Information and transparency

1. Cluster partners communicate clearly with communities

Minimum Standard	Activities supporting implementation	Suggested indicators for partners	Suggested indicators for Cluster Coordinators
1.1 Accurate Health information is communicated regularly using appropriate channels	Use findings from Communication, Community Engagement and Accountability (CCEA) assessment to establish preferred channels; usefulness and accessibility of information is monitored	# of people reached with information % people expressing that information is clear, understandable and helpful	# partners producing health information for communities
1.2 Information about the response, which agencies are present and who does what, is available and regularly updated	4Ws (may be provided by other clusters or coordinating agencies) are provided publicly at point of service; healthcare personnel are aware of partners' and other actors' roles and responsibilities, and can refer children and adults to other services	% of community expressing that they know who does what	% of partners reporting into Health Cluster 4Ws
1.3 Information about agencies' PSEA standards and policies and how staff are expected to behave, and how to report concerns is readily available in accessible formats at point of service	Printed materials are displayed; healthcare personnel are trained on receiving and referring PSEA issues brought to them by communities	% people aware that partners have standards related to staff behaviour % people know how to report concerns	# of partners that have information publicly available about PSEA and code of conduct at points of service
1.4 Information is adapted and made accessible for different groups including children and marginalized groups	Child-friendly information is produced and shared via appropriate channels; information is made available for people with low literacy using appropriate formats; where information is provided in-person, barriers to physical access are addressed	% of people within marginalized groups expressing that useful and accessible information is available to them	# and % of partners that are producing accessible information for specific groups

Community feedback mechanism (CFM)

2. Cluster partners enable communities to give feedback on health services

Minimum Standard	Activities supporting implementation	Suggested indicators for partners	Suggested indicators for Cluster Coordinators
2.1 Health Cluster partners operate Community Feedback Mechanisms (CFMs) that encourage input from communities	Static (that is, channels that are always available such as an email address) and active (channels that require partner activity such as community meetings) CFMs are available, easily accessible and safe	A CFM is operational and has documented SOPs	# of partners operating a CFM
2.2 Trends in feedback and concerns are discussed between partners during Health Cluster meetings as a standing agenda point	Partners agree to sharing trend summaries of feedback and discussing follow-ups; Coordinators add a standing agenda point to Health Cluster meetings and actions are documented in a action tracker	Trend reports are produced and shared with cluster	# and type of feedback collected by partners % feedback followed up on Standing agenda point is added to health cluster meetings
2.3 Feedback is managed safely and effectively	Partners have sufficient resources to manage feedback and processes that protect privacy and confidentiality; referrals are made efficiently and securely; people are kept informed about the how their feedback is being managed and what the outcome is	A focal point within the organization is responsible for managing feedback and referrals	# of partners that have agreed to share feedback trend data
2.4 Feedback is resolved and the feedback loop is closed at an individual and community level	Actions are taken to address feedback and concerns; children and adults who shared feedback and concerns are informed of actions taken	% of feedback that is resolved within the SOP timeframe	

Participation and Inclusion

3. Cluster partners activities involve communities in planning and implementation and includes marginalized groups

Minimum Standard	Activities supporting implementation	Suggested indicators for partners	Suggested indicators for Cluster Coordinators
3.1 There is a planned, structured and regular program of community engagement in place	Health Cluster partners agree on schedule, roles and format for community engagement	# of community engagement activities % of people expressing that community engagement activities are available to them # people engaged	# and % of partners conducting participation activities
3.2 Community engagement includes marginalised groups and vulnerable people, including children, and provide additional support for them to be included	Community engagement activities include disaggregated data collection on specific vulnerabilities; steps are taken to enable groups with additional needs to attend	Disaggregated data shows # of people from marginalized groups involved % people from marginalized groups satisfied with accommodations made for them	

Coordination

4. Cluster partners work together on AAP and share insights between each other

Minimum Standard	Activities supporting implementation	Suggested indicators for partners	Suggested indicators for Cluster Coordinators
4.1 Work with the national CCEA or AAP Working Group to inform a CCEA assessment	Feed into cross-sector/cluster CCEA assessment adding health questions as appropriate		Evidence of interaction with CCEA or AAP WGs; Joint health cluster and AAP/CEA WG assessment has been undertaken
4.2 Information provision is consistent across health cluster partners, other sectors and public bodies	Information and communications are planned and discussed jointly by Health Cluster partners; a Health Cluster AAP focal point agency may produce information materials on behalf of the cluster that can be used by all; feedback data will be used to develop FAQ documents that all partners can use	# of information materials and community engagement activities undertaken	# of information and communications materials developed jointly by cluster partners
4.3 Partners' CFMs use consistent channels based on assessment findings and operate on consistent timeframes	Health Cluster partners agree and commit to common timeframes for feedback management, and agree to use most appropriate channels		% of partner CFMs that are appropriate based on assessment of community preferences # and % of partners using consistent SOPs for CFMs
4.4 Analysis of feedback data is shared and trends are collectively addressed	Health Cluster partners analyse data from feedback and concerns they receive and share in cluster meetings; HC cluster partners take collective action as appropriate	# feedback analysis reports	# feedback reports shared with cluster
4.5 Community engagement and accountability activities are coordinated and do not duplicate efforts	Feedback from consultations is shared between partners; facilitation of consultations is shared between partners; dates and times of activities are shared and coordinated		
4.6 Assessments are coordinated amongst cluster partners and take steps to avoid over-assessment	Health Cluster meetings discuss assessment coordination; assessment data is shared between partners		

Note: individual organizations do not each need to achieve all the above; However, it is advised that the cluster should aim for coverage across all areas above.

Associated tools

1. GHC Operational Guidance on AAP
2. Template Standard Operating Procedure for CFMs (Global Health Cluster Operational Guidance Annex 3)
3. Guidance for conducting community meetings and consultations
4. AAP assessment questions (Global Health Cluster Operational Guidance Annex 1)

Guiding resources

1. Core Humanitarian Standard
2. Disability Inclusion in AAP
3. Sphere Handbook 2018
4. Operational Guidance on Accountability to Affected Populations (AAP) August 2017 https://www.who.int/docs/default-source/documents/publications/operational-guidance-on-accountability-to-affected-populations.pdf