

## Cluster Coordination Performance Monitoring

# Bangladesh

Level : National

Completed on: 25 August - 2020

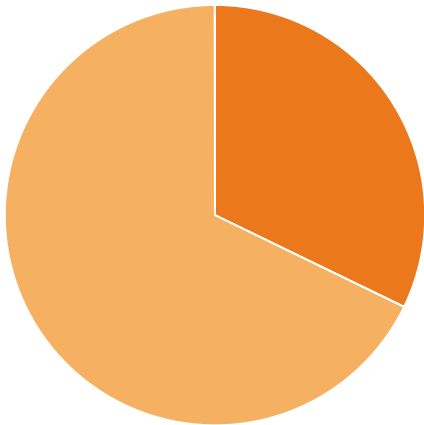
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## Final report

Cluster Coordination Performance Monitoring

Overall response rate

(Based on the number of organizations that are part of the cluster)



Total	
32 %	
Total number of partners	Number partners responding
146	47

International NGOs



Total	
24 %	
Total number of partners	Number partners responding
62	15

National NGOs



Total	
31 %	
Total number of partners	Number partners responding
59	18

UN Agencies



Total	
63 %	
Total number of partners	Number partners responding
8	5

National Authorities



Total	
60 %	
Total number of partners	Number partners responding
5	3

Donors



Total	
33 %	
Total number of partners	Number partners responding
6	2

Other

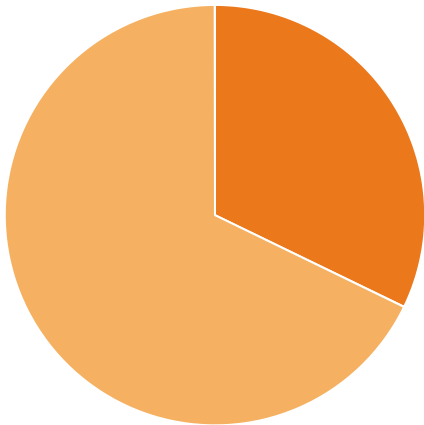


Total	
67 %	
Total number of partners	Number partners responding
6	4

Cluster Coordination Performance Monitoring

Effective response rate

(Based on the average number of organizations participating to cluster meetings)



Total	
32 %	
Total number of partners	Number partners responding
146	47

International NGOs



Total	
24 %	
Total number of partners	Number partners responding
62	15

National NGOs



Total	
31 %	
Total number of partners	Number partners responding
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Donors



Total	
33 %	
Total number of partners	Number partners responding
6	2

Other



Total	
67 %	
Total number of partners	Number partners responding
6	4

## Cluster Coordination Performance Monitoring

## Overall Performance

Score	Performance status
> 75 %	
51 % - 75 %	Good
26 % - 50 %	Satisfactory
< 26 %	Unsatisfactory
	Weak

1	Supporting service delivery	
1.1	Provide a platform to ensure that service delivery is driven by the agreed strategic priorities	Good
1.2	Developing mechanisms that eliminate duplication of service delivery	Satisfactory
	Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team	
2		
2.1	Needs assessment and gap analysis	Satisfactory
2.2	Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues	Satisfactory
2.3	Prioritizing on the basis of response analysis	Satisfactory
3	Planning and strategy development	
3.1	Developing sectoral plans, objectives and indicators that directly support HC/HCT strategic priorities	Satisfactory
3.2	Adherence to and application of standards and guidelines	Satisfactory
3.3	Clarifying funding needs, prioritization, and cluster contributions to HC funding needs	Good
4	Advocacy	
4.1	Identifying advocacy concerns that contribute to HC and HCT messaging and action	Good
4.2	Undertaking advocacy activities on behalf of cluster participants and affected people	Satisfactory
5	Monitoring and reporting on implementation of cluster strategy and results	Good
6	Preparedness for recurrent disasters	Good
7	Accountability to affected populations	Satisfactory

# Cluster Coordination Performance Monitoring

## Performance per function and review

### 1 Supporting service delivery

1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities Good

List of partners regularly updated	100%
Adequate frequency of cluster meetings	100%
Attendance of cluster partners to cluster meetings	100%
Level of decision making power of staff attending cluster meetings	100%
Conditions for optimal participation of national and international stakeholders	75%
Writing of minutes of cluster meetings with action points	100%
Usefulness of cluster meetings for discussing needs, gaps and priorities	100%
Useful strategic decision taken within the cluster	75%
Attendance of cluster coordinator to HCT and ICC meetings	100%
Support/engagement of cluster with national coordination mechanisms	100%

Indicative characteristics of functions	Established, relevant coordination mechanism recognising national systems, subnational and co-lead aspects; stakeholders participating regularly and effectively; cluster coordinator active in inter-cluster and related meetings.
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Constraints, unexpected circumstances and/or success factors and/or good practice identified

Follow-up actions, with timeline and/or support required (when status is orange or red)

## Cluster Coordination Performance Monitoring

1.2	Develop mechanisms to eliminate duplication of service delivery	Satisfactory
<hr/>		
	Mapping of partner geographic presence and programme activities updated as needed	100%
	Inputs of health partners into mapping of partner geographic presence and programme activities	100%
	Involvement of partners into analysis of gaps and overlaps based on mapping	75%
	Analysis of gaps and overlaps based on mapping used by partners for decision-making	75%
<hr/>		
	Indicative characteristics of functions	Cluster partner engagement in dynamic mapping of presence and capacity (4W); information sharing across clusters in line with joint Strategic Objectives.
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	Constraints, unexpected circumstances and/or success factors and/or good practice identified	
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	Follow-up actions, with timeline and/or support required (when status is orange or red)	

# Cluster Coordination Performance Monitoring

## 2 Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team

2.1	Needs assessment and gap analysis	Satisfactory
<hr/>		
	Use of cluster agreed tools and guidance for needs assessments	75%
	Involvement of partners in joint needs assessments	75%
	Sharing by partners of their assessment reports	75%
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	Indicative characteristics of functions	Use of assessment tools in accordance with agreed minimum standards, individual assessment / survey results shared and/or carried out jointly as appropriate.
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	Constraints, unexpected circumstances and/or success factors and/or good practice identified	
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	Follow-up actions, with timeline and/or support required (when status is orange or red)	

## Cluster Coordination Performance Monitoring

2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues Satisfactory

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Analyses of situations done together with cluster partners	100%
Analyses of situations identified risk	75%
Analyses of situations identified needs	75%
Analyses of situations identified gaps in response	75%
Analyses of situations identified capacity in response	75%
Analyses of situations identified constraints to respond	75%
Age (cross-cutting issue) considered in analyses	75%
Gender (cross-cutting issue) considered in analyses	100%
Diversity – other than age and gender- (cross-cutting issue) considered in analyses	75%
Human rights (cross-cutting issue) considered in analyses	100%
Protection, including gender-based violence (cross-cutting issue) considered in analyses	100%
Environment (cross-cutting issue) considered in analyses	75%
HIV/AIDS (cross-cutting issue) considered in analyses	75%
Disability (cross-cutting issue) considered in analyses	75%

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Indicative characteristics of functions	Joint analysis for current and anticipated risks, needs, gaps and constraints; cross cutting issues addressed from outset.
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Constraints, unexpected circumstances and/or success factors and/or good practice identified

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Follow-up actions, with timeline and/or support required (when status is orange or red)



# Cluster Coordination Performance Monitoring

2.3	Prioritizing on the basis of response analysis	Satisfactory
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	Joint analyses supporting response planning	75%
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	Indicative characteristics of functions	Joint analysis supporting response planning and prioritisation in short and medium term.
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	Constraints, unexpected circumstances and/or success factors and/or good practice identified	
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	Follow-up actions, with timeline and/or support required (when status is orange or red)	

# Cluster Coordination Performance Monitoring

## 3 Planning and strategy development

3.1 Developing sectoral plans, objectives and indicators that directly support HC/HCT strategic priorities Satisfactory

Strategic plan developed	100%
Partners involved in the development of strategic plan	75%
Sectoral strategic plan includes objectives, activities and indicators	75%
Sectoral strategic plan reviewed against host government strategy	100%
Age (cross-cutting issue) considered in strategic plan	75%
Gender (cross-cutting issue) considered in strategic plan	100%
Diversity – other than age and gender- (cross-cutting issue) considered in strategic plan	75%
Human rights (cross-cutting issue) considered in strategic plan	75%
Protection, including gender-based violence (cross-cutting issue) considered in strategic plan	75%
Environment (cross-cutting issue) considered in strategic plan	50%
HIV/AIDS (cross-cutting issue) considered in strategic plan	50%
Disability (cross-cutting issue) considered in strategic plan	50%
Strategic plan shows synergies with other sectors	50%
Strategic plan used by partners for guiding response	75%
Deactivation criteria and phasing out strategy formulated together with partners	0%

Indicative characteristics of functions	Strategic plan based on identified priorities, shows synergies with other sectors against strategic objectives, addresses cross cutting issues, incorporates exit strategy discussion and is developed jointly with partners. Plan is updated regularly and guides response.
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Constraints, unexpected circumstances and/or success factors and/or good practice identified

Follow-up actions, with timeline and/or support required (when status is orange or red)

Cluster Coordination Performance Monitoring

3.2	Adherence to and application of standards and guidelines		Satisfactory
<hr/>			
	National and international standards and guidance identified and adapted as required	100%	
	Technical standards and guidance agreed upon and used by partners	75%	
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	Indicative characteristics of functions	Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.	
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	Constraints, unexpected circumstances and/or success factors and/or good practice identified		
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	Follow-up actions, with timeline and/or support required (when status is orange or red)		

Cluster Coordination Performance Monitoring

3.3

Clarifying funding needs, prioritization, and cluster contributions to HC funding needs

Good

Prioritization of proposals against the strategic plan jointly determined with partners based on agreed transparent criteria	75%
Prioritization of proposals against strategic plan fair to all partners	75%
Cluster supported and facilitated access to funding sources by partners	75%
Regular reporting on funding status	75%

Indicative characteristics of functions	Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.
Constraints, unexpected circumstances and/or success factors and/or good practice identified	
Follow-up actions, with timeline and/or support required (when status is orange or red)	

# Cluster Coordination Performance Monitoring

## 4 Advocacy

4.1	Identifying advocacy concerns that contribute to HC and HCT messaging and action	Good
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Issues requiring advocacy identified and discussed together with partners		100%
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Indicative characteristics of functions	Concerns for advocacy identified with partners, including gaps, access, resource needs.	
<hr/>		
Constraints, unexpected circumstances and/or success factors and/or good practice identified		
<hr/>		
Follow-up actions, with timeline and/or support required (when status is orange or red)		

Cluster Coordination Performance Monitoring

4.2	Undertaking advocacy activities on behalf of cluster participants and affected people	Satisfactory
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	Advocacy activities agreed upon and undertaken with partners	75%
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	Indicative characteristics of functions	Common advocacy campaign agreed and delivered across partners.
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	Constraints, unexpected circumstances and/or success factors and/or good practice identified	
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	Follow-up actions, with timeline and/or support required (when status is orange or red)	

# Cluster Coordination Performance Monitoring

## 5 Monitoring and reporting on implementation of cluster strategy and results

Monitoring and reporting on implementation of cluster strategy and results

Good

Programme monitoring formats agreed upon and used by cluster partners	75%
Information shared by partners reflected in cluster reports	75%
Regular publication of progress reports based on agreed indicators for monitoring humanitarian response	75%
Regular publication of cluster bulletins	100%
Changes in needs, risk and gaps highlighted in cluster reports and used for decision-making by partners	75%
Response and monitoring of the cluster taking into account the needs, contributions and capacities of women, girls, men and boys	75%
Indicative characteristics of functions	Use of monitoring tools in accordance with agreed minimum standards, regular report sharing, progress mapped against agreed strategic plan, any necessary corrections identified.
Constraints, unexpected circumstances and/or success factors and/or good practice identified	
Follow-up actions, with timeline and/or support required (when status is orange or red)	

# Cluster Coordination Performance Monitoring

## 6 Preparedness for recurrent disasters

Preparedness for recurrent disasters

Good

<hr/>	
National contingency plans identified and shared	100%
Partners contributed to initial or updated risk assessments and analysis	75%
Partners involved in development of preparedness plan	100%
Partners committed staff and/or resources towards preparedness plan	100%
Early warning reports shared with partners	100%
<hr/>	
Indicative characteristics of functions	National contingency plans identified and shared; risk assessment and analysis carried out, multisectoral where appropriate; readiness status enhanced; regular distribution of early warning reports.
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Constraints, unexpected circumstances and/or success factors and/or good practice identified	
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Follow-up actions, with timeline and/or support required (when status is orange or red)	



Cluster Coordination Performance Monitoring

7 Accountability to affected populations

Accountability to affected populations		Satisfactory
Mechanisms to consult and involve population in decision-making agreed upon and applied by partners		75%
Mechanisms to receive, investigate and act upon complaints about assistance received agreed upon and applied by partners		100%
Indicative characteristics of functions	Accountability to affected population; agencies have investigated and, as appropriate, acted upon feedback received about the assistance provided.	
Constraints, unexpected circumstances and/or success factors and/or good practice identified		
Follow-up actions, with timeline and/or support required (when status is orange or red)		

## Cluster Coordination Performance Monitoring

### Answer distributions and comments

#### 0 General

##### Comments

WASH in Healthcare Facility

Not applicable.

I am working at Bangladesh Red Crescent Society (BDRCS). BDRCS is an auxiliary to the government of Bangladesh. Last 33 years working at BDRCS Health Department as Program Coordinator (PC) of Primary Health Care Program, Assistant Director & Program Manager and at Population Movement Operation (PMO), Cox's Bazar as Health Coordinator, Hospital Manager and at Present working as a Health & PSS Manager. From the very beginning I am working as a cluster member.

We are working in the Health Sector in Cox's Bazar

Cox's Bazar Baitush Sharaf Hospital is situated in the premises of Cox's Bazar Baitush Sharaf Complex as a part of it. Cox's Bazar Baitush Sharaf Complex is a unit of Baitush Sharaf Anjuman -E- Ittehad Bangladesh, a renowned national humanitarian organization working voluntarily for mankind in religious ideology and values. Orbis International Inc. and The Fred Hollows Foundation is the donor organization of emergency project of Cox's Bazar Baitush Sharaf Hospital The Cox's Bazar Baitush Sharaf Hospital (CBBSH) is large humanitarian organization of the southern part of Bangladesh. It has been rendering charitable activities Eye hospital and Rehabilitation of blind on voluntary basis for under privilege, under served, poor and distressed people with excellent reputation and goodwill of remote hilly and coastal areas. Generally CBBSH works for the poor and distressed people of remote, hilly and costal area (hard to reach). We operate 40 eye camps at host and forcibly displaced Myanmar Nationals (FDMN) camps and host community every month. Our vision is to establish primary and secondary eye care center at every upazilla of Cox's Bazar District as well as southern part of Chittagong district to serve the poor and distressed people of remote, hilly and costal area.

We provide palliative care through Fasiuddin Khan Research Foundation (FKRF).

We are working in Private swiss based International humanitarian institution( The International committee of Red Cross) and have given a mandate to protect victims of international and internal armed conflicts. Such victims include war wounded, prisoners, refugees, civilians and other non combatants.

Moonlight Development Society is a registered NGO in Bangladesh mostly working with health, education and disability in northern Bangladesh and serving Rohingya refugees since oct 2017 since the influx with Primary Healthcare, Dental Care , temporary Learning Center, tree plantation, emergency meal supply and women empowerment programs at chakmarkul camp, teknaaf, coxbazar.

We are in a process of developing on new program on mental health and hoping that it will start on April.

# Cluster Coordination Performance Monitoring

## 1 Supporting service delivery

1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities

### 1.1.1 List of partners regularly updated

Coordinator

Has the list of cluster partners (including members and observers) been updated as needed?

*The list has been updated as often as needed*

### 1.1.2 Adequate frequency of cluster meetings

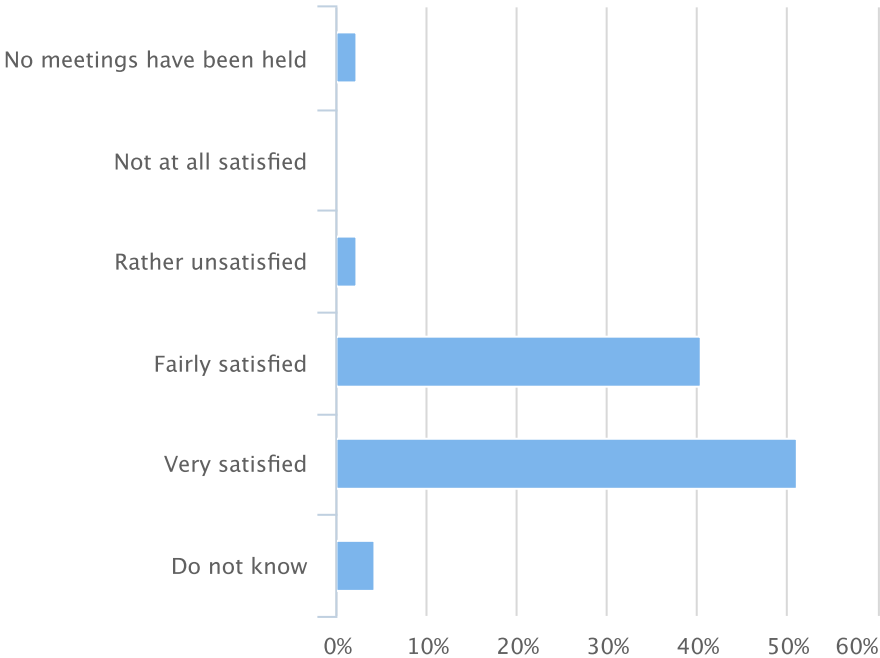
Coordinator

Are you satisfied with the frequency of cluster meetings?

*Quite satisfied*

Partners

Has the list of cluster partners (including members and observers) been updated as needed?



1.1.3 Attendance of cluster partners to cluster meetings

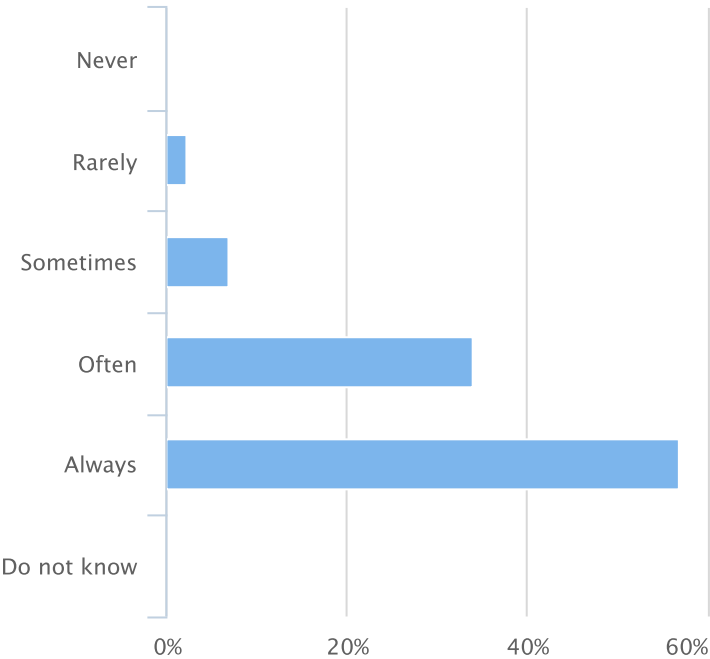
Coordinator

Have members and observers attended cluster meetings?

*Most attended, including major actors*

Partners

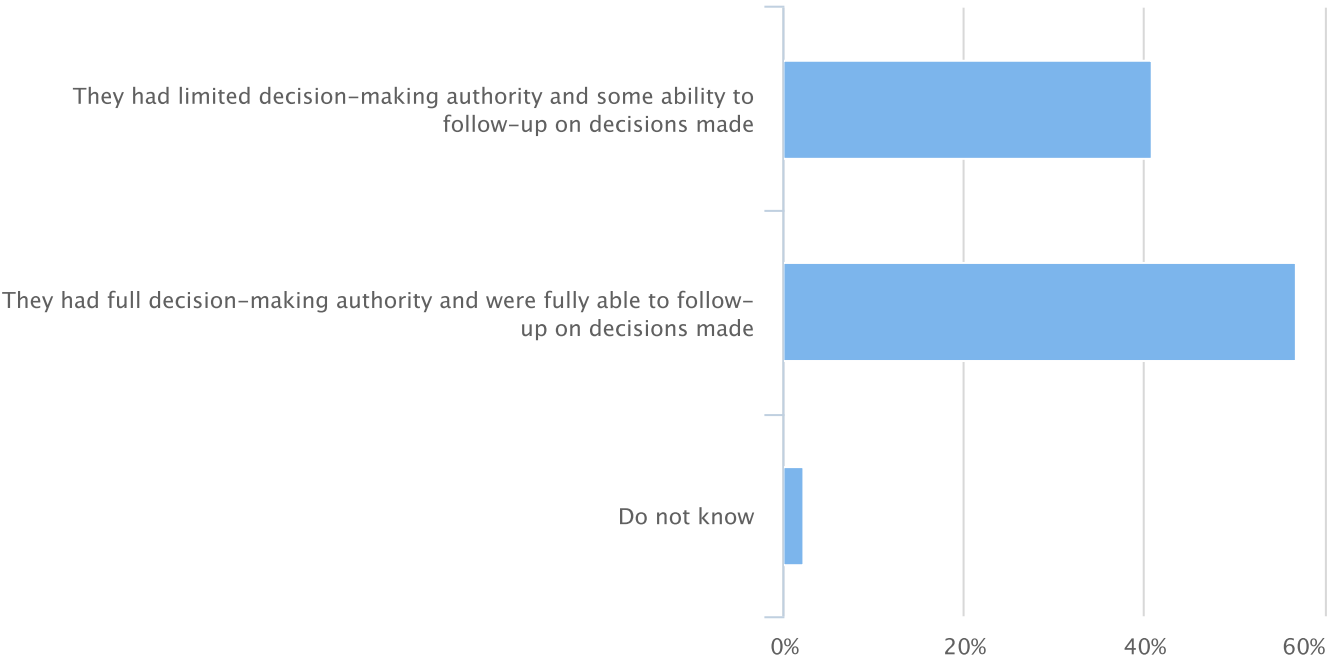
Are you satisfied with the frequency of cluster meetings?



1.1.4 Level of decision making power of staff attending cluster meetings

Partners

Have minutes been taken at cluster meetings, with action points?



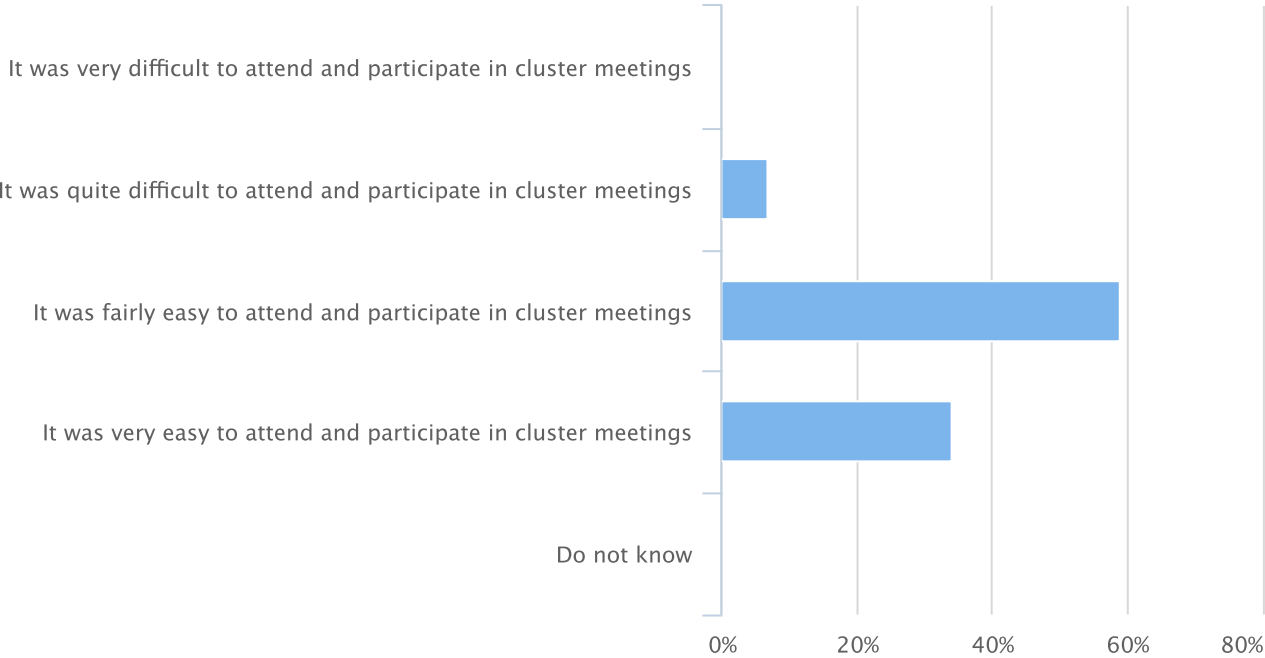
1.1.5 Conditions for optimal participation of national and international stakeholders

Coordinator

Could members and observers participate fully in cluster meetings? (For example, did meetings occur in accessible locations? Were participants able to speak in a range of languages?).  
*It was easy to attend/participate in cluster meetings*

Partners

Have members and observers attended cluster meetings?



1.1.6 Writing of minutes of cluster meetings with action points

Coordinator

Have minutes been taken at cluster meetings, with action points?  
*Minutes with action points have been taken at most meetings*

1.1.7 Usefulness of cluster meetings for discussing needs, gaps and priorities

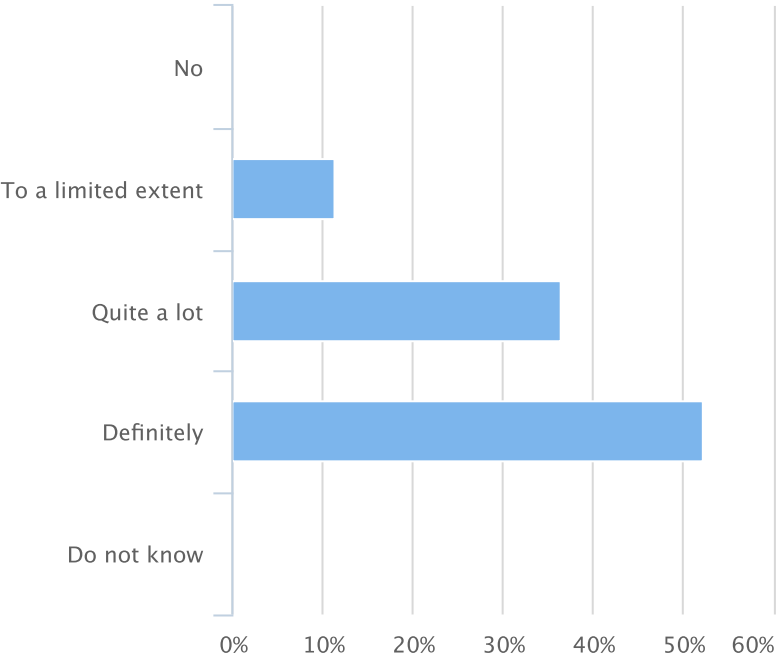
Coordinator

Have cluster meetings been useful in helping partners to discuss needs, gaps and priorities?

*They have been very useful*

Partners

Have cluster meetings been useful in helping partners to discuss needs, gaps and priorities?



### 1.1.8 Useful strategic decision taken within the cluster

Coordinator

Has the cluster taken strategic decisions about the direction of the humanitarian response?

*Strategic decisions were taken and they were mostly useful*

Partners

Have you regularly attended humanitarian inter-sectoral coordination meetings, such as inter-cluster coordination meetings or country team meetings?



### 1.1.9 Attendance of cluster coordinator to HCT and ICC meetings

Coordinator

Have you regularly attended humanitarian inter-sectoral coordination meetings, such as inter-cluster coordination meetings or country team meetings?

*I have always attended meetings*

### 1.1.10 Support/engagement of cluster with national coordination mechanisms

Coordinator

Has the cluster supported or engaged with coordination mechanisms of national authorities in its sector?

*Cluster partners are fully engaged under national coordination*

## 1.2 Develop mechanisms to eliminate duplication of service delivery

### 1.2.1 Mapping of partner geographic presence and programme activities updated as needed

Coordinator

Has the cluster regularly mapped what partners are doing and where they are working (via 3W and similar mechanisms)?

*Mapping was done and always updated as often as required*

## 1.2.2 Inputs of health partners into mapping of partner geographic presence and programme activities

Coordinator

How many partners have helped to map programme activities and their geographical presence?

Most

Partners

Has the cluster regularly mapped what partners are doing and where they are working (via 3W and similar mechanisms)?



## 1.2.3 Involvement of partners into analysis of gaps and overlaps based on mapping

Partners

How many partners have helped to map programme activities and their geographical presence?





## 1.2.4 Analysis of gaps and overlaps based on mapping used by partners for decision-making

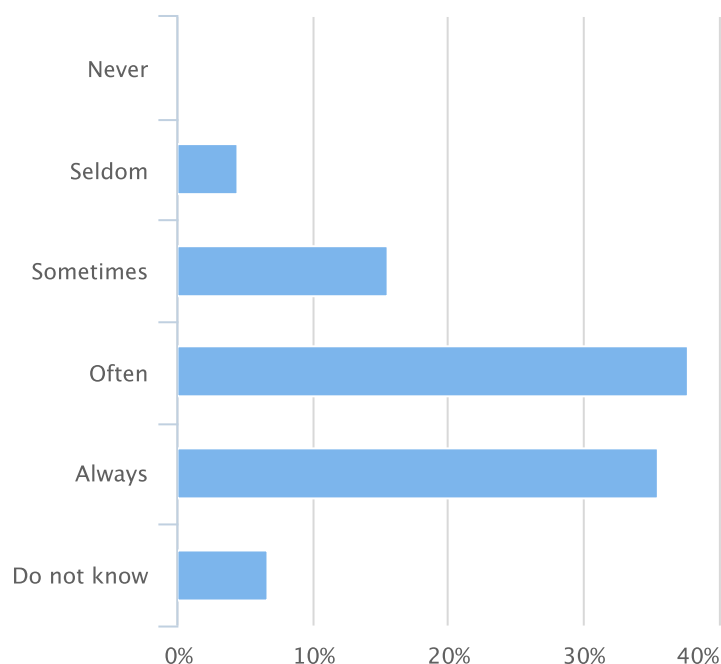
### Coordinator

Has the cluster used information on programme activities and partners' geographical presence to analyse capacity and complementarity (gaps and overlaps). Has that information influenced cluster partners' decisions?

*Analysis has been done and has been used by most partners for decision making*

### Partners

Has the cluster used information on programme activities and partners' geographical presence to analyse capacity and complementarity (gaps and overlaps). Has that information influenced cluster partners' decisions?



### Comments

Rationalization process -> helped us support the decision to close one of our facilities

Our organization is getting support from cluster

Proactive role from the cluster in deciding strategic direction was present at times, but lacking at others.

BDRCS has a 5 (Five) member supervisory team including 1 Medical Coordinator, 1 ECV Coordinator, 1 Community Health Officer, 1 PSS officer (Focal). They look after 1 10 bed Field Hospital, 4 (Four) Health Post, 5 (Five) Primary Health Care (PHC) Centres with 220 (Two hundred twenty) Community Health Volunteers (CHVs), 14 (Fourteen) Community Mobilizer (Health) and 5 (Five) PSS Officer and 7 (Seven) Community Mobilizer (PSS).

Health Sector Rationalization Exercise 2019 was fully complied by our organization

No comment

FKRF is the only palliative care provider in Rohingya camps so far we know. From January 2020, FKRF has started working with a project awarded by IOM to integrate palliative care in 10 PHCs, including Ukhiya and Teknaf UHCs, where IOM has existing other services. We are in the preliminary processing stage at the moment. The mapping may be needed to be done urgently to improve access to this essential services.

No comments

no additional comments

We at Cox's Bazar are at Sub national level. All information in this survey is based on this level.

## Cluster Coordination Performance Monitoring

### 2 Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team

#### 2.1 Needs assessment and gap analysis

##### 2.1.1 Use of cluster agreed tools and guidance for needs assessments

Coordinator

Have cluster partners used jointly agreed sectoral needs assessment tools and guidance?

*The cluster has agreed tools and guidance and some partners have used them*

Partners

Have cluster partners used jointly agreed sectoral needs assessment tools and guidance?



2.1.2 Involvement of partners in joint needs assessments

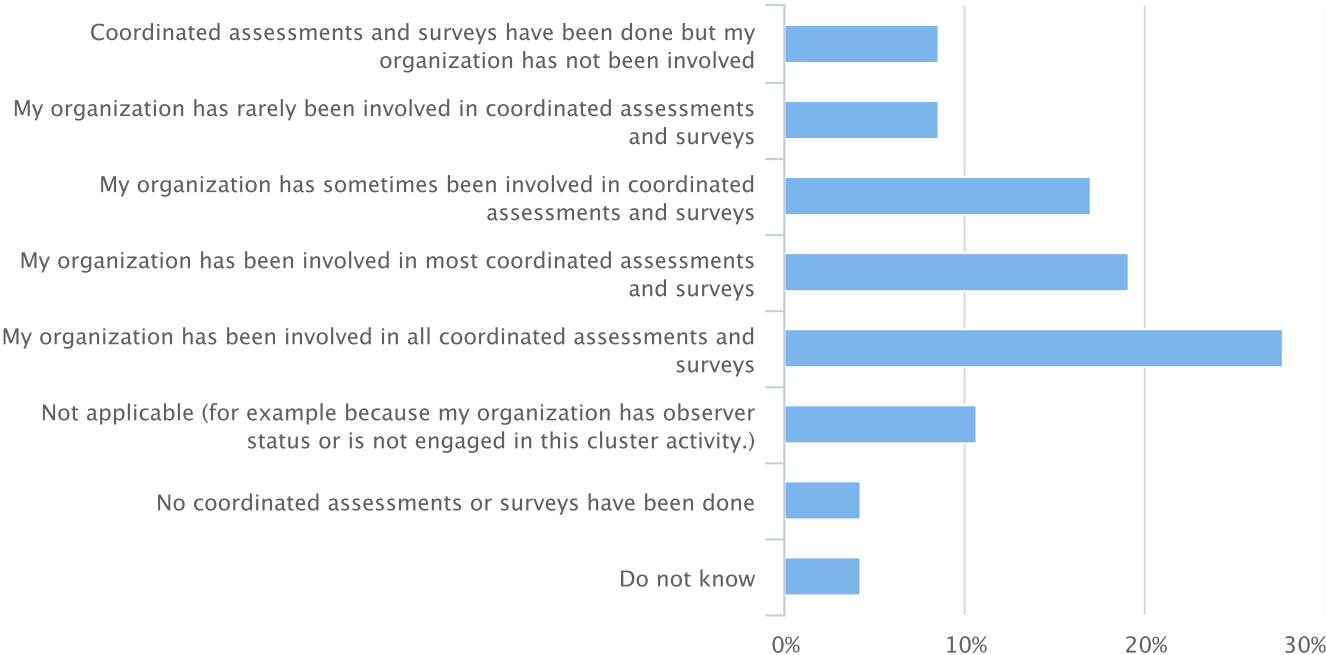
Coordinator

Have cluster partners been involved in coordinated sectoral needs assessments and surveys?

*Partners have been involved in most coordinated assessments*

Partners

Have cluster partners been involved in coordinated sectoral needs assessments and surveys?



2.1.3 Sharing by partners of their assessment reports

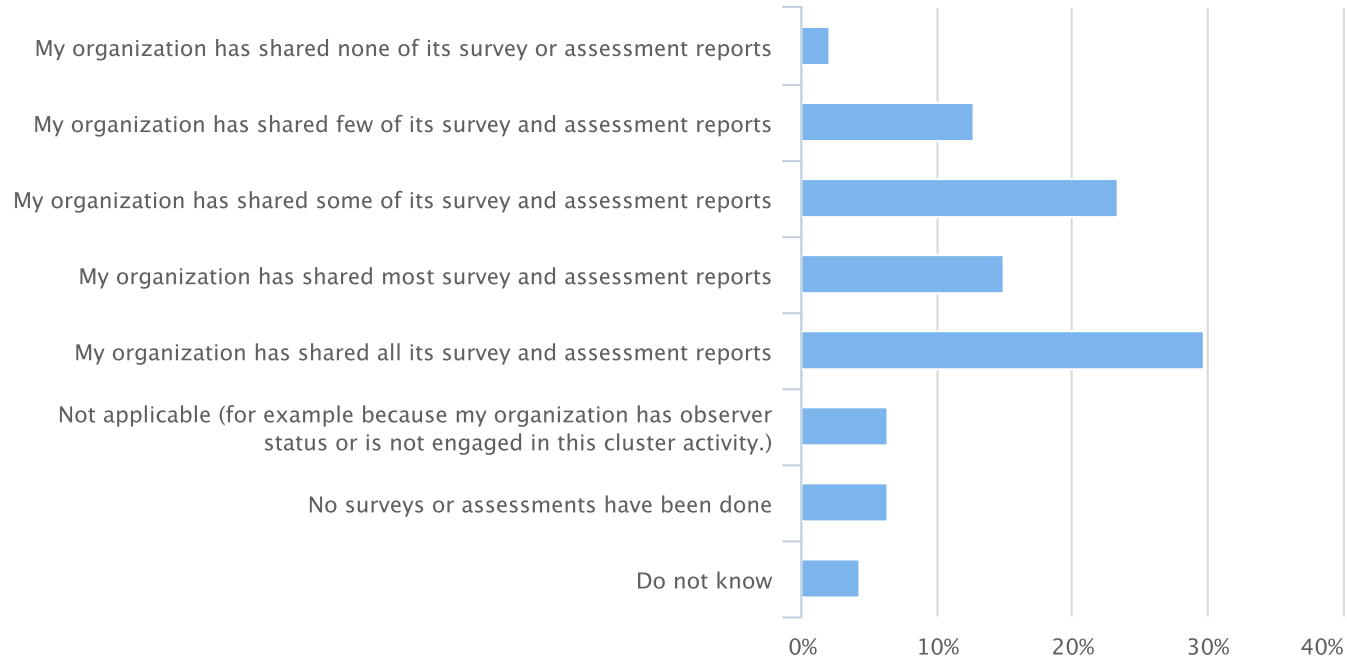
Coordinator

Have cluster partners shared their own surveys and assessments with the cluster?

*Survey and assessment reports have been shared by most partners*

Partners

Have cluster partners shared their own surveys and assessments with the cluster?



2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues

2.2.1 Analyses of situations done together with cluster partners

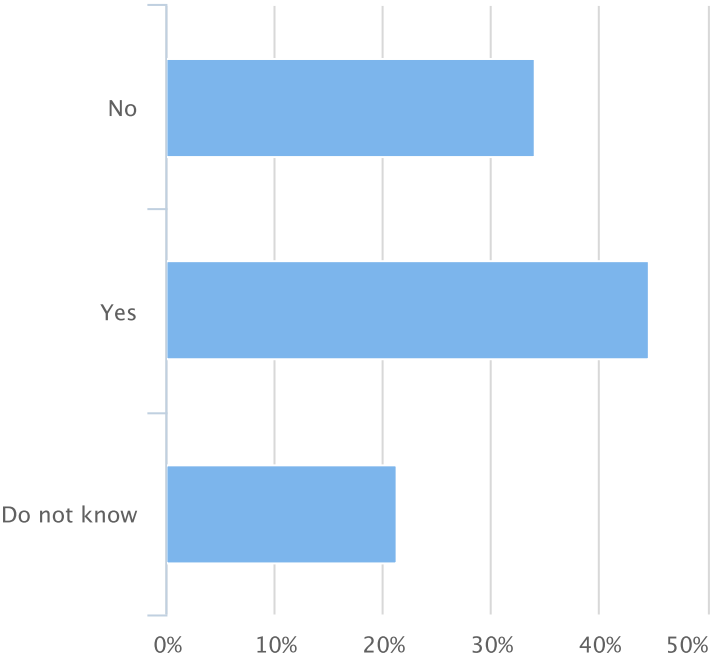
Coordinator

Have you done situation analyses together with cluster partners?

Yes

Partners

Have you done situation analyses together with cluster partners?



2.2.2 Analyses of situations identified risk

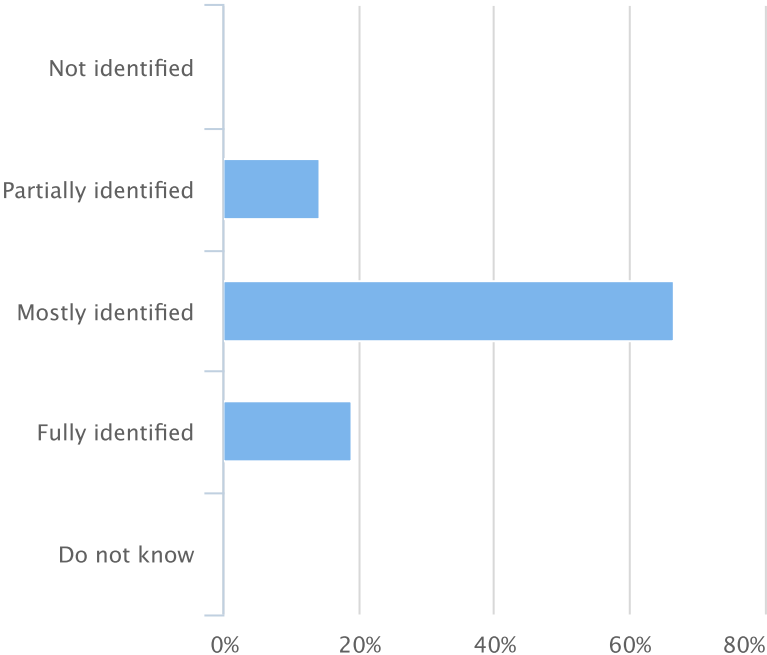
Coordinator

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?

*Mostly identified*

Partners

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?



2.2.3 Analyses of situations identified needs

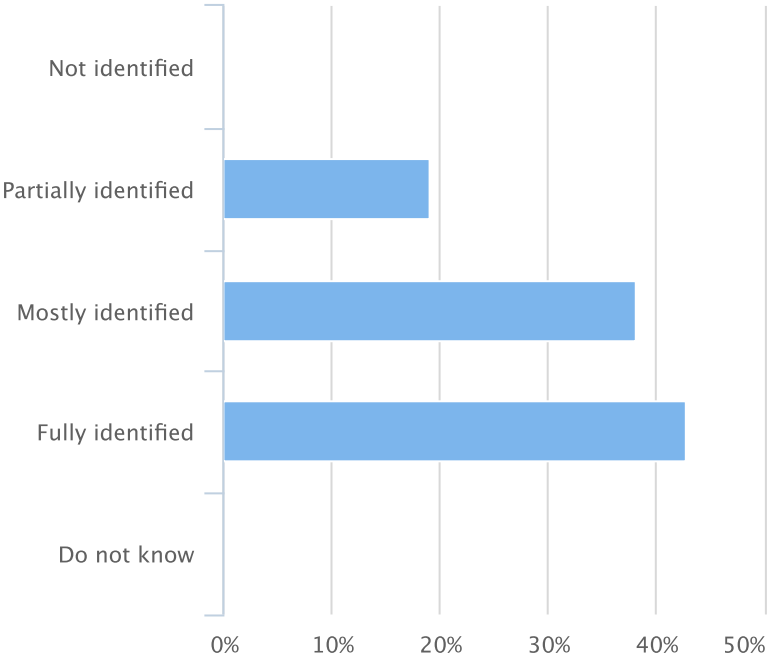
Coordinator

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?

*Mostly identified*

Partners

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?



2.2.4 Analyses of situations identified gaps in response

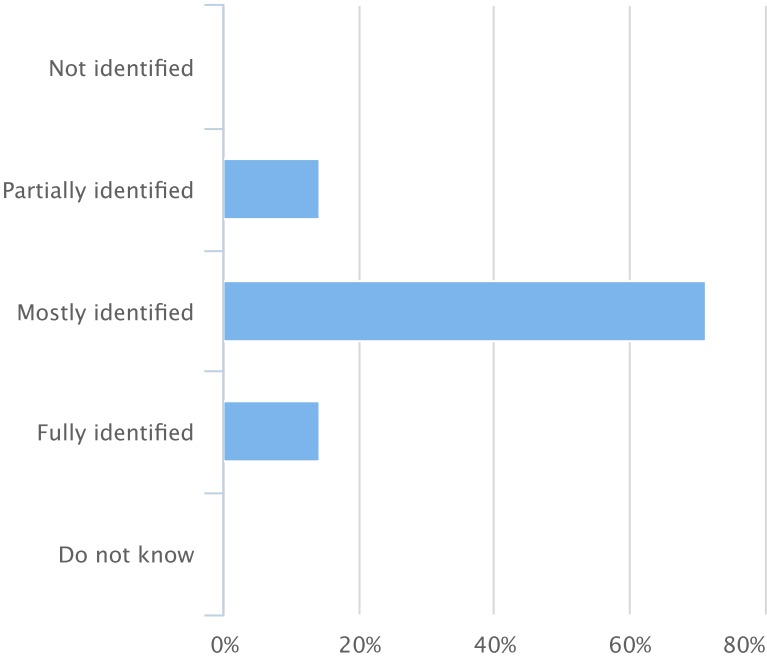
Coordinator

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?

*Mostly identified*

Partners

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?





2.2.5 Analyses of situations identified capacity in response

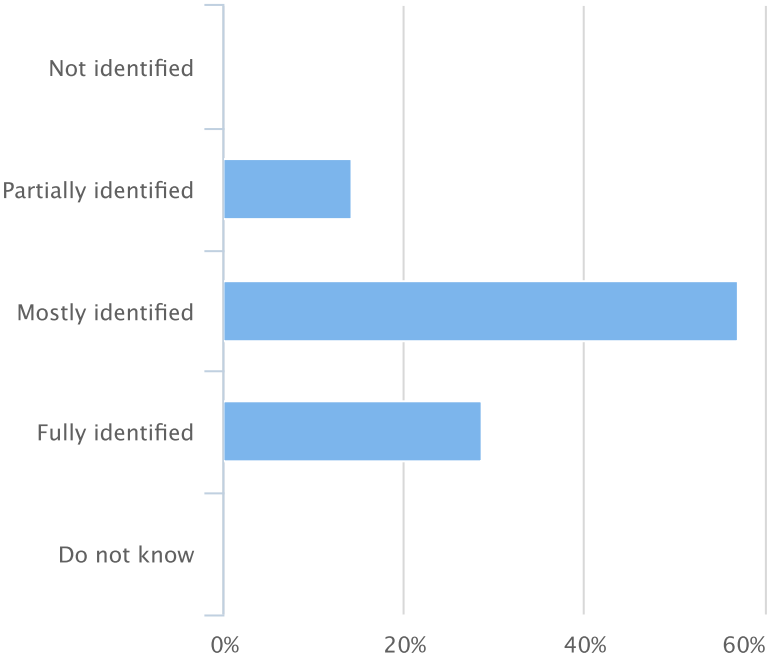
Coordinator

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?

*Mostly identified*

Partners

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?



2.2.6 Analyses of situations identified constraints to respond

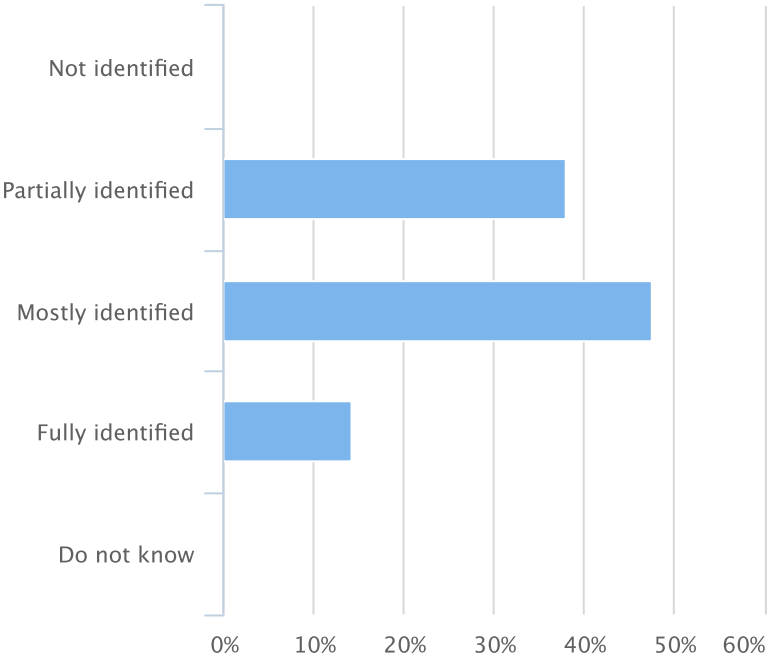
Coordinator

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?

*Partially identified*

Partners

Have these analyses identified risks, needs, gaps, capacity to respond, and constraints?



2.2.7 Age (cross-cutting issue) considered in analyses

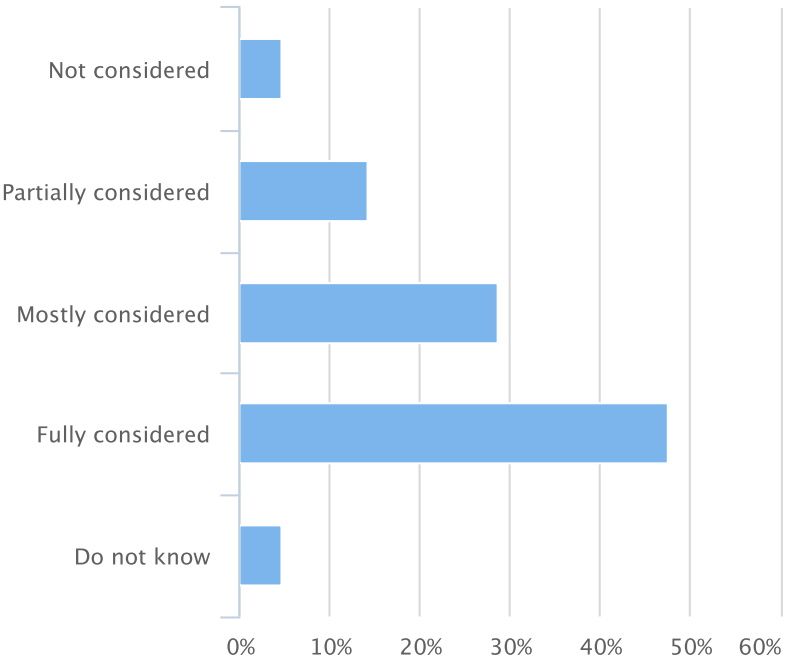
Coordinator

Have these analyses considered cross-cutting issues?

*Mostly considered*

Partners

Have these analyses considered cross-cutting issues?



2.2.8 Gender (cross-cutting issue) considered in analyses

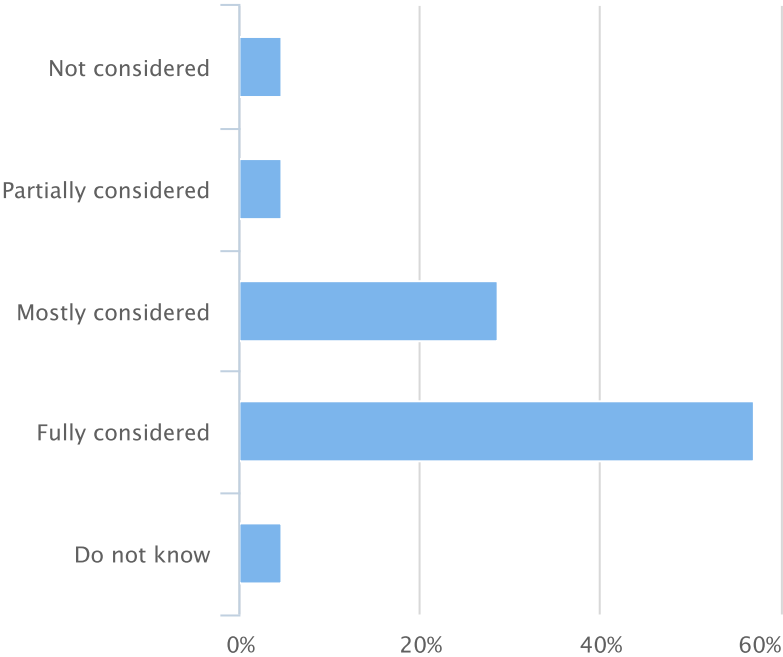
Coordinator

Have these analyses considered cross-cutting issues?

*Fully considered*

Partners

Have these analyses considered cross-cutting issues?



2.2.9 Diversity – other than age and gender- (cross-cutting issue) considered in analyses

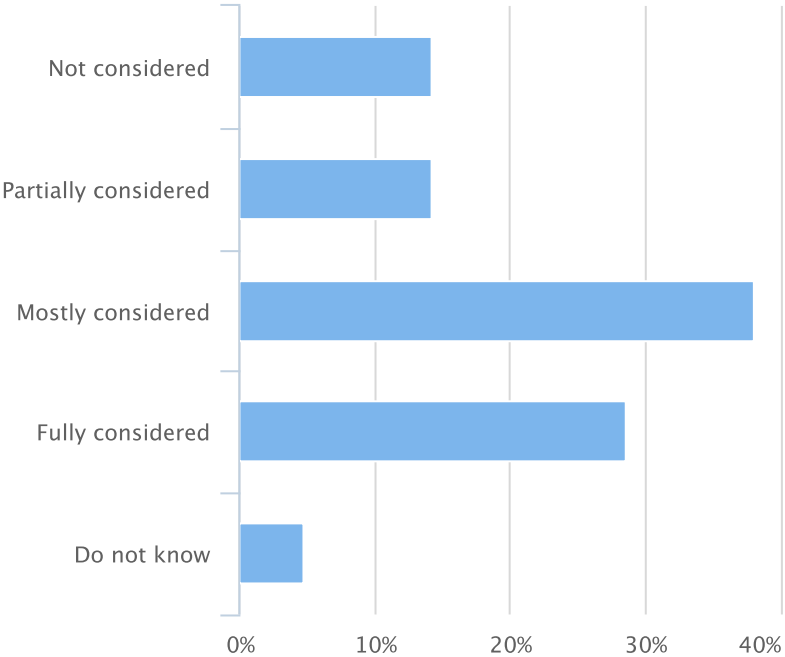
Coordinator

Have these analyses considered cross-cutting issues?

*Mostly considered*

Partners

Have these analyses considered cross-cutting issues?



2.2.10 Human rights (cross-cutting issue) considered in analyses

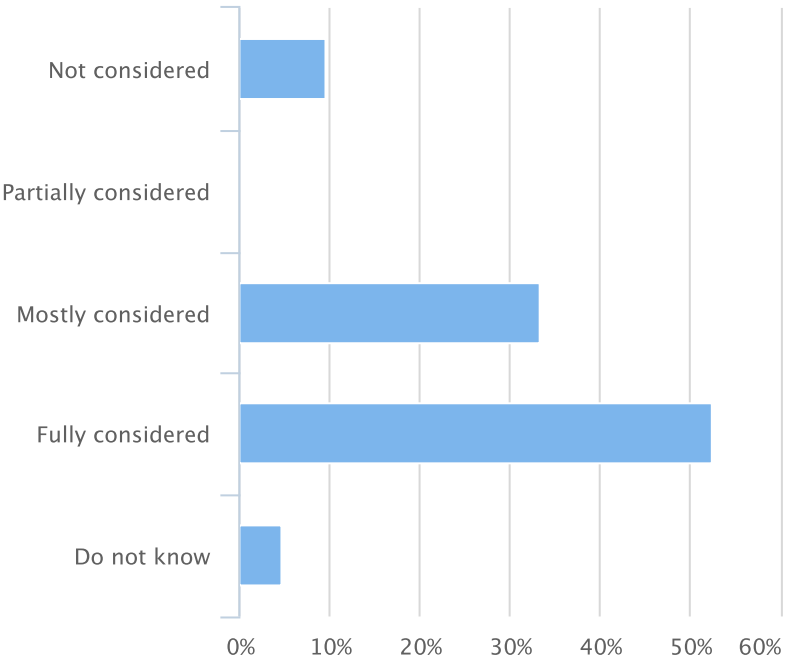
Coordinator

Have these analyses considered cross-cutting issues?

*Partially considered*

Partners

Have these analyses considered cross-cutting issues?



2.2.11 Protection, including gender-based violence (cross-cutting issue) considered in analyses

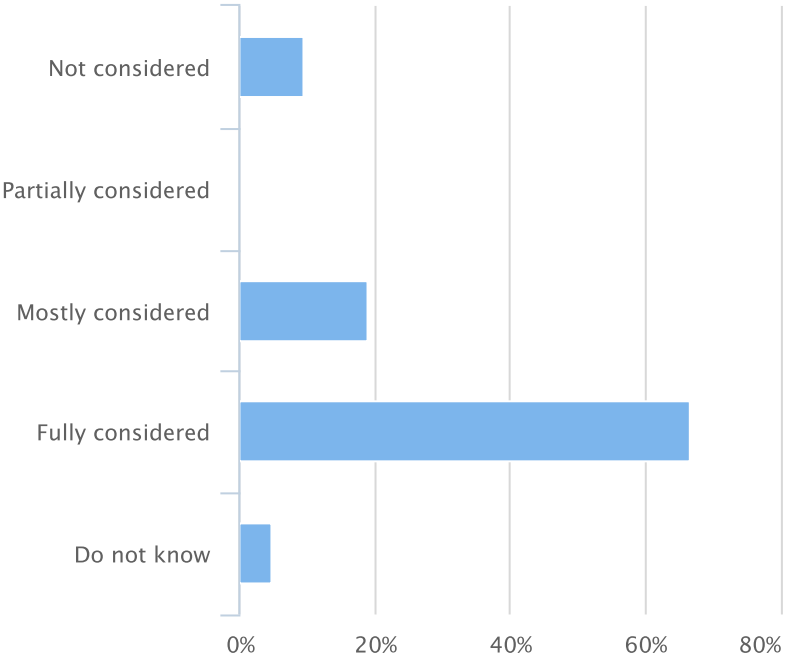
Coordinator

Have these analyses considered cross-cutting issues?

*Mostly considered*

Partners

Have these analyses considered cross-cutting issues?



2.2.12 Environment (cross-cutting issue) considered in analyses

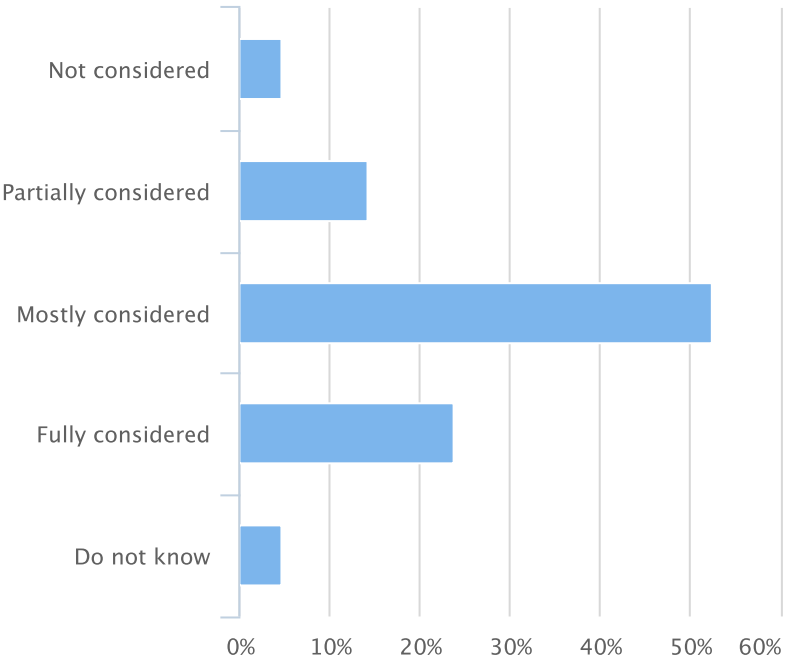
Coordinator

Have these analyses considered cross-cutting issues?

*Mostly considered*

Partners

Have these analyses considered cross-cutting issues?





2.2.13 HIV/AIDS (cross-cutting issue) considered in analyses

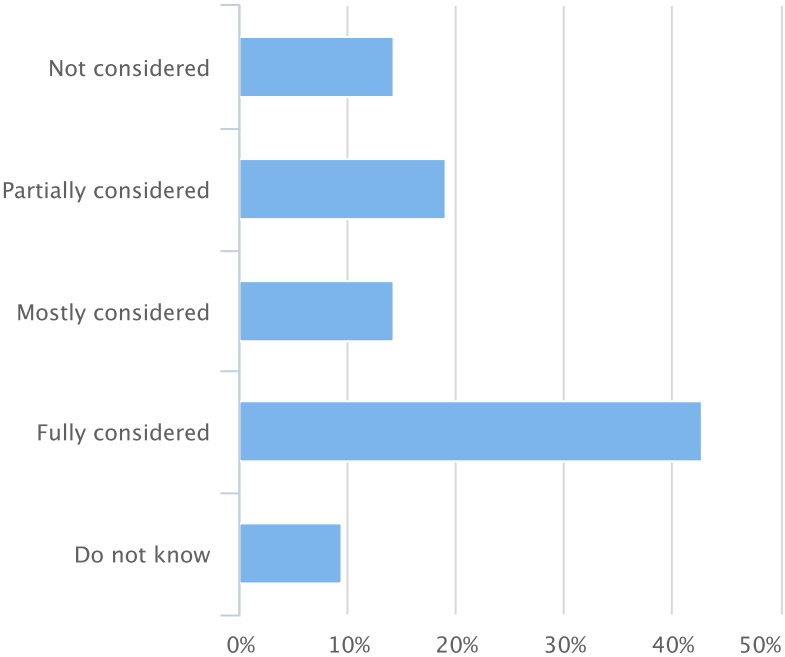
Coordinator

Have these analyses considered cross-cutting issues?

*Partially considered*

Partners

Have these analyses considered cross-cutting issues?



2.2.14 Disability (cross-cutting issue) considered in analyses

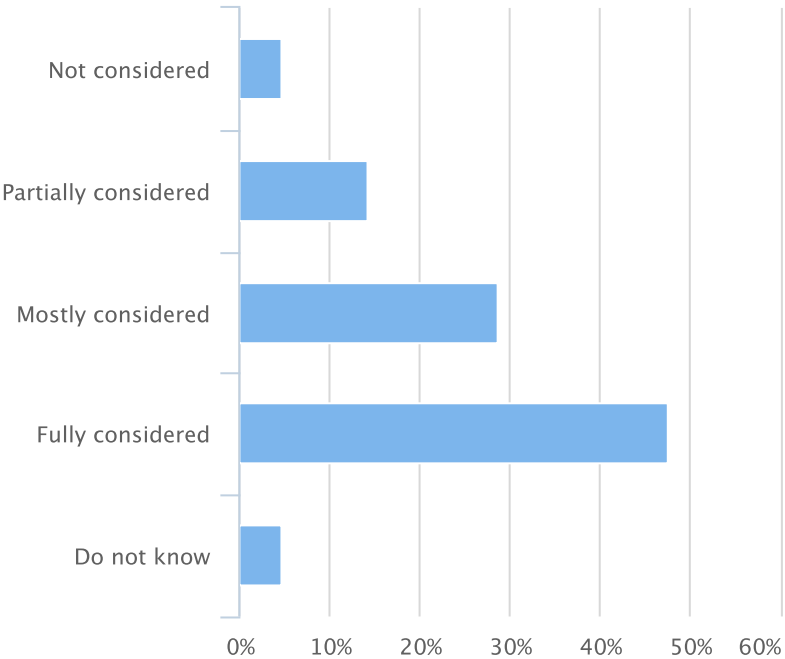
Coordinator

Have these analyses considered cross-cutting issues?

*Partially considered*

Partners

Have these analyses considered cross-cutting issues?

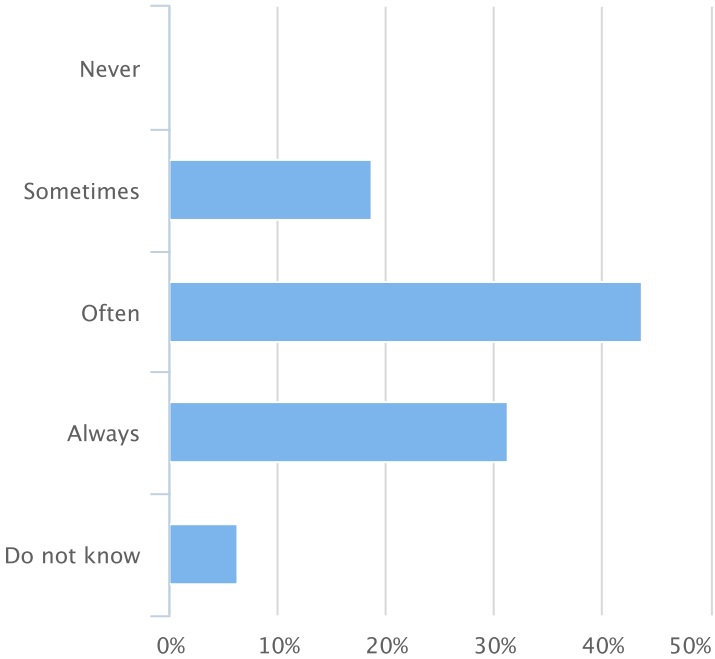


2.3 Prioritizing on the basis of response analysis

2.3.1 Joint analyses supporting response planning

Partners

Have these analyses supported response planning and prioritization?



## Comments

Rationalization process of health facilities

The health cluster has always been respectful to our works and views. The health coordinator (previous) requested us to formulate one 'minimum standards for palliative care'. We developed, submitted and presented it to the sector and awaiting for the results.

## Cluster Coordination Performance Monitoring

### 3 Planning and strategy development

3.1 Developing sectoral plans, objectives and indicators that directly support HC/HCT strategic priorities

#### 3.1.1 Strategic plan developed

Coordinator

Has a cluster strategic plan been developed?

Yes

#### 3.1.2 Partners involved in the development of strategic plan

Coordinator

Did cluster partners help to develop the cluster's strategic plan?

*Cluster partners were fully involved in developing the plan*

Partners

Has a cluster strategic plan been developed?



#### 3.1.3 Sectoral strategic plan includes objectives, activities and indicators

Coordinator

Does the cluster's strategic plan include objectives, activities and indicators?

*To a large extent*

#### 3.1.4 Sectoral strategic plan reviewed against host government strategy

Coordinator

Has the cluster's strategic plan been reviewed against the host government's strategy?

Yes

**3.1.5 Age (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Mostly addressed***3.1.6 Gender (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Fully addressed***3.1.7 Diversity – other than age and gender- (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Mostly addressed***3.1.8 Human rights (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Mostly addressed***3.1.9 Protection, including gender-based violence (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Mostly addressed***3.1.10 Environment (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Partially addressed***3.1.11 HIV/AIDS (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Partially addressed***3.1.12 Disability (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Partially addressed***3.1.13 Strategic plan shows synergies with other sectors**

Coordinator

Does the sectoral strategic plan show synergies with other sectors, in line with the strategic objectives of the HCT?*The cluster's strategic plan addresses synergies with other clusters to some extent*

3.1.14 Strategic plan used by partners for guiding response

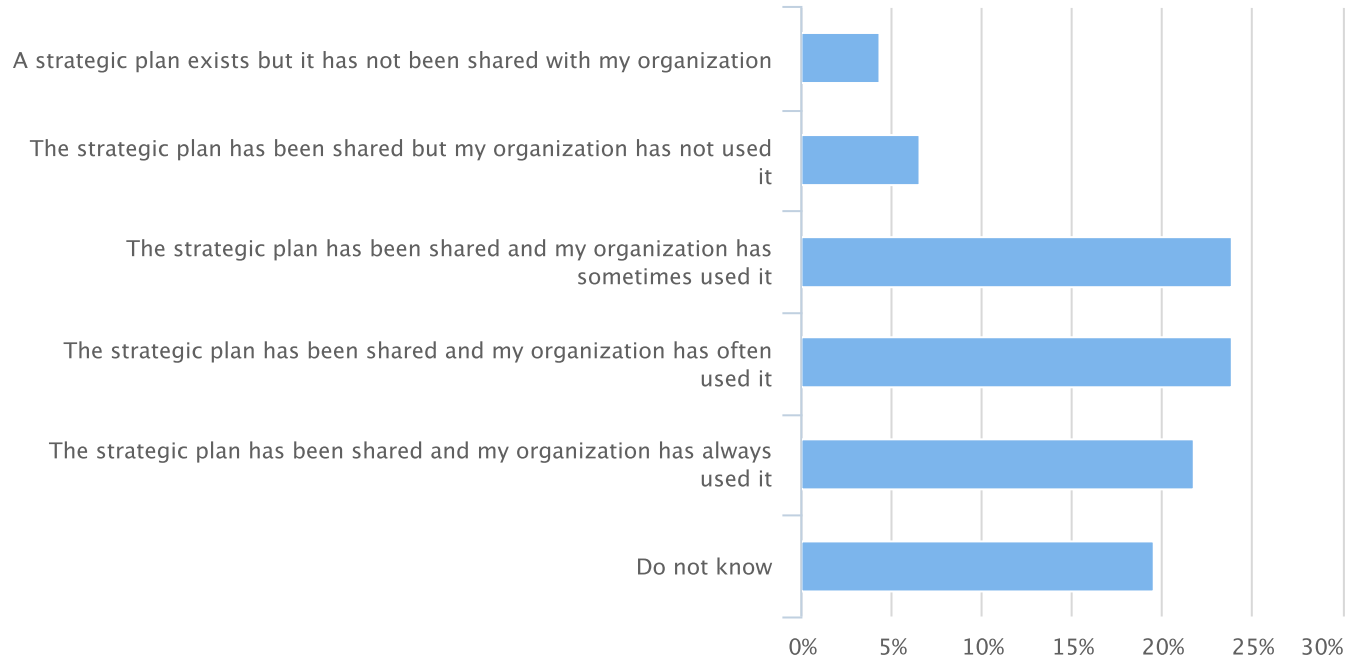
Coordinator

During the last six months, how many partners have used the cluster’s strategic plan to guide their response?

*Some*

Partners

Does the cluster’s strategic plan include objectives, activities and indicators?



3.1.15 Deactivation criteria and phasing out strategy formulated together with partners

Coordinator

Have partners helped to identify deactivation criteria and a phase out strategy for the cluster?

*Deactivation criteria and a phase-out strategy have not been identified or discussed with partners*

3.2 Adherence to and application of standards and guidelines

3.2.1 National and international standards and guidance identified and adapted as required

Coordinator

Have national and international standards and guidance been identified, adapted in consultation with national authorities (when necessary), and shared with partners?

*Standards and guidance have been identified, adapted and shared*

3.2.2 Technical standards and guidance agreed upon and used by partners

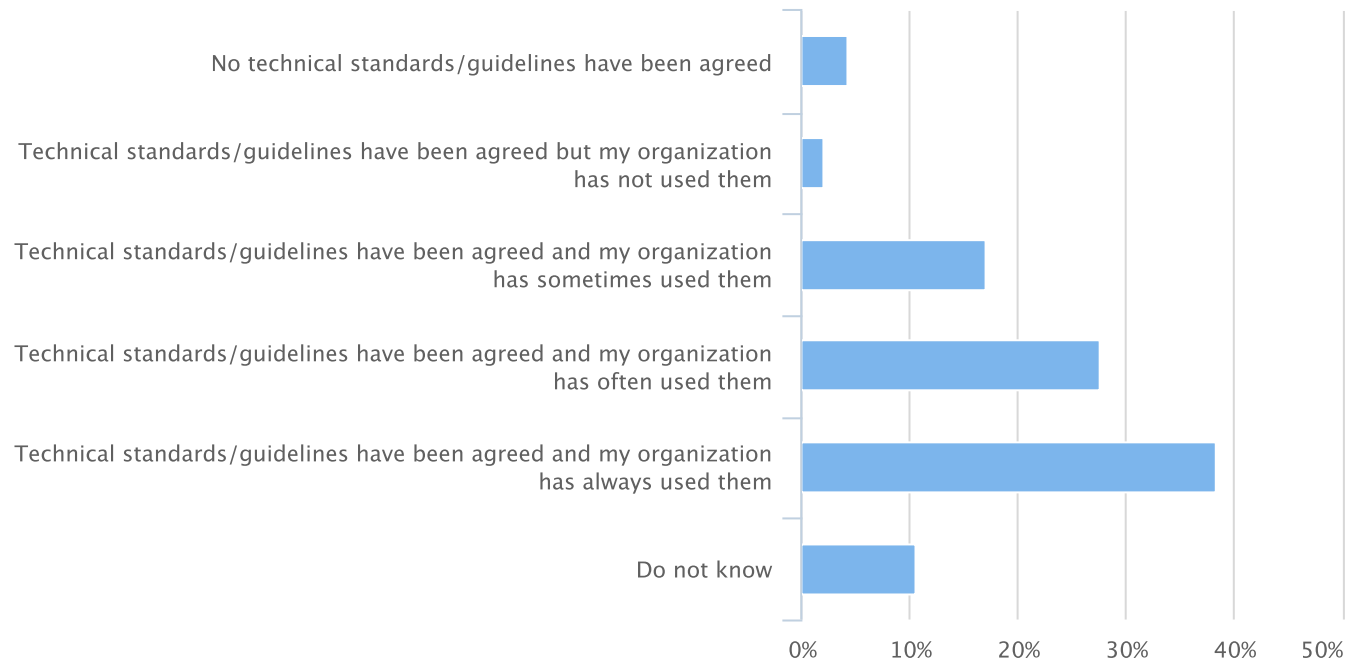
Coordinator

Have technical standards and guidance been agreed and have partners used them?

*Technical standards and guidance have been agreed and some partners have used them*

Partners

Have national and international standards and guidance been identified, adapted in consultation with national authorities (when necessary), and shared with partners?



3.3 Clarifying funding needs, prioritization, and cluster contributions to HC funding needs

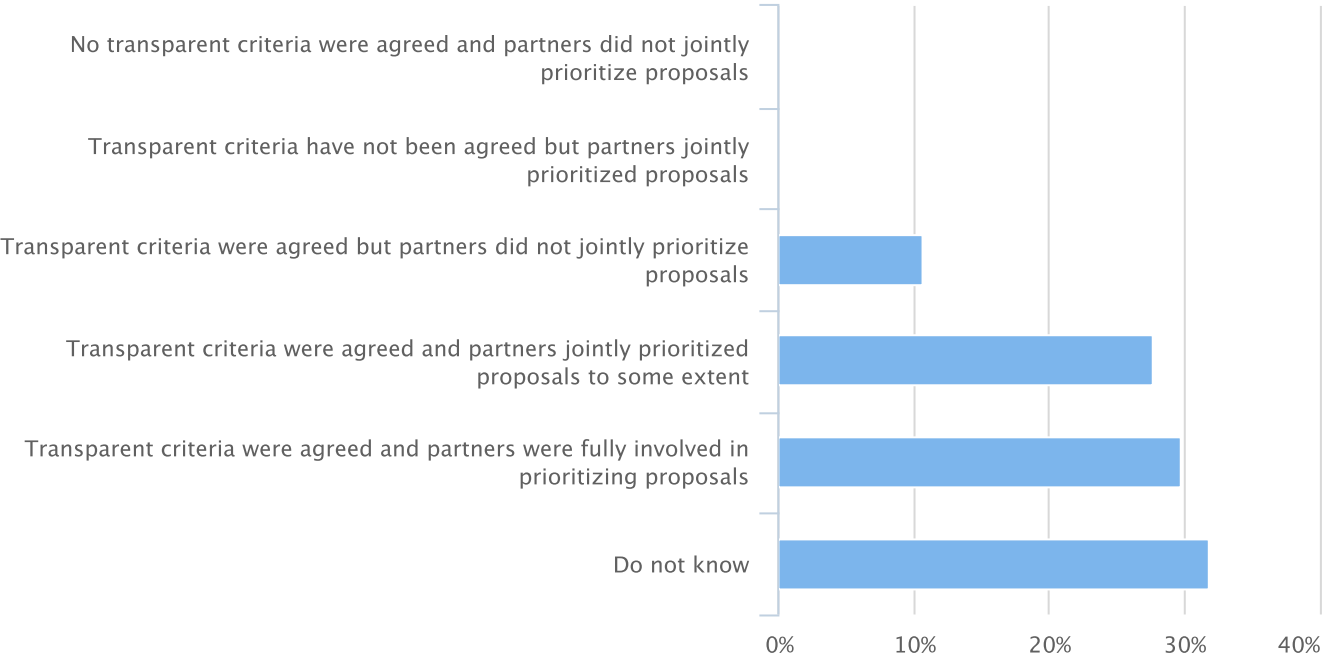
Coordinator

Have cluster partners participated in prioritizing proposals against the strategic plan? Were transparent criteria agreed?

*Transparent criteria were agreed and partners jointly prioritized proposals to some extent*

Partners

Have cluster partners participated in prioritizing proposals against the strategic plan? Were transparent criteria agreed?





### 3.3.2 Prioritization of proposals against strategic plan fair to all partners

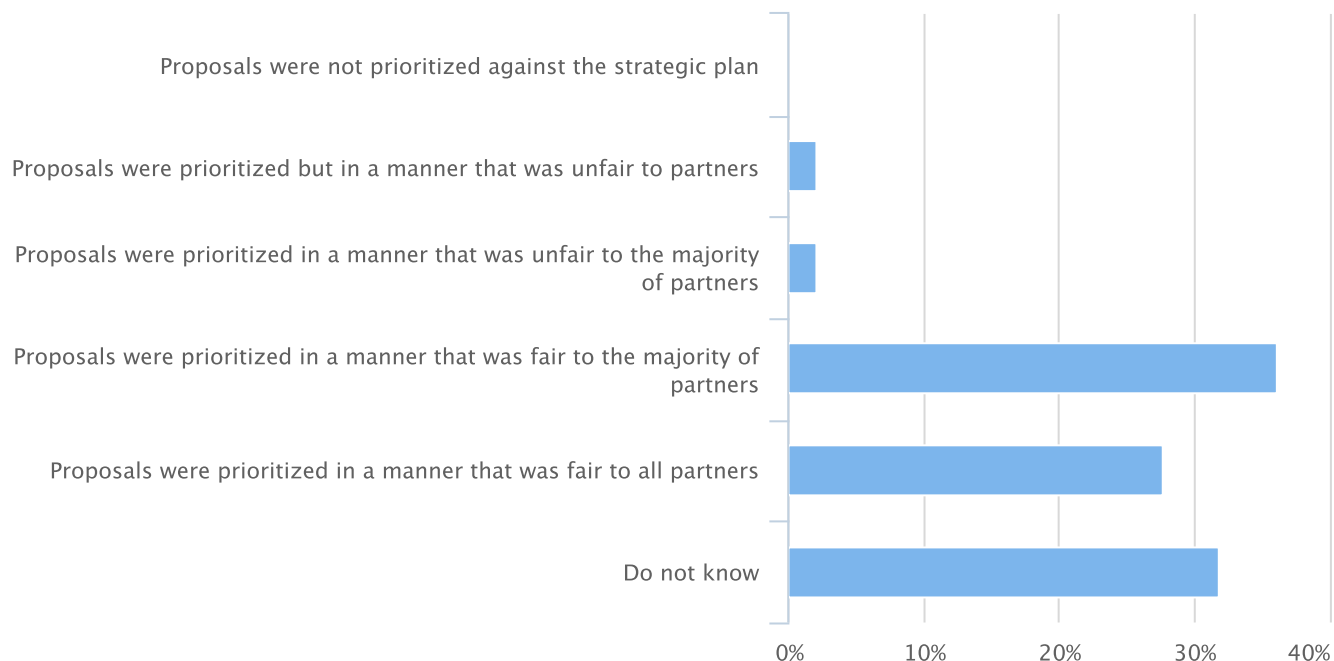
Coordinator

Were proposals prioritized against the strategic plan in a manner that was fair to all partners?

*Proposals were prioritized in a manner that was fair to all partners*

Partners

Were proposals prioritized against the strategic plan in a manner that was fair to all partners?



### 3.3.3 Cluster supported and facilitated access to funding sources by partners

Coordinator

Has the cluster assisted partners to access funds (for example by including their proposals in appeals or applications to the Emergency Response Fund or Common Humanitarian Fund)?

*The cluster has given partners good support*

3.3.4 Regular reporting on funding status

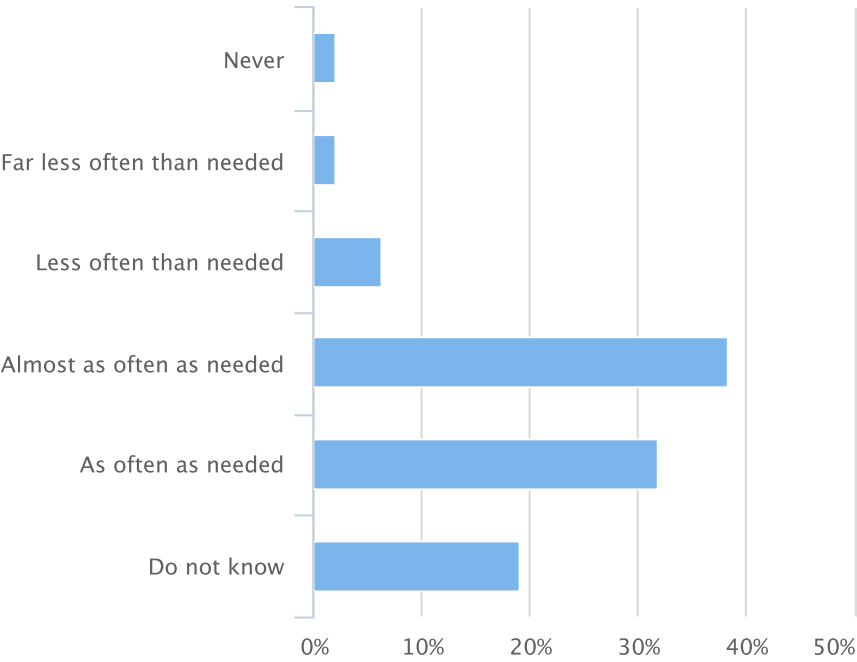
Coordinator

How often have you reported on the funding status of the cluster against needs?\*

*Almost as often as needed*

Partners

Has the cluster assisted partners to access funds (for example by including their proposals in appeals or applications to the Emergency Response Fund or Common Humanitarian Fund)?



Comments

Strategic direction was largely provided by the SAG.

No comments

No comments

has been shared on regular basis oin meetings and to ISCG and for JRP

# Cluster Coordination Performance Monitoring

## 4 Advocacy

### 4.1 Identifying advocacy concerns that contribute to HC and HCT messaging and action

#### 4.1.1 Issues requiring advocacy identified and discussed together with partners

Coordinator

Has the cluster identified issues requiring advocacy and discussed them with partners?

*The cluster has identified advocacy issues in consultation with most partners*

Partners

Has the cluster identified issues requiring advocacy and discussed them with partners?



### 4.2 Undertaking advocacy activities on behalf of cluster participants and affected people

4.2.1 Advocacy activities agreed upon and undertaken with partners

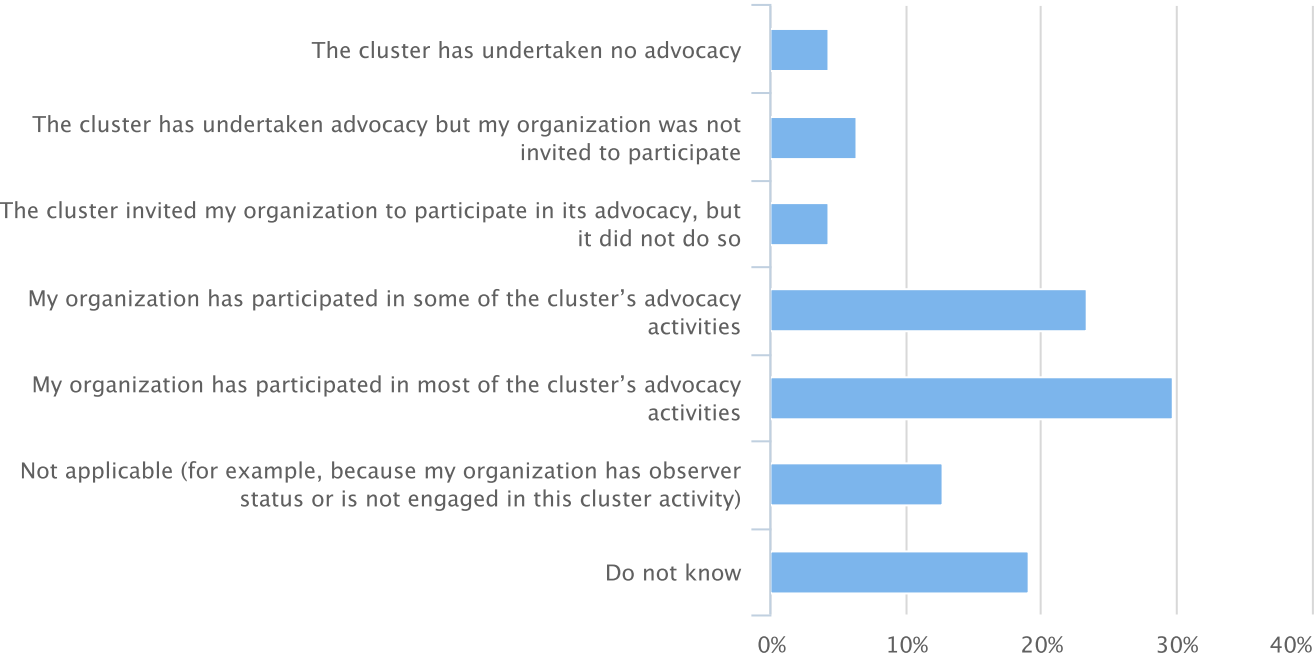
Coordinator

Have advocacy activities been agreed and undertaken together with partners?

*Advocacy activities have been agreed and some partners have taken part in them*

Partners

Have advocacy activities been agreed and undertaken together with partners?



Comments

Advocacy at national level may not have been happening.

No comments

## Cluster Coordination Performance Monitoring

### 5 Monitoring and reporting on implementation of cluster strategy and results

#### 5.1 Monitoring and reporting on implementation of cluster strategy and results

##### 5.1.1 Programme monitoring formats agreed upon and used by cluster partners

Coordinator

Have partners used programme monitoring and reporting formats that cluster partners have agreed?

*Standards have been agreed and some partners have reported regularly*

Partners

Is the information that partners send reflected in cluster bulletins and updates?



##### 5.1.2 Information shared by partners reflected in cluster reports

Coordinator

Is the information that partners send reflected in cluster bulletins and updates?

*Information has been shared and has been taken into account to a large extent*

##### 5.1.3 Regular publication of progress reports based on agreed indicators for monitoring humanitarian response

Coordinator

Has progress on programmes or the strategic plan been reported using agreed indicators for monitoring the humanitarian response? \*

*Almost as often as needed*

##### 5.1.4 Regular publication of cluster bulletins

Coordinator

Have cluster bulletins or updates been published?

*As often as needed*

5.1.5 Changes in needs, risk and gaps highlighted in cluster reports and used for decision-making by partners

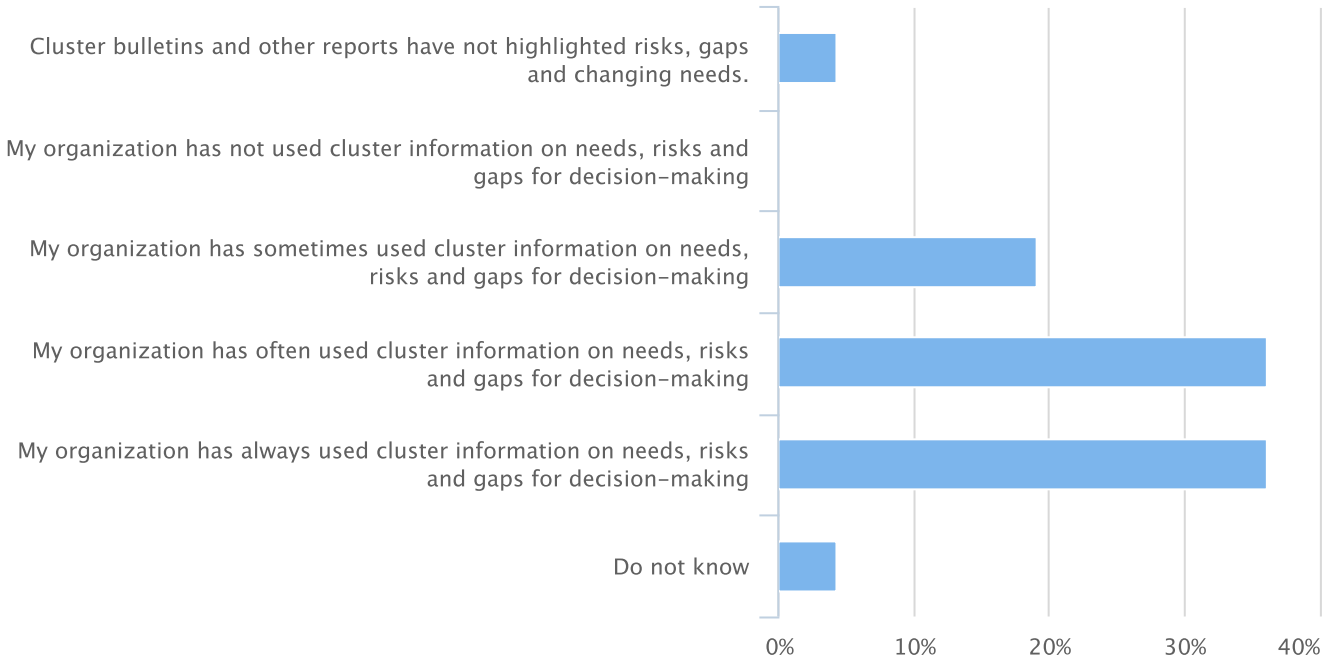
Coordinator

Have cluster bulletins or updates highlighted risks, gaps and changing needs, and has this information influenced decisions?

*Changes in needs, risks and gaps have been highlighted and have often been used for decision-making*

Partners

Have partners used programme monitoring and reporting formats that cluster partners have agreed?



8/25/2020

Prime

5.1.6 Response and monitoring of the cluster taking into account the needs, contributions and capacities of women, girls, men and boys

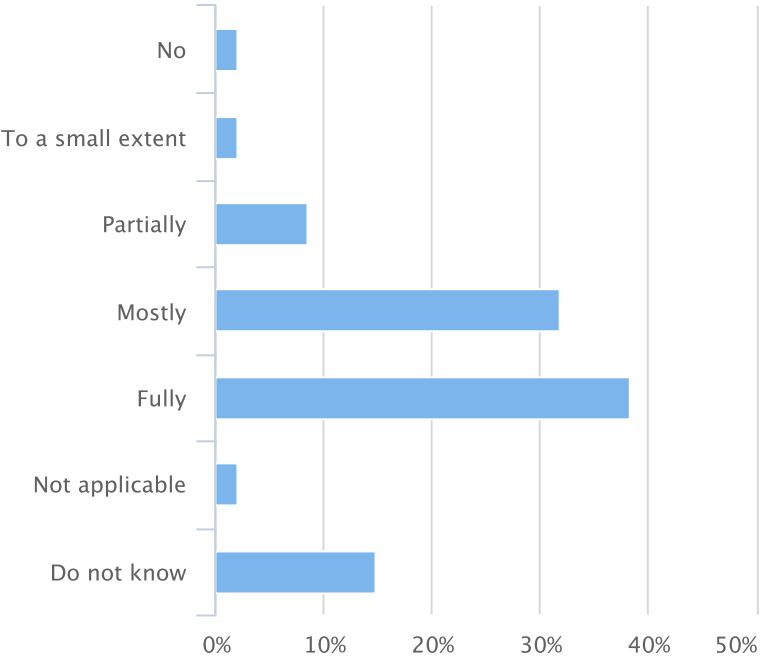
Coordinator

Has your cluster taken into account the distinct needs, contributions and capacities of women, girls, men and boys, in its response and monitoring?\*

Mostly

Partners

Has progress on programmes or the strategic plan been reported using agreed indicators for monitoring the humanitarian response? \*



Comments

Reporting against strategy was unclear.

no comments

## Cluster Coordination Performance Monitoring

### 6 Preparedness for recurrent disasters

#### 6.1 Preparedness for recurrent disasters

##### 6.1.1 National contingency plans identified and shared

Coordinator

Have national preparedness or contingency plans (sectoral or multi-sectoral) been identified and shared?

*A national plan has been identified and the cluster has discussed it*

##### 6.1.2 Partners contributed to initial or updated risk assessments and analysis

Coordinator

Have cluster partners contributed to initial risk assessments and analysis (including multi sectoral), or updates?

*Risk assessment has been done and most partners have participated*

##### 6.1.3 Partners involved in development of preparedness plan

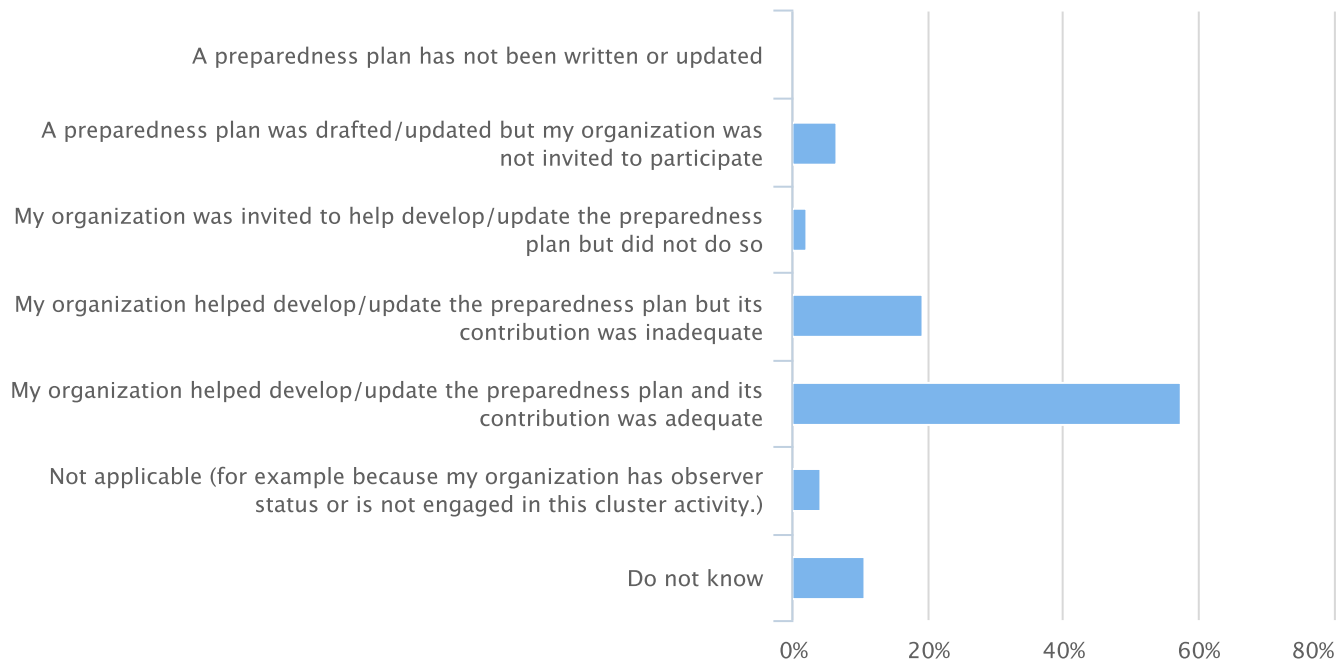
Coordinator

Have cluster partners helped to develop or update preparedness plans (including multisectoral ones) that address hazards and risks?

*Preparedness plans have been written/updated and most partners have participated*

Partners

Have national preparedness or contingency plans (sectoral or multi-sectoral) been identified and shared?





### 6.1.4 Partners committed staff and/or resources towards preparedness plan

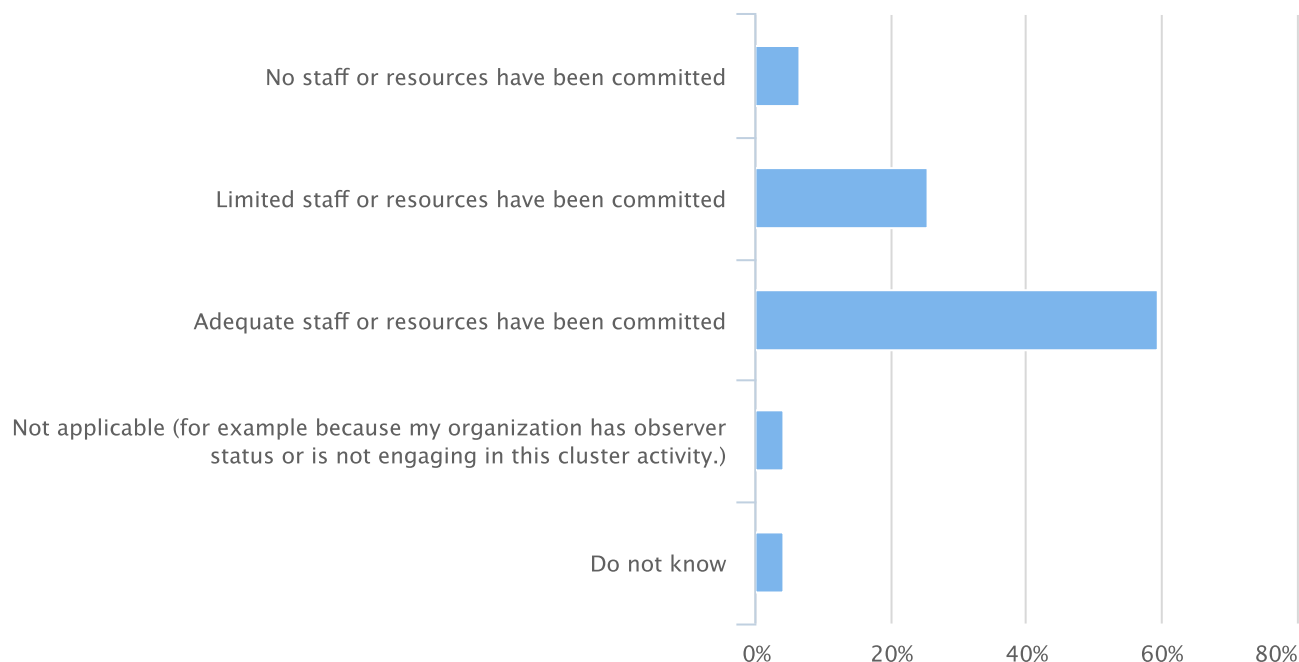
Coordinator

Have cluster partners committed staff or resources that can be mobilized when preparedness plans are activated? Please choose only one of the following:

*Some partners have committed staff or resources that can be mobilized*

Partners

Have cluster partners contributed to initial risk assessments and analysis (including multi sectoral), or updates?



### 6.1.5 Early warning reports shared with partners

Coordinator

Have you regularly shared and discussed early warning reports with cluster partners?

*Early warning reports have always been shared*

Comments

We have also enough support to provide safe drinking water surrounding the whole camps area of ukhiya & Teknaf in emergency preparedness or contingency plan. Thanks Best regards RPN.

n/a

Preparedness for disease outbreaks other than AWD might have been better considered. Preparedness for mass population movement, either relocation to Bashan Char, or repatriation to Myanmar, has not been discussed.

No comments

Risk assessment : part of Emergency preparedness and response plan. Each season the EPR plans have been updated. A working group is established to support.

# Cluster Coordination Performance Monitoring

## 7 Accountability to affected populations

### 7.1 Accountability to affected populations

#### 7.1.1 Mechanisms to consult and involve population in decision-making agreed upon and applied by partners

Coordinator

Have cluster partners agreed and applied mechanisms (procedures, tools or methodologies) for consulting and involving affected people in decision-making?\*

*Mechanisms for consulting/involving affected people have been agreed and some partners have applied them*

Partners

Have cluster partners agreed and applied mechanisms (procedures, tools or methodologies) for consulting and involving affected people in decision-making?\*



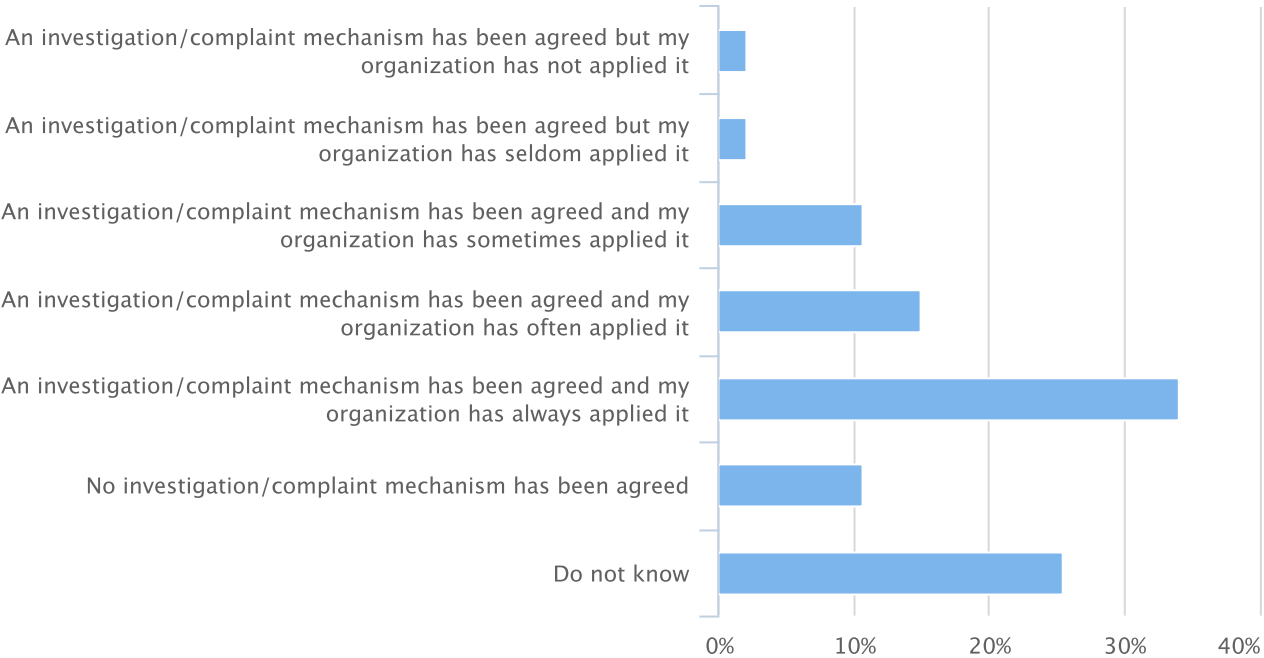
Coordinator

Have cluster partners agreed and applied mechanisms (procedures, tools or methodologies) to receive, investigate and act on complaints about assistance received?\*

*An investigation/complaint mechanism has been agreed and most partners have applied them*

Partners

Have cluster partners agreed and applied mechanisms (procedures, tools or methodologies) to receive, investigate and act on complaints about assistance received?\*



Comments

n/a

Proactive, two-way communication on particular aspects of service delivery and public health actions would enable the cluster to adapt to needs, as well as target interventions to be more effective. The utilization of CWC to better strengthen the sector's work may be an area of attention.

No comments

This was a major point of review in JRP project review.

## Cluster Coordination Performance Monitoring

### 8 Others

#### Comments

It is one of the most active (and effective health clusters) I have seen in my carrier....

No thanks.

Some time Cluster Retreats could be arranged

They are multiple sub-sector meetings. Now that the response is pacifying and stabilizing, there is need to agree on the frequency and number of the meetings. Thanks.

To organize orientation on standard guideline for sector partners

We should do cluster more active than before.

N/A

The cluster coordination sell is performing very good and we are satisfied on their works.

Well, It is important to reflect cluster but some time according to advice directly by CiC is important to reflect it.

The cluster functions well overall. Continuity of cluster staff was a major area of attention earlier in the response, and with recent departures may be an issue now. A lot hinges on relationships and informal connections. It would be good to ensure that another medium-term cluster coordinator is in place.

Not Applicable.

Regular Participate cluster meeting and develop feedback mechanism and linkage with others partners.

The cluster coordination in the FDMN Camps are more visible than the Host Communities. Equal efforts are needed to be given in case of having a better environment in the influx affected areas of Cox's Bazar.

Thank you for further improving the mechanism.

Cluster done everything which is reflat it. Some NGOs need office every area where Humanitarian work on going but we see the office far from the camp and is not take action immediately. Please select reaction time to reach and work immediately or deploy some staff near by.

Eye Care service area are limited. It's resource ( Human and Financial) are also limited. So, It can be extended by the cluster partners.

I would like to request to finalise the 'minimum standards for palliative care in Rohingya camps/disaster' to be able to utilise a structured strategic path by many organisations. The FKRF would have always been supportive to contribute in this sector to develop.

Please focused more to improve the Vaccination program in No man's land

This is very important for such kind of asassessment with the partners for eusuring the quality and better services.

Submitted By: Mir Md. Faysal Emergency Primary Health Care Clinic Manager Camp - 12 UID: 506 PULSE Bangladesh

Cox's Bazar Health sector has transparently collaborated with all the partners and other sectors. We have been appreciated by partners within and outside the heath sector. Health sector happens to be the only sector in this crisis with as many as 130 health sector partners. We have been able to improve our benchmarks every year from time to time. Government authorities are fully on board. Every strategic decision is taken after several rounds of discussions. Strategic Advisory group happens to the key platform for decision making.