITY DEVELOPMENT STRATEGY

2020-2023

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FOREWORD

Capacity development is the process by which organisations change and improve, and how individuals within an organisation develop and retain the competencies (knowledge, skills and attitudes) needed to carry out their duties at least competently and ideally beyond the minimum standard.

Successful capacity development strategies and initiatives also develop and nurture individual commitment, motivation and enthusiasm, as these are the driving forces behind impactful change and having a workforce of excellence who are enabled and empowered to go on consistently performing at a larger scale and to have a greater impact.

In the contexts where the Health Cluster works this means saving lives and promoting dignity in humanitarian and public health emergencies and having an impact every day on mortality and morbidity at country level within affected populations in acute and protracted health emergencies. In order to do this we need current and future members of Health Cluster Teams and Health Focal Points in Health Cluster Partners and Stakeholders who not only know what to do at every stage of a health response, but who also have the individual resilience and commitment to make a difference. Health Cluster Teams are full of such people and we need to ensure that this capacity is continuously built, strengthened and nurtured.

As a part of the Global Health Clusters' commitment at global, regional and country level to ensuring that all Health Cluster Teams are well prepared for the tasks they must carry out, and the relationships and networks they must establish, lead and coordinate, this means providing timely, high quality and impactful learning activities and resources and which will support the successful implementation of the Health Cluster Strategy 2020 – 2023. The HCCDS 2020 – 2023 provides the basis for continuing to strengthen the learning and performance of current and potential members of Health Cluster Teams, Health Cluster Focal Points from NGO and MOH Partners and other Health Cluster Stakeholders, and for providing these personnel with opportunities for their continuous professional development.

In July 2019 a Global Health Cluster Partner Co-Led Capacity Development Consultation Group was formed in order to provide a Health Cluster Partner and Stakeholder consultation forum for the ongoing review and input into the development and implementation of the Health Cluster Capacity Development Strategy 2020 – 2023, and the design of a blended Health Cluster Coordination Learning Programme which has at its centre a new simulation based training package for Health Cluster Coordination Training at global and regional level.

We look forward to working with our Partners and Stakeholders in the implementation of the HCCDS 2020 – 2023, and to ensuring that it continues to have an impact on the quality of leadership and coordination of the health response at country level.

The Health Cluster Capacity Development Consultation Group Co-Chairs 2019: Marie Hallissey, Global Health Advisor, GOAL Global; Emma Fitzpatrick, Technical Officer, Global Health Cluster Team and Gillian O'Connell, Consultant, Global Health Cluster Team.

***"Yesterday I was clever, so I changed the world.
Today I am wise, so I am changing myself." Rumi***



ACKNOWLEDGEMENTS

The Global Health Cluster Team in Geneva would like to thank the members of the Health Cluster Capacity Development Consultation Group and other Health Cluster Partners who have contributed, by means of their feedback, reflections, ideas and conversations to the thinking behind the development and writing of this Strategy

Between 2008 and 2019 fourteen Health Cluster Coordinator or Coordination Trainings, three Tri-Cluster Coordinator Trainings (Health, Nutrition and WASH) and one Health Cluster Coordination Induction Training took place in: Tunisia, Tanzania, Ecuador, Egypt, Indonesia, Switzerland, El Salvador, Jordan, Senegal, Ethiopia or France. The Global Health Cluster Team would also like to thank the Participants, Trainers, Facilitators and Donors who took part in, or supported these trainings. This Strategy is based on the cumulative and combined learning and experience which came from all these events.



ACROYNYS

AFRO	WHO Africa Regional Office
CDCG	Capacity Development Consultation Group
CDTT	The Health Cluster Capacity Development Task Team
EMRO	WHO Eastern Mediterranean Regional Office
EMT	Emergency Medical Team
EURO	WHO Europe Regional Office
GOARN	Global Outbreak Alert and Response Network
GHC	Global Health Cluster
GHCP	Global Health Cluster Partners
GHCU	The Global Health Cluster Team
HCC	Health Cluster Coordinator
HCCDS	The Health Cluster Capacity Development Strategy
HCCF	The Health Cluster Competency Framework
HCCT	Health Cluster Coordination Training
HC PDP	The Health Cluster Professional Development Plan
IMO	Information Management Officer
IMS	WHO Incident Management System
MP	Health Cluster Mentoring Programme
PHIS	Public Health Information Standards
SAG	The Health Cluster Strategic Advisory Group
SEARO	WHO South East Asia Regional Office
SIMEX	Simulation Exercise
TOT	Training of Trainers
WHE	WHO Health Emergencies Programme
WPRO	WHO Western Pacific Regional Office

EXECUTIVE SUMMARY

The Health Cluster Capacity Development Strategy 2020 – 2023 (HCCDS) has been developed by the Global Health Cluster, in consultation with the Health Cluster Capacity Development Consultation Group and the Health Cluster Strategic Advisory Group, in order to support the implementation of the Health Cluster Strategy 2020 – 2023 vision of saving lives and promoting dignity in humanitarian and public health emergencies, by developing high quality and effective leadership and coordination in all health responses to acute and protracted humanitarian crisis.

The HCCDS 2020 – 2023 builds on the achievements of the HCCDS 2016 – 2019 and provides the basis for continuing to strengthen the learning and performance of current and potential members of Health Cluster Teams, Health Cluster Focal Points and other Health Cluster Stakeholders, and for providing these personnel with Global Health Cluster endorsed opportunities for their continuous professional development.

The HCCDS 2020 - 2023 is based on the Health Cluster Coordination Competency Framework, **please see Appendix A**¹, and a blended and competency based approach to learning and training, in which a variety of learning activities and access to high quality learning resources are provided. The HCCDS 2020 – 2023 also recognises the importance of effectively planning individual learning. This will be provided by the Health Cluster Professional Development Plan and by encouraging Supervisors and Line Managers to ensure that the implementation of that learning is supported at organisational level.

The Strategy is based on four thematic strategic priorities:

- ❖ **Strategic Priority 1:** The implementation of the Health Cluster Coordination Learning Programme.
- ❖ **Strategic Priority 2:** Increasing Health Cluster Partner engagement and participation in learning and training activities and as part of Health Cluster Coordination Training Teams.
- ❖ **Strategic Priority 3:** Ensuring the quality of all learning and capacity development activities.
- ❖ **Strategic Priority 4:** Strengthening and improving coordination with other Capacity Development Stakeholders.

The focus of the HCCDS 2020 – 2023 will therefore be on supporting the implementation of the Health Cluster Strategy 2020 – 2023 Strategic Priority Objective 1.3.² increasing Health Cluster Partner participation in capacity development activities, ensuring the quality of all learning and training activities, increasing the

¹ The purpose of HCCF is to provide a set of competency based standards for setting learning outcomes, facilitate recruitment and provides the basis for appraising and managing staff performance.

² SPO 1.3. Ensure capacity to fulfil coordination functions for national and sub-national coordination platforms in acute and protracted emergencies.

impact of learning and training at country level and by strengthening capacity development coordination with other WHO and MOH coordination networks.

The HCCDS 2020 – 2023 will be implemented by means of Annual Plans, supported by an annual budget for each year of the strategy.

A Monitoring Framework has been developed to oversee progress with the implementation of the HCCDS, and to be the basis of the reporting of this progress to the Health Cluster Strategic Advisory Group. A mid-term and final evaluation respectively will be carried out to establish the extent to which the aims and strategic priorities of the HCCDS 2020 – 2023 have been achieved.

1. INTRODUCTION

The previous Health Cluster Capacity Development Strategy 2016 – 2019 (HCCDS) was initiated by the Global Health Cluster Team, and developed in consultation with Health Cluster Partners, Stakeholders and WHO/WHE Departments, in order to ensure high quality and effective leadership and coordination in all health responses to acute and protracted humanitarian crisis.

A Global Health Cluster Partner Co-Led Capacity Development Task Team (CDTT) was established in 2015 in order to develop the HCCDS 2016 - 2019, with further input and feedback from Peer Reviewers drawn from other Health Cluster Partners and Stakeholders. The CDTT was disbanded in 2018 by the Health Cluster SAG as it had achieved its objectives.

The HCCDS 2016 - 2019 provided the basis for strengthening the recruitment, learning and performance of current and potential members of Health Cluster Teams and for providing these personnel with opportunities for their continuous professional development.

The Health Cluster Competency Framework (HCCCF), which provides the basis for all Health Cluster capacity development activities, was developed as central part of the HCCDS 2016 – 2019 and continues to be the basis for designing all Health Cluster Coordination Training and learning activities, **please see Appendix A.**

The HCCDS 2016 - 2019 was successfully launched in 2016, with an ambitious vision to establish a cadre of high performing Health Cluster Coordination personnel in order to ensure that the leadership and coordination of all health responses to an acute or protracted humanitarian crisis is responsive, accountable, consistent, predictable, and efficient.

From January to May 2019 the Global Health Cluster Team conducted a progress review of the implementation of the HCCDS 2016 - 2019, and consulted with Global Health Cluster Partners and Stakeholders, and WHO Regions and Departments on the future priorities for the HCCDS and the development and strengthening of future Health Cluster Coordination Training (HCCT).

The HCCDS Progress Review 2019 produced evidence that the HCCDS 2016 - 2019 had made good progress with the achievement of its' strategic objectives, and evidence that the current HCCT has had a positive impact on the effectiveness of Health Cluster Coordination at country level. Please see **Appendix B** for a copy of the HCCDS Progress Review 2019.

The main recommendations of the HCCDS Progress Review 2019 were that:

1. The HCCDS 2016 – 2019 is extended by an additional two years into 2020 – 2021.

Since this recommendation was made a new four-year GHC Strategy 2020 – 2023 has been developed. The Global Health Cluster Team in consultation with the Health Cluster Capacity Development Group therefore decided to develop a four-year Health Cluster Capacity Development Strategy 2020 – 2023 to align with, and to support the implementation of the GHC Strategy 2020 – 2023.

2. The development and implementation of regional Health Cluster Coordination Training based on regional needs and priorities should commence in 2019.

3. The current duration and content of Global Health Cluster Coordination Training should be reviewed.

4. A Global Health Cluster Partner led entity be re-established. The purpose of this entity would be to provide stewardship to the next phase of the HCCDS and HCCT. This recommendation was supported by the Global Health Cluster Partners who attended the Health Cluster Partner Meeting in Geneva 28 – 29 March 2019, and a Health Cluster Capacity Development Consultation Group was established in July 2019.

The HCCDS 2020 – 2023 addresses these recommendations and takes Health Cluster capacity development on to the next stage in order to further strengthen coordination and leadership at country level and to have an even greater impact on the Health Cluster response at national and sub-national level.

The HCCDS 2020 – 2023 will focus on the development and delivery of a blended Health Cluster Coordination Learning Programme which includes Health Cluster competency based learning and simulation based training activities which are contextualised to meet the needs of regions and countries, increasing Health Cluster participation in capacity development activities as Participants and as members of Training Teams, ensuring the quality of all Health Cluster Capacity Development activities and ensuring that there is consistent and effective consultation and coordination with Health Cluster Partner Focal Points and other Stakeholders, including WHO Regions, Departments and Teams, and Ministry of Health Focal Points.

2. OVERARCHING PRINCIPLES OF THE HEALTH CLUSTER

The Health Cluster is founded on:

- ❖ The humanitarian principles of humanity, neutrality, impartiality and independence.
- ❖ The principles of partnership (equality, transparency, results-oriented approaches, responsibility and complementarity), between and among affected populations, national governments, the UN, international organizations, NGOs, the Red Cross and Red Crescent Societies, academia and the private sector.

These principles are guided by the right to health as a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,” and are based on international humanitarian law and international human rights law.

The Health Cluster Coordination Capacity Development Strategy 2020 - 2023 has been developed to ensure that all Health Cluster Coordination Teams have members who are enabled to achieve these principles and to support the implementation of the Health Cluster Strategy 2020 – 2023.

3. VISION

The vision of the Health Cluster is to save lives and promote dignity in humanitarian and public health emergencies.

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

To support this vision and mission the HCCDS 2020 – 2023 will ensure that Health Cluster Teams and other Stakeholders at global, regional and country level are continuously developed and supported in order to ensure that the leadership and coordination of all health responses to acute or protracted humanitarian crises is responsive, accountable, consistent, predictable and efficient

The coordination of a health response will build preparedness, national capacity and resilience; be delivered in support of the response efforts of national authorities in collaboration with other partners and clusters to meet the needs and the rights of the affected population. The Health Response will also lay the foundations for recovery and as part of its’ commitment to the principles of the Humanitarian and Development Nexus the response will also address the affected populations’ vulnerability before, during and after crises.

4. THE AIM

The aim of the Health Cluster Capacity Development Strategy 2020 – 2023 is to provide a systematic and structured approach to high quality, blended and impactful learning and capacity development that responds to the increased need and expectation for Health Clusters to demonstrate effective health response leadership and coordination in all types of emergencies.

The HCCDS 2020 – 2023 addresses the need to identify and develop high-performing, dynamic and adaptable Health Cluster Teams and Stakeholders that:

- | | |
|---|---|
| 1. Have the required combination of skills, knowledge and attitudes needed to lead and coordinate an effective health response that meets the needs of the affected population. | Team, WHO HQ, ROs, WCOs, Cluster Partners and other Stakeholders). |
| 2. Are ready to be deployed to crisis-affected countries. | 5. Are able to transfer knowledge and build the capacity of local counterparts. |
| 3. Are able to perform to the required standards. | 6. Have professional development incentives, career paths and job stability. |
| 4. Are continuously supported at all levels (by the Global Health Cluster | |

5. THE SCOPE

The target audiences for the HCCDS 2020 - 2023 are Health Cluster Teams, Health Cluster Partner Focal Points and Ministry of Health Focal Points at global, regional, national and sub-national levels who have identified learning gaps and/or who wish to continue their professional development.

Currently in January 2020 there are 30 Health Clusters/Sectors, of which 2 are regional coordination mechanisms. There are approximately 900 Health Cluster partners at country level of which 56 partners engage strategically at global level. These partners include international organizations and UN agencies, nongovernmental organizations, national authorities, affected communities, specialized agencies, academic and training institutes and donor agencies.

Health Cluster Teams at Country Level may consist of, but are not exclusive to, the roles of:

- ❖ Health Cluster or Sector Coordinator at National and/or Sub-National level
- ❖ Health Cluster or Sector Co- Coordinator at National and/or Sub-National level
- ❖ Ministry of Health Focal Points at National and/or Sub National Level
- ❖ Health Cluster Partner Focal Points at National and/or Sub National Level

- ❖ Information Management Officer
- ❖ Public Health Officer

Since Health Cluster Teams members come to their roles in the Health Cluster through a variety of recruitment and management mechanisms, the HCCDS is not specific to any agency. Rather, it includes all Health Cluster Team Members and Stakeholders who are recruited or identified by the WHO's Division of Human Resources, surge mechanisms, partner organisations, globally-managed stand-by partner rosters or recruitment at country level and by national authorities.

6. THE APPROACH TO CAPACITY DEVELOPMENT

The approach to capacity development will be innovative, competency based, build on good practice in the humanitarian sector and make effective use of learning technology.

Most organisations now acknowledge that reliance on formal direct training alone restricts the impact of learning on performance. The learning activities provided under the auspices of the HCCDS 2020 – 2023 will therefore follow the 70-20-10 rule which is the foundation for blended adult learning. The 70 – 20 -10 rule suggests that successful capacity development takes place within three clusters of learning experience: challenging “on the job” assignments (70%), developmental relationships such as coaching, mentoring and peer exchange (20%), and direct/formal training (10%). The Health Cluster Coordination Learning Programme therefore contains a variety of blended learning and training activities which will form the basis of individual Professional Development Plans and contain direct SIMEX based training which addresses the Health Cluster competencies which need to be strengthened within regions and at country level.

7. STRATEGIC PRIORITIES AND OBJECTIVES

The following four thematic Strategic Priorities form the basis of the HCCDS 2020 -2023 and will focus on:

- ❖ **Strategic Priority 1:** The implementation of the Health Cluster Coordination Learning Programme
- ❖ **Strategic Priority 2:** Increasing Health Cluster Partner engagement and participation in learning and training activities and as part of Health Cluster Coordination Training Teams
- ❖ **Strategic Priority 3:** Ensuring the quality of all learning and capacity development activities
- ❖ **Strategic Priority 4:** Strengthening and improving coordination with other Capacity Development Stakeholders

STRATEGIC PRIORITY 1

The new framework for a blended and modular Health Cluster Coordination Learning Programme (HCCLP) is implemented.

The HCCLP will be based on the Health Cluster Competency Framework (please see **Appendix A**) and mapped to the WHE Competency Framework. The competencies in the Health Cluster Competency Framework (HCCF) are based on the IASC Reference Module for Cluster Coordination at Country Level.

The HCCLP contains the components from which all Global, Regional and Country level Health Cluster Coordination Training will be designed, and individual learning pathways constructed and recorded on Health Cluster Professional Development Plans.

Priority Objectives

1.1. Implement the new framework for the Health Cluster Coordination Learning Programme (please see Appendix C).

Activities

1.1.1. Promote and encourage the use by all Health Cluster Teams of the Health Cluster Professional Development Plan and associated Guidance Note.

1.1.2. Continue to provide the Health Cluster eLearning modules, monitor participation rates and learning effectiveness, and add/ update as necessary.

1.1.3. Encourage Health Cluster Partners and Stakeholders to take part in their own organisations' Mentoring Programmes and to share good practice with Partners who do not currently have a Mentoring Programme. WHO Personnel will be encouraged to participate in the WHO Global Mentoring Programme.

1.1.4. Develop and disseminate the tools and processes to support and capture the objectives and outcomes of the 70% of learning which takes place "on the job", for example work based assignments based on follow up

from HCCT and/or the outcomes of Performance Reviews.

1.1.5. Ensure that effective mechanisms are in place to facilitate the integration of feedback from Health Cluster and inter-Cluster lessons learned, debriefs of personnel and end of mission reports into Health Cluster capacity development activities.

1.1.6. Develop and implement a new Health Cluster Induction and Orientation online learning package for use by new Health Cluster Team members at Global, Regional and Country level. The package will contain foundation Health Cluster content and principles, guidance on how to access Health Cluster eLearning modules (which forms part of induction and orientation) and how to complete the Health Cluster Professional Development Plan.

1.1.7. Develop and implement a Community of Learning to enable the sharing of good practice and provide Peer Support.

1.1.8. Actively promote the Health Cluster Knowledge Bank which provides access to the most up to date and relevant documents for response

to humanitarian health emergencies. The documents include technical guidelines and guidance, tools and templates, best practices, lessons learned and much more.

1.2. Implement the new SIMEX based HCCT curriculum framework containing modular Simulation Exercises for use in Global, Regional or Country HCCT as appropriate, and a one-day TOT.

Activities

1.2.1. The scenarios for these modular Simulation Exercises will be based on:

- A Natural Disaster with an outbreak, in a middle income setting with existing but fragile health systems.

- A Conflict with an outbreak.
- A Protracted Crisis with an outbreak in countries with weaker economies and more fragile governments and health systems than in 2, or a large number of people (IDPs) with an outbreak.

1.2.2. Develop and implement a one-day GHC endorsed Training of Trainers Package which builds GHC Partner capacity to support HCCT Training Teams is provided. To include a Trainers Toolkit for HCCT Training Teams and to make it available on the GHC website.

STRATEGIC PRIORITY 2

Health Cluster Partner participation in the HCCLP as Participants and as members of Training Teams is significantly increased from the 2018 baseline. ³

Priority Objectives

2.1. Health Cluster Partner participation in Health Cluster Capacity Development activities and as members of Training Team is increased each year.

Activities

2.1.1. Health Cluster Partners and WHE Regional Focal Points are proactively and regularly asked to identify relevant Health Cluster Team Members and Stakeholders at Global, Regional and Country level to participate in the HCCLP and as Trainers and Facilitators.

2.1.2. Promote Health Cluster Partner participation in the HCCLP at Health Cluster Partner Meetings and Health Cluster Forum Meetings.

2.1.3. Produce an eLearning Communication Plan to promote the up-take of the eLearning Modules.

2.1.4. Ask Health Cluster Partner and Stakeholder Focal Points to identify personnel who match the criteria in 3.2. for membership of the Health Cluster Trainers and Facilitators pool.

2.1.5. Develop a Community of Learning for Trainers and potential

³ The current base line from the five HCCTs between 2015 to 2018 is an average of 23.68% of HC Partners as participants in direct training

Trainers to enable the sharing of good practice and provide Peer Support.

2.2. Innovative and effective communication channels to promote Health Cluster capacity building and learning activities are developed and proactively utilised by Health Cluster Partners.

Activities

2.2.1 Information about Health Cluster capacity development activities is included in GHC Updates.

2.2.2. All HCCT Training Reports are placed on the GHC website.

2.2.3. Social Media, for example, WhatsApp and YouTube is used to promote Health Cluster capacity development activities

2.2.3. Information about capacity development activities is available on the GHC website and regularly updated and proactively monitored by Health Cluster Partners at Global, National and Sub-National level.

STRATEGIC PRIORITY 3

All Health Cluster Capacity Development activities are recognised by Health Cluster Partners and Stakeholders as high quality and impactful.

Priority Objectives

3.1. Develop the processes and criteria for GHC endorsement of all Health Cluster Coordination Training.

3.2. A pool of high quality Facilitators, Trainers and Resource people who meet the criteria established by the GHC are identified from Health Cluster Partners, WHO and appropriate regional and national agencies and authorities.

Activities

3.2.1. Develop the criteria which must be met for Health Cluster Partners and Stakeholders to be invited to join the Health Cluster Trainers and Facilitators Pool.

3.2.2. Identify the competencies required to deliver Health Cluster Training.

3.2.3. Identify the required uplift in trainer capacity to include numbers

and roles required. Actively recruit those roles from amongst Health Cluster Partners.

3.2.4. Gain commitment from Health Cluster Partners to provide personnel to support allocated training.

3.2.5. Identify motivation for trainers to return to continue to deliver training activities and leverage them.

3.3. The Health Cluster Coordination Competency Framework is consistently used in Health Cluster Teams Performance Reviews and for the recruitment of individuals as part of the Health Cluster Teams.

3.4. The GHC Team will develop and implement capacity development impact assessment tools, including post learning work-based assignments.

3.5. Develop guidance on a suggested Health Cluster Career Pathway for WHO

and Health Cluster Partner Team members.

3.6. The GHC Team will establish and promote a curated Health Cluster Learning Management System which is compatible with the Health Cluster

Knowledge Bank and the WHE Knowledge and Information Management System for Learning and which is accessible by Health Cluster Partners at global, regional and country Level.

STRATEGIC PRIORITY 4

Consultation and coordination with Health Cluster Partners, WHO Departments and other Stakeholders capacity development activities is effective and consistent.

Priority Objectives

4.1. There are close and consistent links between the HCCDS 2020 -2023, the WHE Learning Strategy, GOARN, EMT and IMS learning activities.

Activities

The Capacity Development Consultation Group (CDCG) will meet remotely monthly and face to face before Health Cluster Partner and Health Cluster Forum Meetings.

The GHC Team will take part in and initiate liaison with WHO Departments as needed.

4.2. Effective capacity development forums, protocols and mechanisms for engaging with and working with national and subnational health authorities and regional and national institutions are fully established and operational to build national response coordination capacity.

4.3. The critical role of Health Cluster Partners and Supervisors/Line Managers in identifying and supporting individual learning and team performance is strengthened and supported, and all Health Cluster personnel regularly participate in performance management reviews that are aligned with the Health Cluster Capacity Development Strategy and

Competency Framework and form part of a Health Cluster Professional Development Plan.

Activities

Guidance for Supervisors and Line Managers on how to use the Health Cluster Competency Framework and Professional Development Plans will be placed on the GHC website and reminders included in the Global Health Cluster Updates.

8. LEARNING NEEDS

All Health Cluster Coordination Learning Programme training and activities will be designed and mapped against the Health Cluster Competency Framework, aligned with the WHO WHE Competency Framework and for direct training will be based on the needs and priorities of the region or country within which the training takes place.

Individual learning needs will be identified with reference to these Competency Frameworks and recorded by Health Cluster Teams, Health Cluster Partner Focal Points and Ministry of Health Focal Points on Health Cluster Professional Development Plans (PDP). The aim of the Health Cluster PDP is to assist members of Health Cluster Teams with reflecting on and identifying their individual learning needs. The PDP will enable members of Health Cluster Teams to identify the competencies they need to develop or strengthen to improve their performance and/or prepare them for future roles in the Health Cluster. The identification of individual learning needs will ideally be carried out in consultation with Supervisors and Line Managers. The PDP also provides information about the training programmes and learning activities which are currently available to meet these learning needs.

There are currently two types of PDPs.

12.1. Health Cluster Coordination Professional Development Plan: this is designed primarily for Health Cluster Coordinators and is based on the Health Cluster Coordination Competency Framework. The domains in the Competency Framework are from the Humanitarian Programme Cycle and the competencies are based on the Reference Module for Cluster Coordination at Country Level.

12.2. Information Management Officer Professional Development Plan: this is designed primarily for Information Management Officers and is based on the Health Cluster Public Health Information Standards.

Please see **Appendix D** for the PDPs and the associated Guidance Note.

9. THE HEALTH CLUSTER CAPACITY DEVELOPMENT CONSULTATION GROUP (CDCG)

The Health Cluster Capacity Development Consultation Group was formed in July 2019 to provide a Health Cluster Partner and Stakeholder consultation forum for the ongoing review, discussion, feedback and contribution to the identification of the priorities for the Health Cluster Capacity Development Strategy and the future development of regional and global Health Cluster Coordination Training.

The CDCG will be jointly chaired by the GHC Team and a Global Health Cluster Partner. All Health Cluster Partners and Stakeholders can request to join the CDCG group at any time.

Please see **Appendix E** for the Terms of Reference for the CDCG 2020.

10. ANNUAL WORKPLAN

A HCCDS 2020 - 2023 work plan with prioritised activities will be produced each year in consultation with the Health Cluster Capacity Development Consultation Group. These activities will be synchronised with the GHC work plan and the WHE Learning Strategy workplan.

11. MONITORING EVALUATION AND REVIEW

15.1. The implementation of the HCCDS 2020 - 2023 will be monitored by reporting on the milestones in the HCCDS Monitoring Framework (**please see Appendix F**).

The aim of this Monitoring Framework is to ensure the successful and impactful delivery of the Health Cluster Capacity Development Strategic Priorities with a particular focus on the impact of the Health Cluster Capacity Development Learning Programme on strengthening Health Cluster leadership and coordination at country level.

The Monitoring Framework will be based on the annual Capacity Development Consultation Group (CDCG) work plan, regularly reviewed by the CDCG, completed by the Co-Chairs of the CDCG and an update forwarded to the Global Health Cluster SAG every quarter with additional updates as required.

15.2. The goal of the HCCDS 2020 - 2023 is to significantly improve the quality of health cluster coordination when responding to an acute or protracted humanitarian crisis.

The performance of the Health Cluster response will be monitored by means of:

- ❖ Health Cluster Progress Reports based on Periodic Monitoring Reports
- ❖ Country Cluster Coordination Performance Monitoring
- ❖ Health Sector Evaluations

The lessons identified from these reviews will be reviewed by the Health Cluster Capacity Development Consultation Group and addressed in Health Cluster capacity development activities.

15.3. A mid-term and final evaluation respectively will be carried out to establish the extent to which the aims and strategic priorities of the HCCDS 2020 – 2023 have been achieved.

APPENDICES

- A. The Health Cluster Competency Framework
- B. The HCCDS 2016 – 2019 Progress Review May 2019
- C. The Health Cluster Coordination Learning Programme
- D. The Health Cluster Professional Development Plans and Guidance Note
- E. The Health Cluster Capacity Development Consultation Group TORs 2020
- F. The HCCDS 2020 – 2023 Monitoring Framework

