

Cluster Coordination Performance Monitoring

South Sudan

Level : National

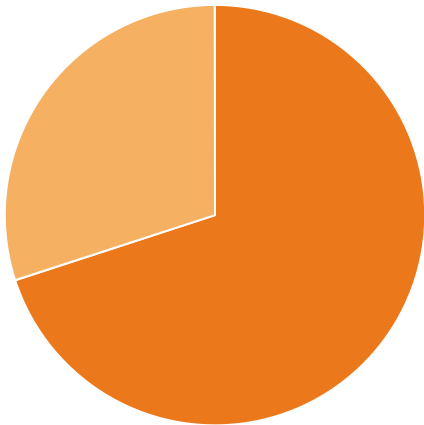
Completed on: 25 August - 2020

Final report

Cluster Coordination Performance Monitoring

Overall response rate

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



Total	
70 %	
Total number of partners	Number partners responding
70	49

International NGOs



Total	
71 %	
Total number of partners	Number partners responding
24	17

National NGOs



Total	
104 %	
Total number of partners	Number partners responding
26	27

UN Agencies



Total	
75 %	
Total number of partners	Number partners responding
4	3

National Authorities



Total	
50 %	
Total number of partners	Number partners responding
2	1

Donors



Total	
0 %	
Total number of partners	Number partners responding
4	0

Other

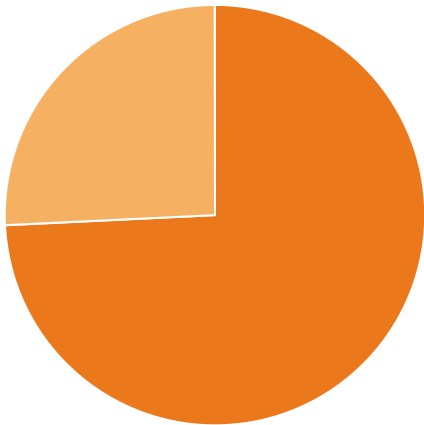


Total	
10 %	
Total number of partners	Number partners responding
10	1

Cluster Coordination Performance Monitoring

Effective response rate

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



Total	
74 %	
Total number of partners	Number partners responding
66	49

International NGOs



Total	
71 %	
Total number of partners	Number partners responding
24	17

National NGOs



Total	
104 %	
Total number of partners	Number partners responding
26	27

UN Agencies



Total	
75 %	
Total number of partners	Number partners responding
4	3

National Authorities



Total	
100 %	
Total number of partners	Number partners responding
1	1

Donors



Total	
0 %	
Total number of partners	Number partners responding
4	0

Other



Total	
14 %	
Total number of partners	Number partners responding
7	1

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	Good
	Informing strategic decision-making of the Humanitarian Coordinator/Humanitarian Country Team	
2		
2.1	Needs assessment and gap analysis	Good
2.2	Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues	Good
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	Good
3.2	Adherence to and application of standards and guidelines	Good
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	Good
5	Monitoring and reporting on implementation of cluster strategy and results	Good
6	Preparedness for recurrent disasters	Good
7	Accountability to affected populations	Good

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	100%
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	100%
Attendance of cluster coordinator to HCT and ICC meetings	100%
Support/engagement of cluster with national coordination mechanisms	25%

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 Good

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		100%
Analysis of gaps and overlaps based on mapping used by partners for decision-making		100%
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.	
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

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

2.1 Needs assessment and gap analysis Good

Use of cluster agreed tools and guidance for needs assessments		100%
Involvement of partners in joint needs assessments		75%
Sharing by partners of their assessment reports		100%
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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 Good

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Analyses of situations done together with cluster partners	100%
Analyses of situations identified risk	100%
Analyses of situations identified needs	100%
Analyses of situations identified gaps in response	100%
Analyses of situations identified capacity in response	100%
Analyses of situations identified constraints to respond	100%
Age (cross-cutting issue) considered in analyses	100%
Gender (cross-cutting issue) considered in analyses	100%
Diversity – other than age and gender- (cross-cutting issue) considered in analyses	100%
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	100%
HIV/AIDS (cross-cutting issue) considered in analyses	100%
Disability (cross-cutting issue) considered in analyses	100%
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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	62%
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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 Good

Strategic plan developed	100%
Partners involved in the development of strategic plan	100%
Sectoral strategic plan includes objectives, activities and indicators	100%
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	100%
Human rights (cross-cutting issue) considered in strategic plan	75%
Protection, including gender-based violence (cross-cutting issue) considered in strategic plan	100%
Environment (cross-cutting issue) considered in strategic plan	50%
HIV/AIDS (cross-cutting issue) considered in strategic plan	100%
Disability (cross-cutting issue) considered in strategic plan	100%
Strategic plan shows synergies with other sectors	75%
Strategic plan used by partners for guiding response	100%
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

Good

National and international standards and guidance identified and adapted as required		100%
Technical standards and guidance agreed upon and used by partners		100%
Indicative characteristics of functions	Use of existing national standards and guidelines where possible. Standards and guidance are agreed to, adhered to and reported against.	
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

3.3 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	100%
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Prioritization of proposals against strategic plan fair to all partners	100%
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Cluster supported and facilitated access to funding sources by partners	100%
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Regular reporting on funding status	100%
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Indicative characteristics of functions	Funding requirements determined with partners, allocation under jointly agreed criteria and prioritisation, status tracked and information shared.
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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

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.
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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

4.2	Undertaking advocacy activities on behalf of cluster participants and affected people	Good
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	Advocacy activities agreed upon and undertaken with partners	100%
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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		100%
Information shared by partners reflected in cluster reports		100%
Regular publication of progress reports based on agreed indicators for monitoring humanitarian response		75%
Regular publication of cluster bulletins		75%
Changes in needs, risk and gaps highlighted in cluster reports and used for decision-making by partners		100%
Response and monitoring of the cluster taking into account the needs, contributions and capacities of women, girls, men and boys		100%
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

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National contingency plans identified and shared	100%
Partners contributed to initial or updated risk assessments and analysis	50%
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%
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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		Good
Mechanisms to consult and involve population in decision-making agreed upon and applied by partners		100%
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

HEALTHCARE FOUNDATION ORGANIZATION has been working hard to reach vulnerable women, children and men of South Sudan, without the support and coordination of health cluster, WHO and MoH we will not be able to achieve the goals we set forth in health and humanitarian response.

JDF also involved at state and County sub Cluster meeting

Thanks for the assessment or survey

I personally would like to registered my appreciate to Cluster for good work they are doing in South Sudan by coordinating the humanitarian activities across the Country. Continue the good works

Also member of the SAG for Health Cluster

We participated as member of the Strategic Advisory Group (SAG) for part of this year and the rest of the period as member of Health Cluster.

LiveWell is an active member of health cluster, responding to health emergencies in Jonglei and Lakes State, South Sudan. We also represents HC's national health partners at Strategic Advisory Group (SAG), strategic team that support the cluster and implementing partners in defining the core functions.

Fund Manager

Disability working group member

member of emergency response partners

Our organization (TRI-SS) is the focal point for accountability to affected population of the health cluster. We also represent the health cluster at the Mental Health and Psycho-social Support Working group

I work for Community Health and Development Organization (CHADO) , a national NGO in South Sudan, as Health and Nutrition Coordinator. I am the focal person representing the organization at the Health Cluster. CHADO is a Health Cluster Member.

We are a National NGO and member of the health cluster that had worked for over fourteen years in South Sudan

Health cluster Member 2019

Humanity & Inclusion-Handicap International

Cluster: Health Country: South Sudan.

Health and Nutrition Projects implemented in South Sudan, Jonglei State South Sudan

A representative from a National Organization

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

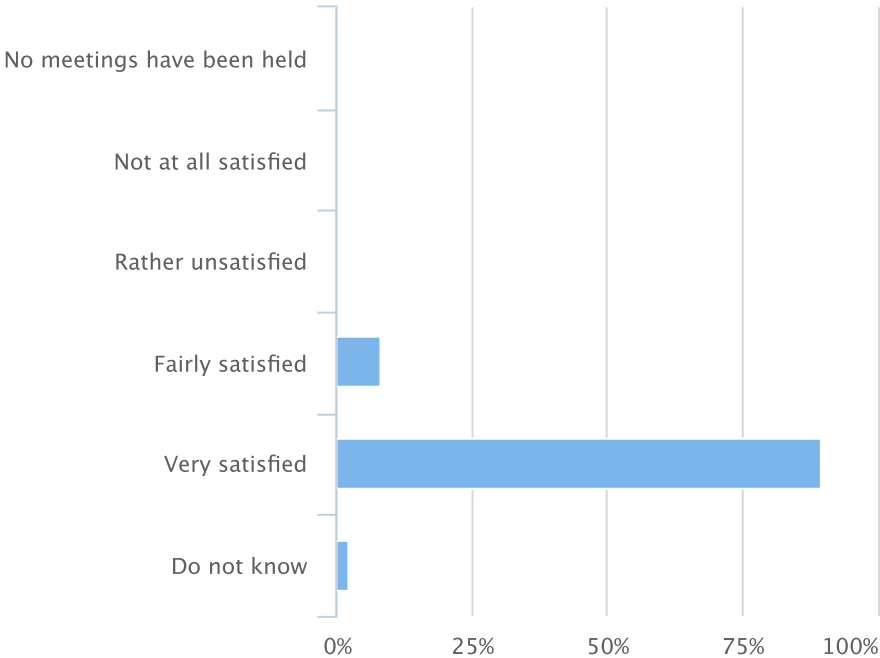
Coordinator

Are you satisfied with the frequency of cluster meetings?

Completely 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

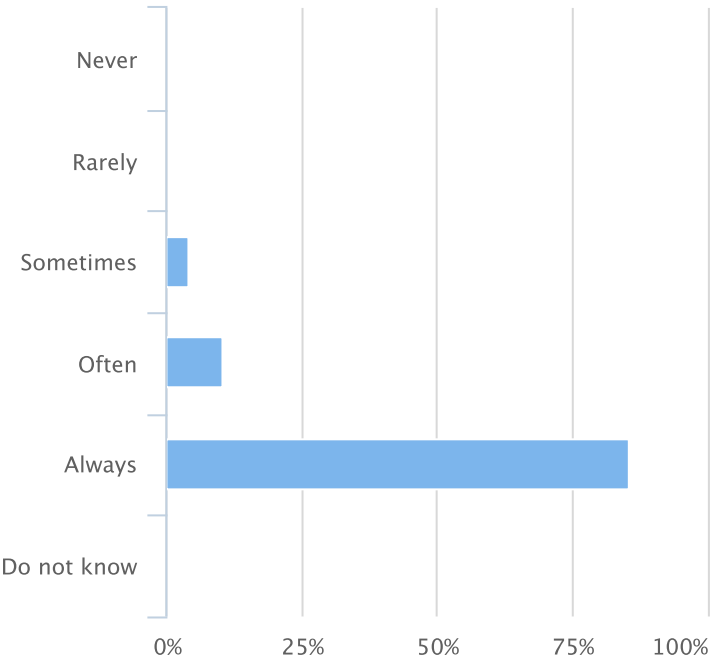
Coordinator

Have members and observers attended cluster meetings?

Most attended, including major actors

Partners

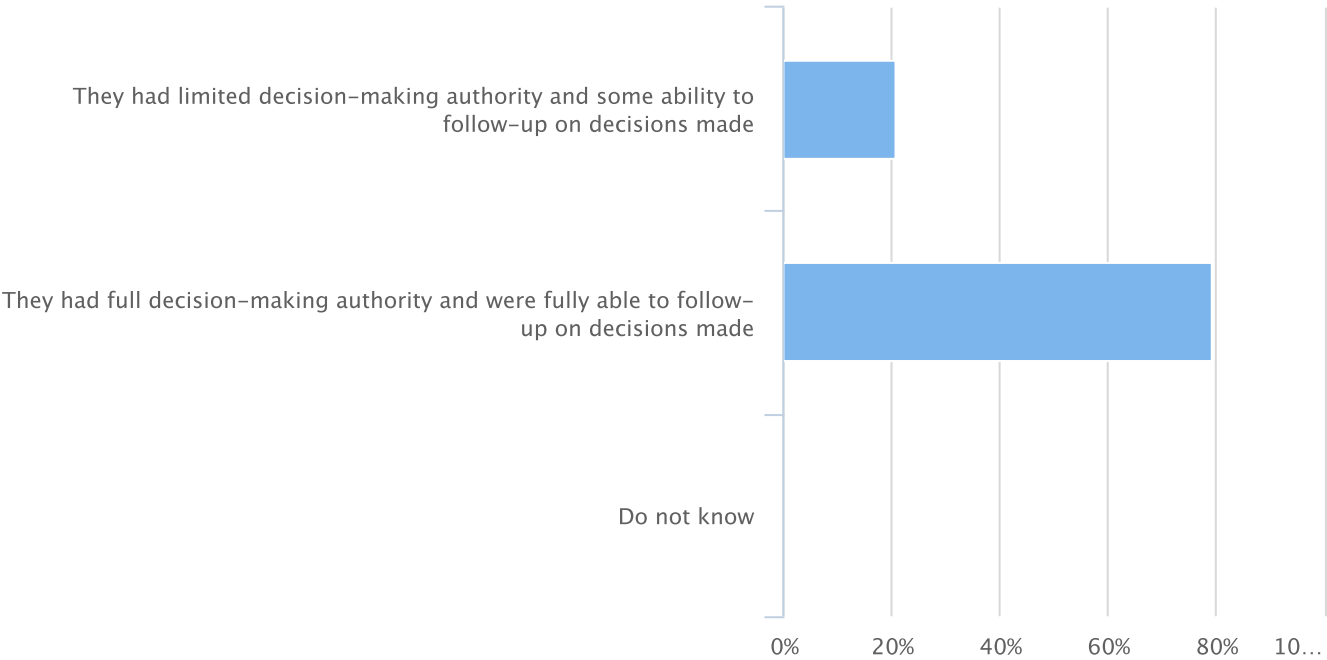
Are you satisfied with the frequency of cluster meetings?



1.1.4 Level of decision making power of staff attending cluster meetings

Partners

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



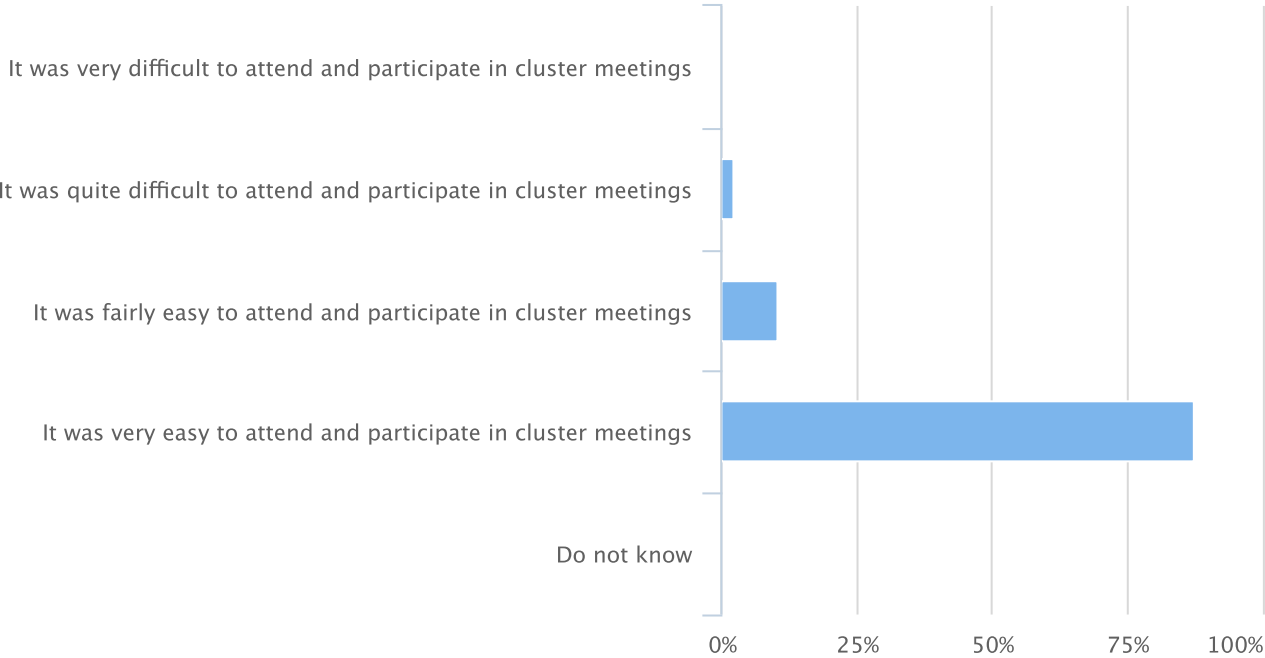
1.1.5 Conditions for optimal participation of national and international stakeholders

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 fairly 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

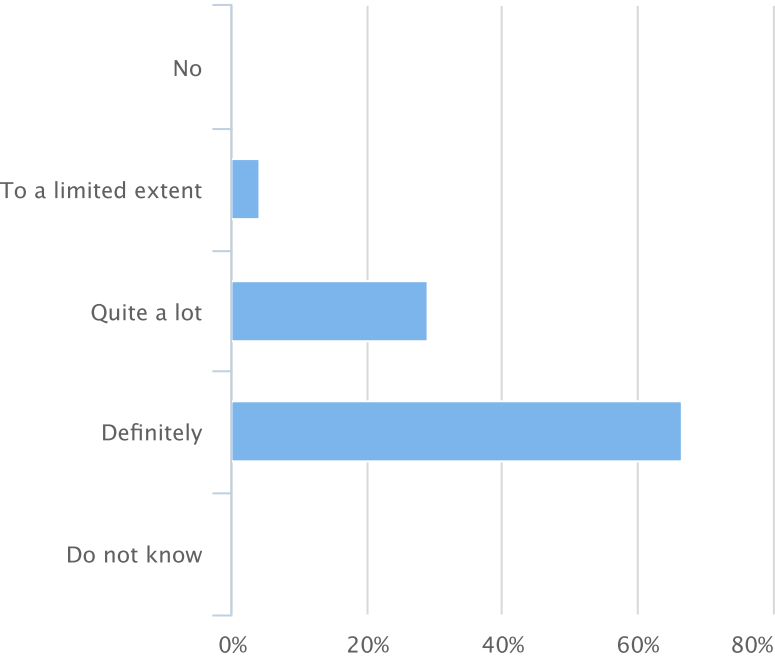
Coordinator

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

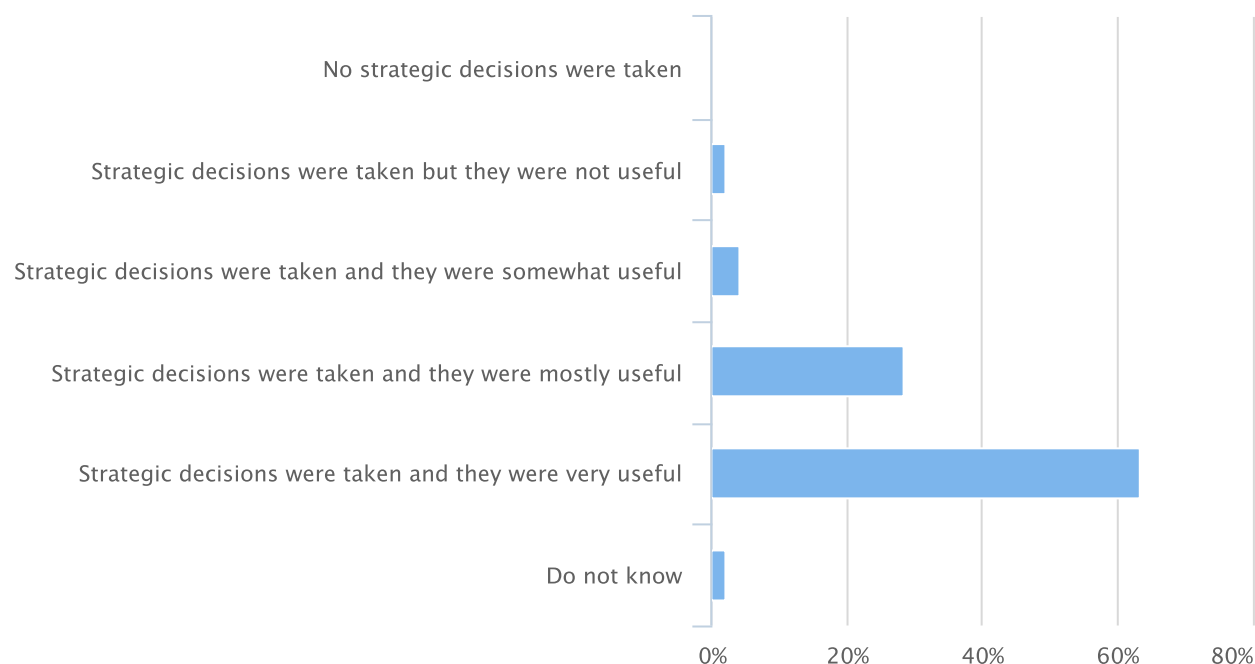
Coordinator

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?

National coordination representatives have rarely participated in cluster meetings

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

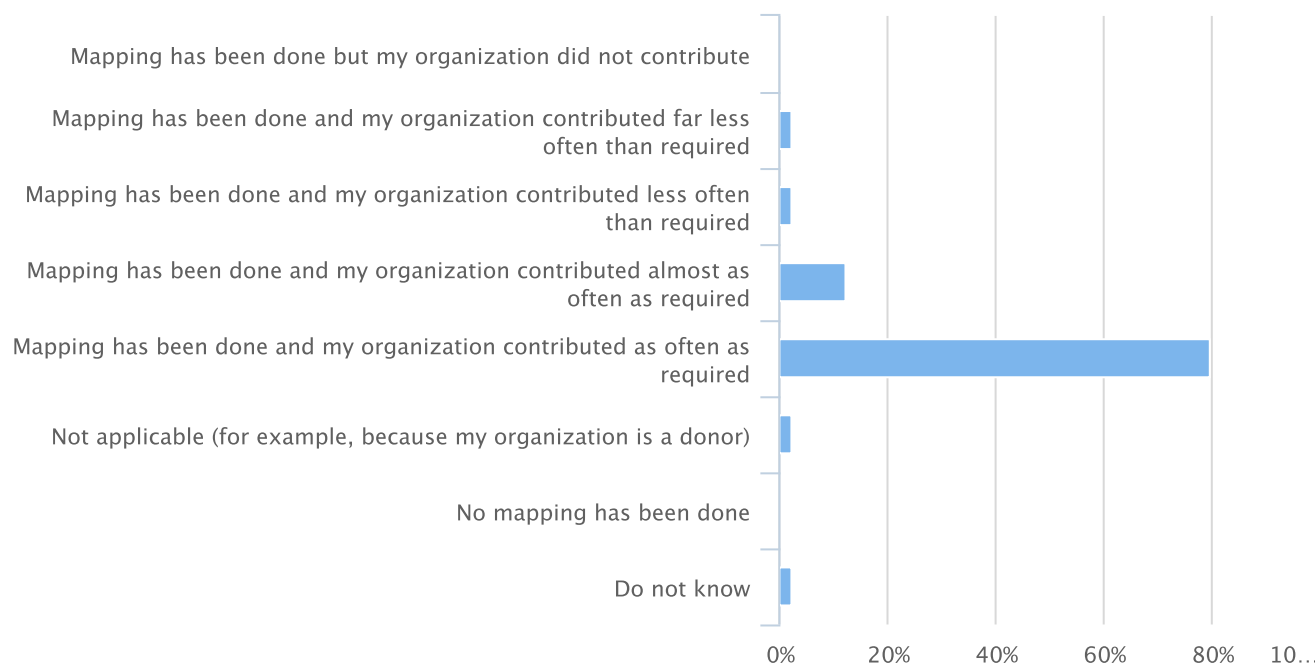
Coordinator

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

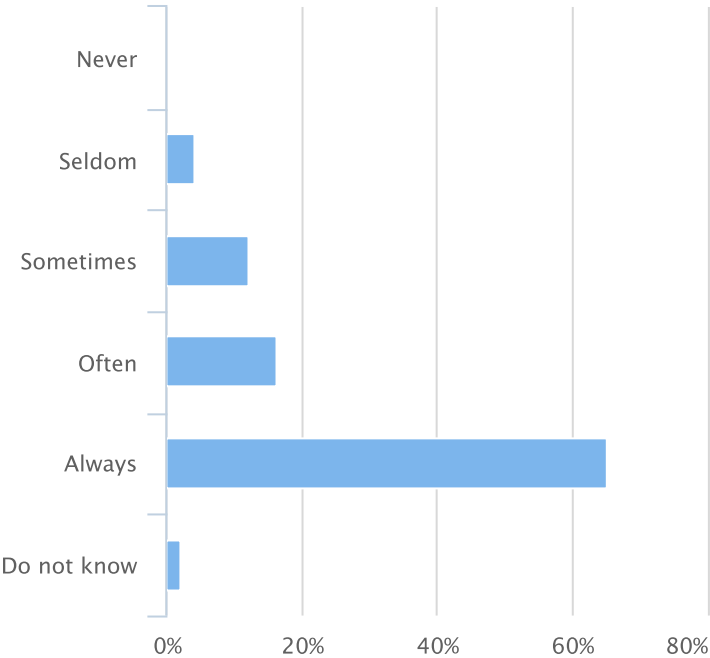
Coordinator

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

The cluster has a working document that they share with the partners and we follow the document for plans and decision making, response and when we meet with community we do get feedback to cluster for continuous plans and monitoring the progress. Health cluster has been the most cluster that have been sharing all plans and global and country strategies for response and implementation modalities.

Health Cluster is very supportive to make sure that services reach the unreached community in hard to reach.

Thanks for the assessment or survey

The Health Cluster has been transparent in sharing updates and asking for feedback or comments from members periodically.

The cluster had a 3Ws and 5Ws excel templates that were send to IPs including LiveWell, and inputs provided on monthly basis, and sent to IMO attached to HC at WHO South Sudan. The inputs are then analyzed by HC, and 3Ws Map is presented at SAG and HC meeting to analysed the areas of gaps and possible duplications. For example: In HRP 2019, over 9 counties did not have HRP partners (Yirol West, Wulu, Cueibet, Rumbek North in Lakes etc). HC cluster had to move the emergency partners across the locations with higher or pressing health service needs without partners. LiveWell was told to responded in Yirol West, adjacent to Yirol East and we took the bold decision. As a I write this piece, we are responding in the location. In summary, our decisions on emergency health responses were based the analysis of gaps and overlaps in a specified locations by HC.

The Health Cluster South Sudan involves the Health cluster Partners in mapping and a mapping Matrix is available in for all the cluster members to be able to identify where the partners are and what they are doing in relation to health humanitarian response.

The Health cluster supported Health Action Africa -HAA to respond to emergency needs of vulnerable populations affected by floods, conflict and IDPs. resources were timely mobilized

health cluster are doing a great job in prioritize the need and the take action immediate to solve the partners challenges or lack of supply

The cluster leadership has been very supportive and provides clear direction to partners on service delivery

One of the Health Cluster strategic objectives is to support health services delivery and it has done that very well. The Health Cluster has supported health service delivery throughout South Sudan and is doing an excellent job in that regards.

Our organization is among the partners that are actively participating in the cluster mapping and gap analysis where by based on teh analyzed gaps appropriate measure had been taken in to account accordingly.

The cluster has been instrumental in guiding and providing direction to its members hence enabling them especially national organizations to have have a critical look on health issues by executing proper mapping and gap analysis which at the end of the day sees health services spread across the most affected regions and to the right beneficiaries on timely basis

Handicap International suggestion to include some Output and outcome indicators on Inclusion and mainstreaming of People With disabilities has been taken into consideration by the cluster and to be included in the PHSA

The cluster has coordinated the procurement and delivery of essential medicines/supplies that effectively supported service delivery. The health cluster further coordinated with logistic cluster for delivery of essential medicines to the areas of intervention. We worked with health cluster and the cluster facilitated the acquisition of Ministry of Health standard treatment protocols ensuring delivery of services based on Ministry of Health and World Health Organization (WHO) protocols. The health cluster has effectively coordinated the implementation of essential health services, supported/mentored our team during supportive supervision which has improved the overall program performance. The cluster went further and supported developmental partners since most of the emergency responders are also development partners, this is because when development issues not properly addressed always lead to emergencies. The cluster played a tremendous role in coordinating and ensuring that developmental partners respond to emergencies especially disease outbreaks in timely and appropriate manners which have saved a number of lives in the country in the year 2019. In such response the cluster paired national NGOs with the international NGOs which has capacitated most of the national partners. We specifically benefited from this approach when we worked with IOM and Save the Children International during reactive measles campaign in Juba.

health Cluster works harmoniously with all organizations to share ideas which are useful to the delivery of the humanitarian service without duplication and not leaving out any areas of gaps.

Adequate support being provided

The cluster has been active in ensuring that the most vulnerable people are reached, with quality service and the package of interventions agreed by the cluster is fully implemented

Multiple emergencies based on either outbreaks or disease upsurge means partners are continuously moving in various directions which requires stringent focus on the partner presence

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

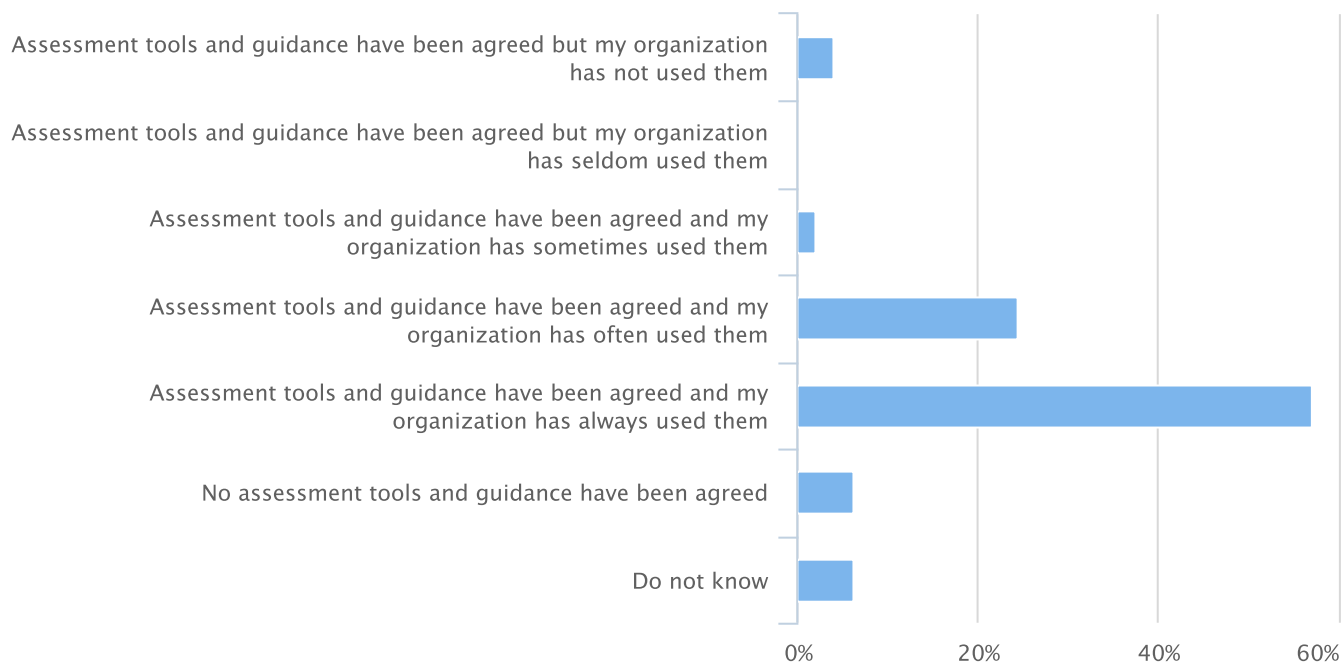
Coordinator

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

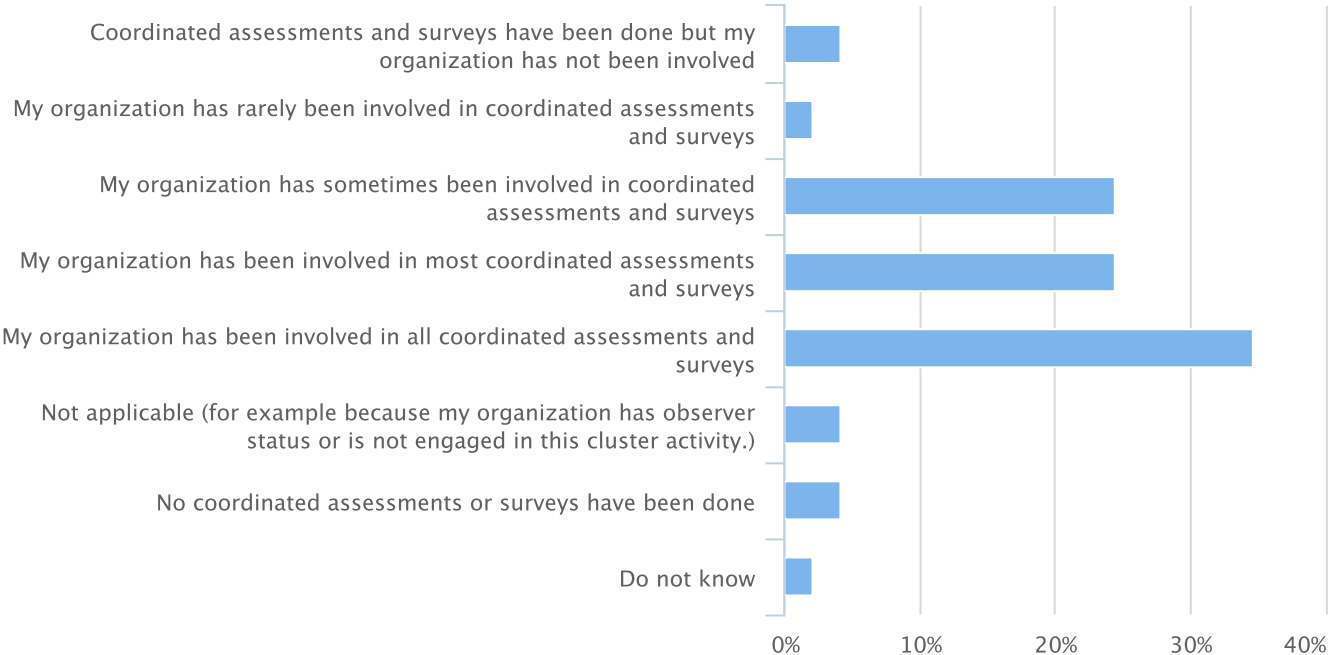
Coordinator

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

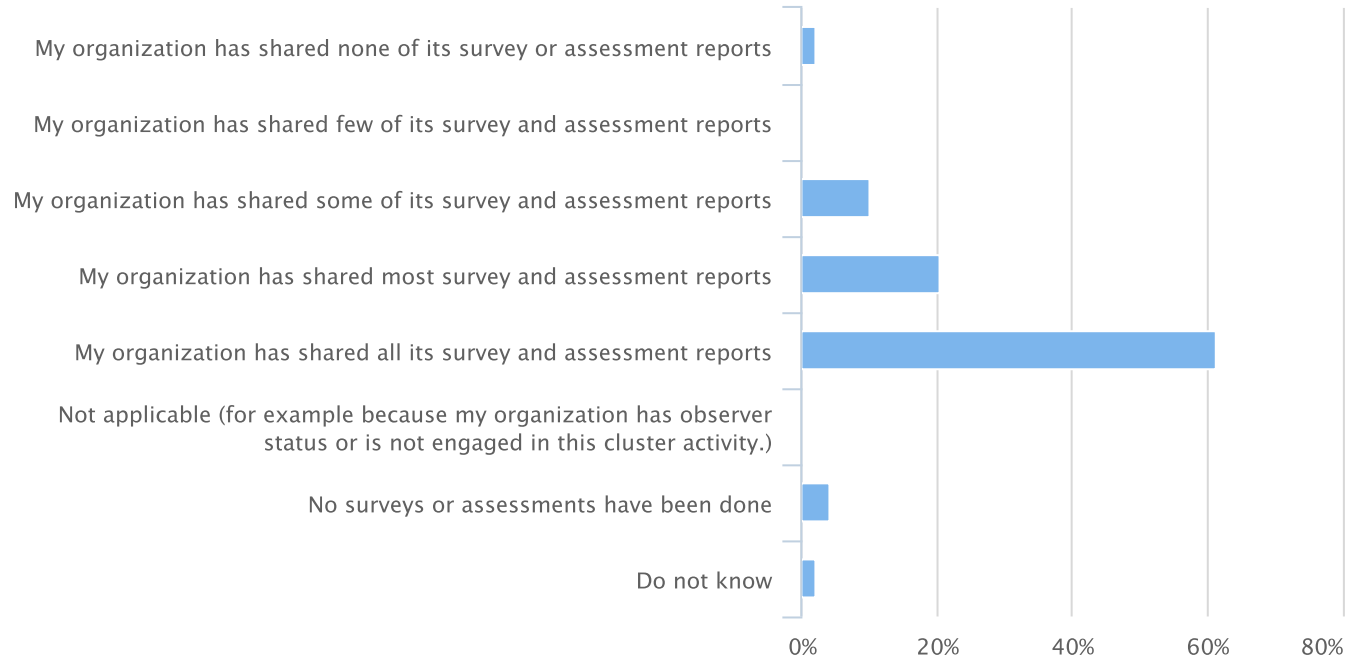
Coordinator

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

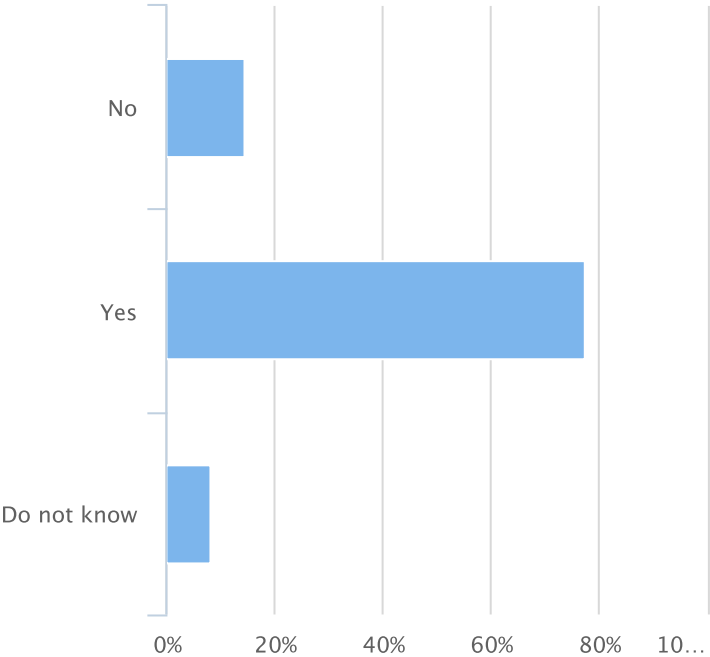
Coordinator

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

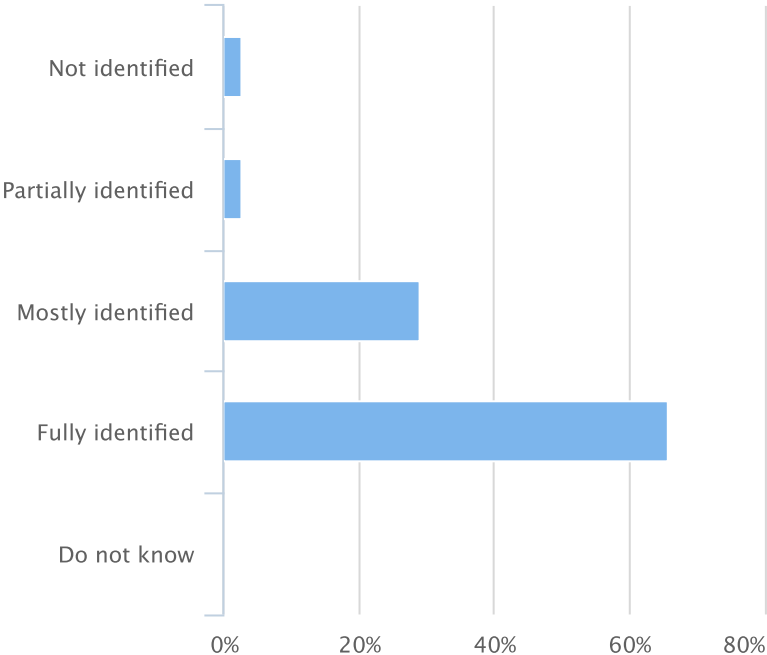
Coordinator

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

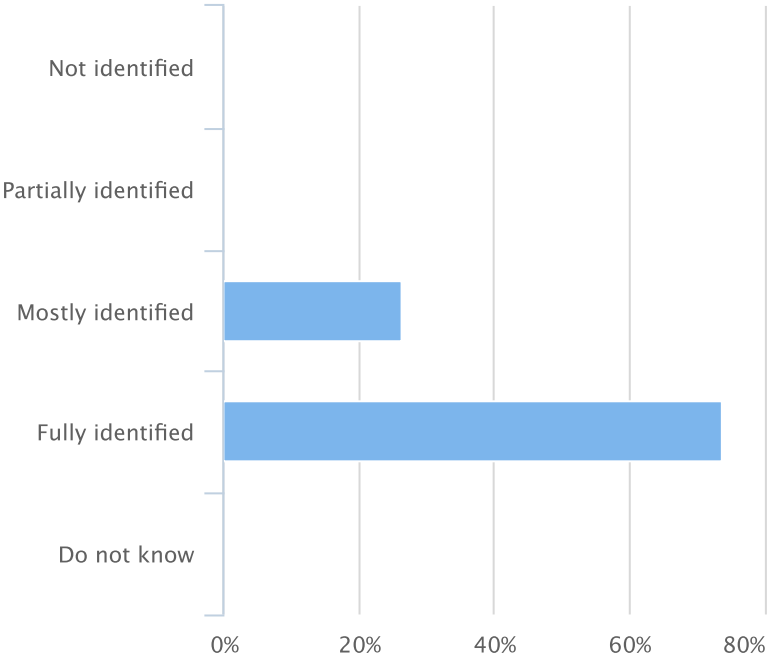
Coordinator

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

Fully identified

Partners

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



2.2.4 Analyses of situations identified gaps in response

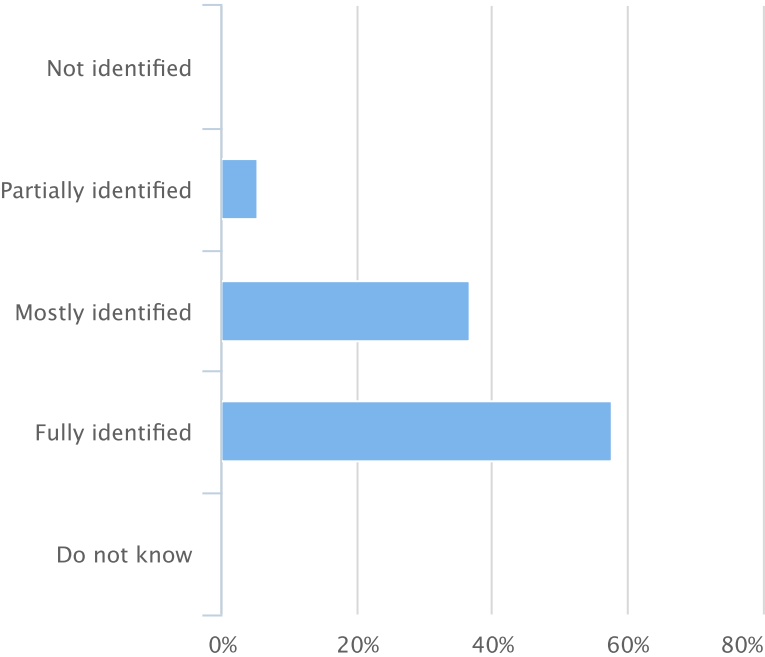
Coordinator

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

Fully identified

Partners

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



2.2.5 Analyses of situations identified capacity in response

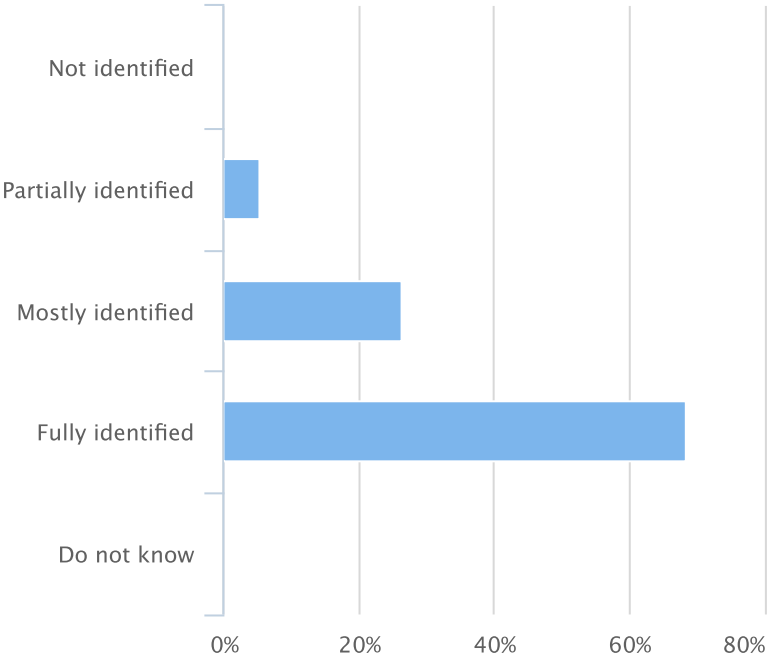
Coordinator

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

Fully identified

Partners

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



2.2.6 Analyses of situations identified constraints to respond

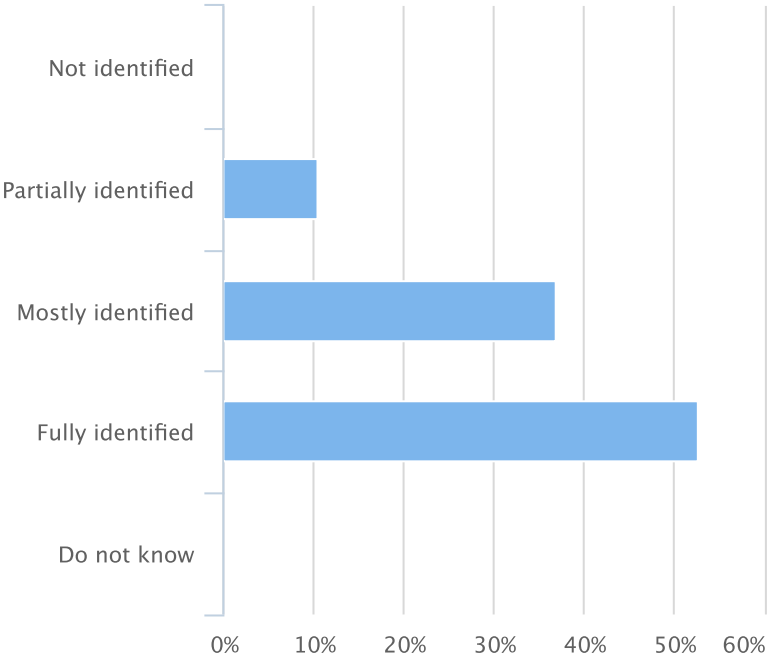
Coordinator

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

Fully identified

Partners

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



2.2.7 Age (cross-cutting issue) considered in analyses

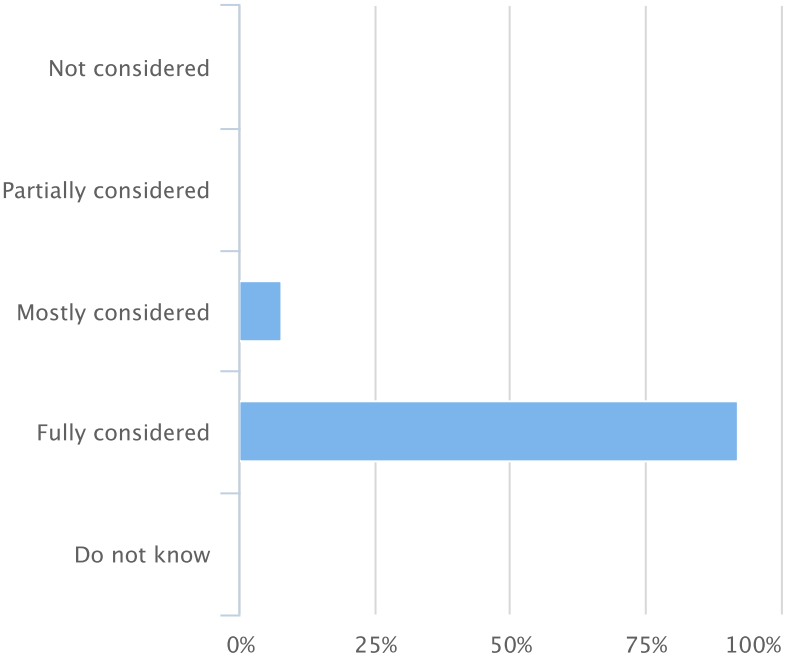
Coordinator

Have these analyses considered cross-cutting issues?

Fully considered

Partners

Have these analyses considered cross-cutting issues?



2.2.8 Gender (cross-cutting issue) considered in analyses

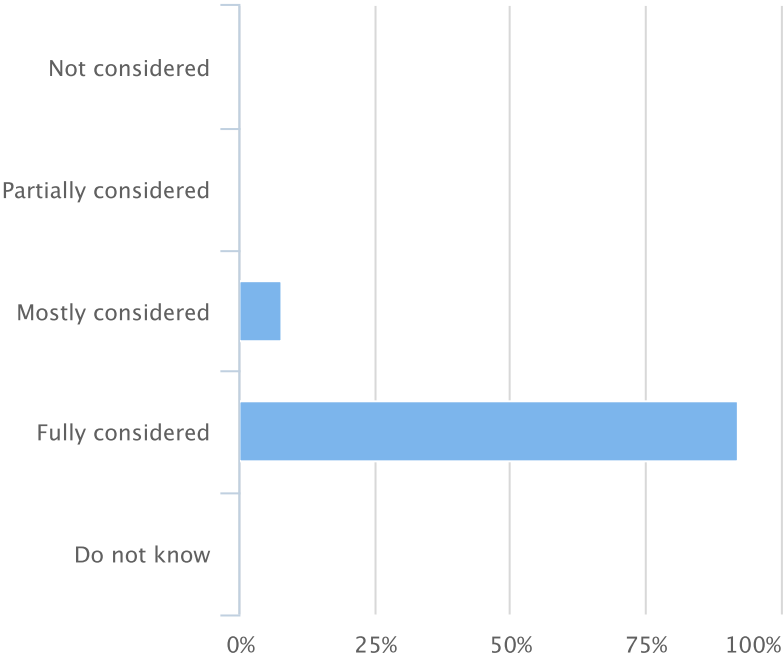
Coordinator

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

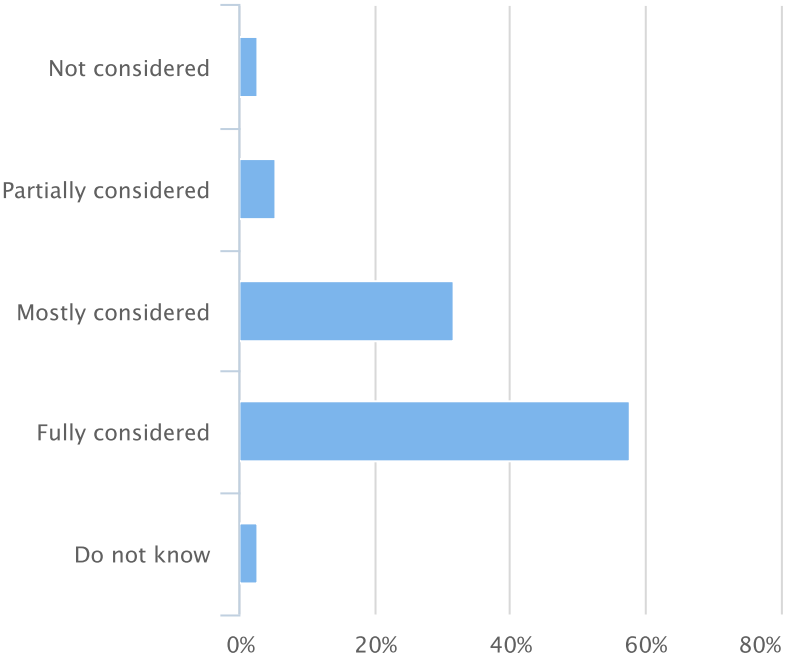
Coordinator

Have these analyses considered cross-cutting issues?

Fully considered

Partners

Have these analyses considered cross-cutting issues?



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

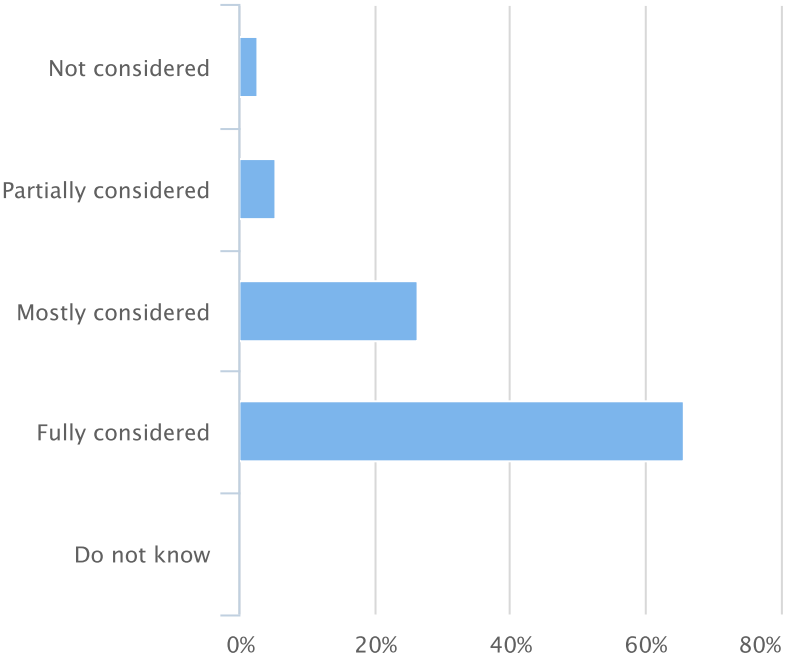
Coordinator

Have these analyses considered cross-cutting issues?

Mostly considered

Partners

Have these analyses considered cross-cutting issues?



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

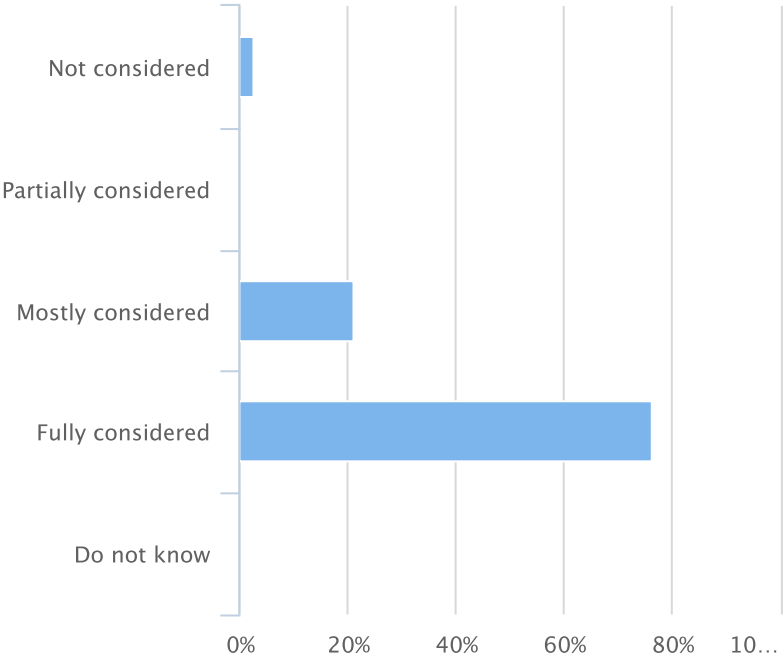
Coordinator

Have these analyses considered cross-cutting issues?

Fully considered

Partners

Have these analyses considered cross-cutting issues?



2.2.12 Environment (cross-cutting issue) considered in analyses

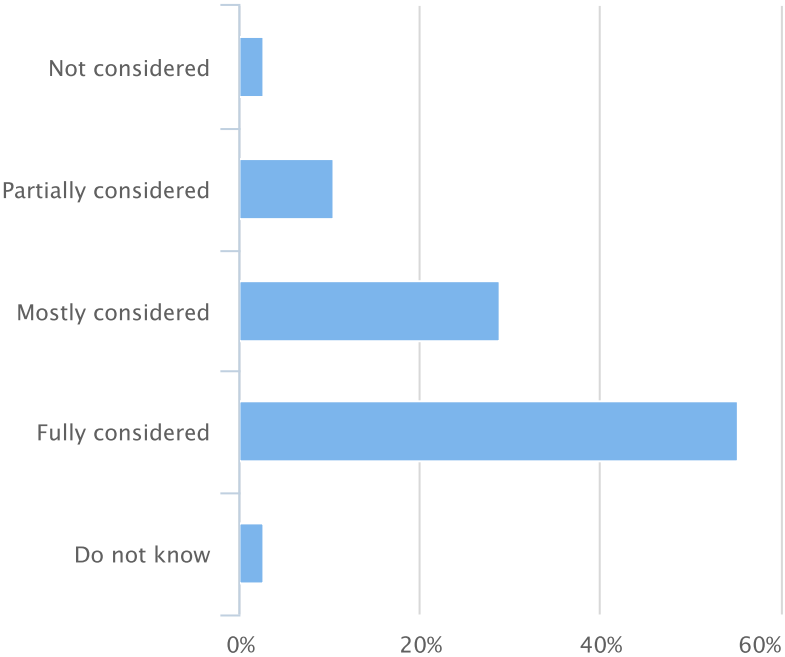
Coordinator

Have these analyses considered cross-cutting issues?

Partially considered

Partners

Have these analyses considered cross-cutting issues?



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

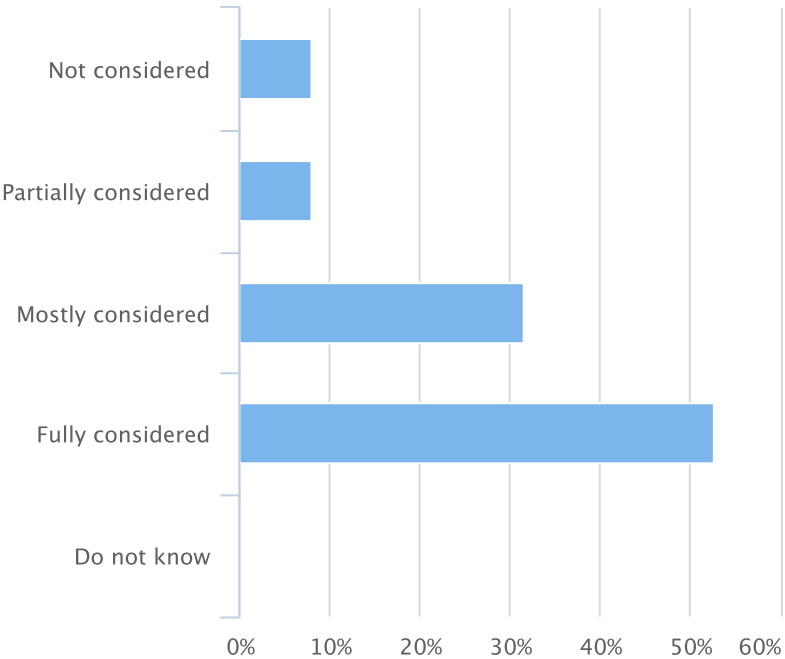
Coordinator

Have these analyses considered cross-cutting issues?

Fully considered

Partners

Have these analyses considered cross-cutting issues?



2.2.14 Disability (cross-cutting issue) considered in analyses

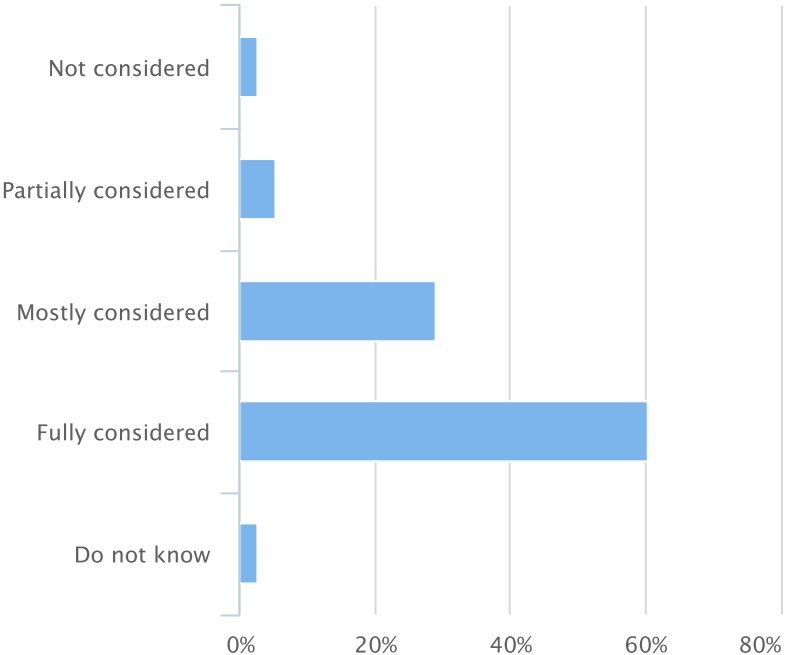
Coordinator

Have these analyses considered cross-cutting issues?

Fully considered

Partners

Have these analyses considered cross-cutting issues?

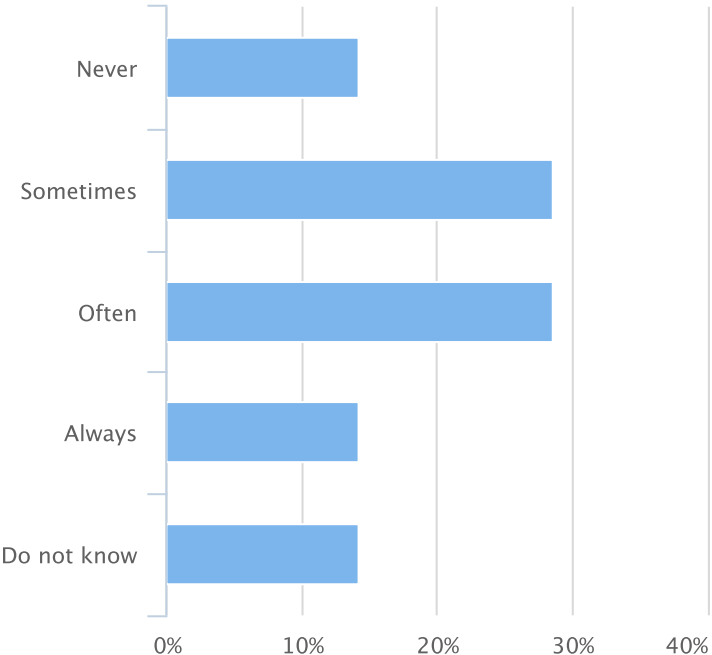


2.3 Prioritizing on the basis of response analysis

2.3.1 Joint analyses supporting response planning

Partners

Have these analyses supported response planning and prioritization?



Comments

My organisation always undertakes assessment prior to response planning. These are not always in conjunction with other partners due to the ability we have to move quickly.

The decisions made are always in support of the pressing needs or gaps although with limited involvement of cluster partners, especially the National Partners (NNGOs)

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

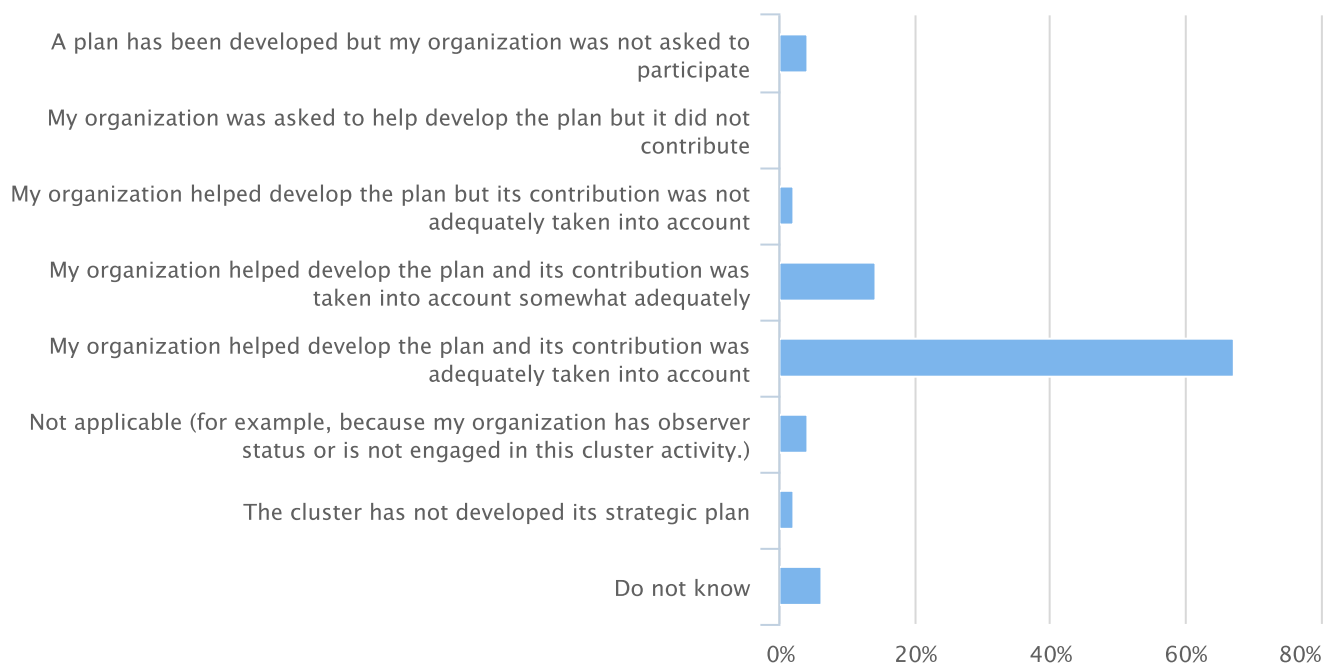
Coordinator

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?

Fully

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?*Fully 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?*Fully 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?*Fully addressed***3.1.12 Disability (cross-cutting issue) considered in strategic plan**

Coordinator

Does the cluster's strategic plan address cross cutting issues?*Fully 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 a large extent*

3.1.14 Strategic plan used by partners for guiding response

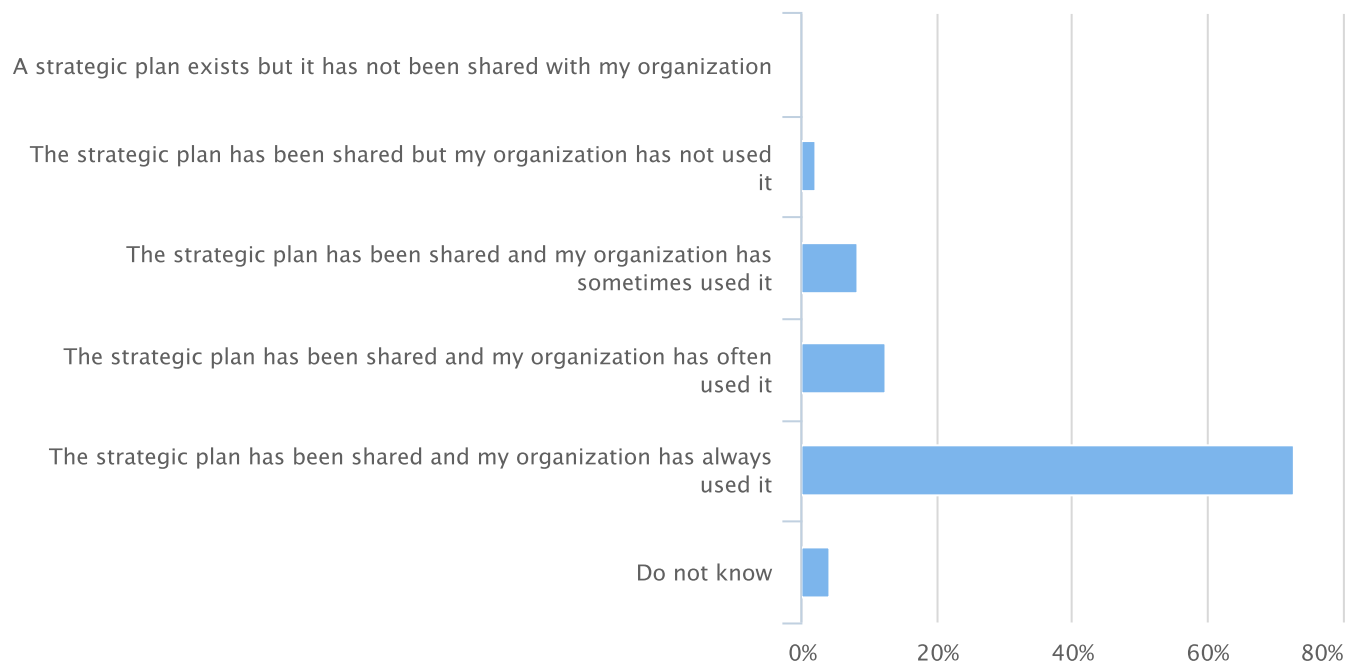
Coordinator

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

Most

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

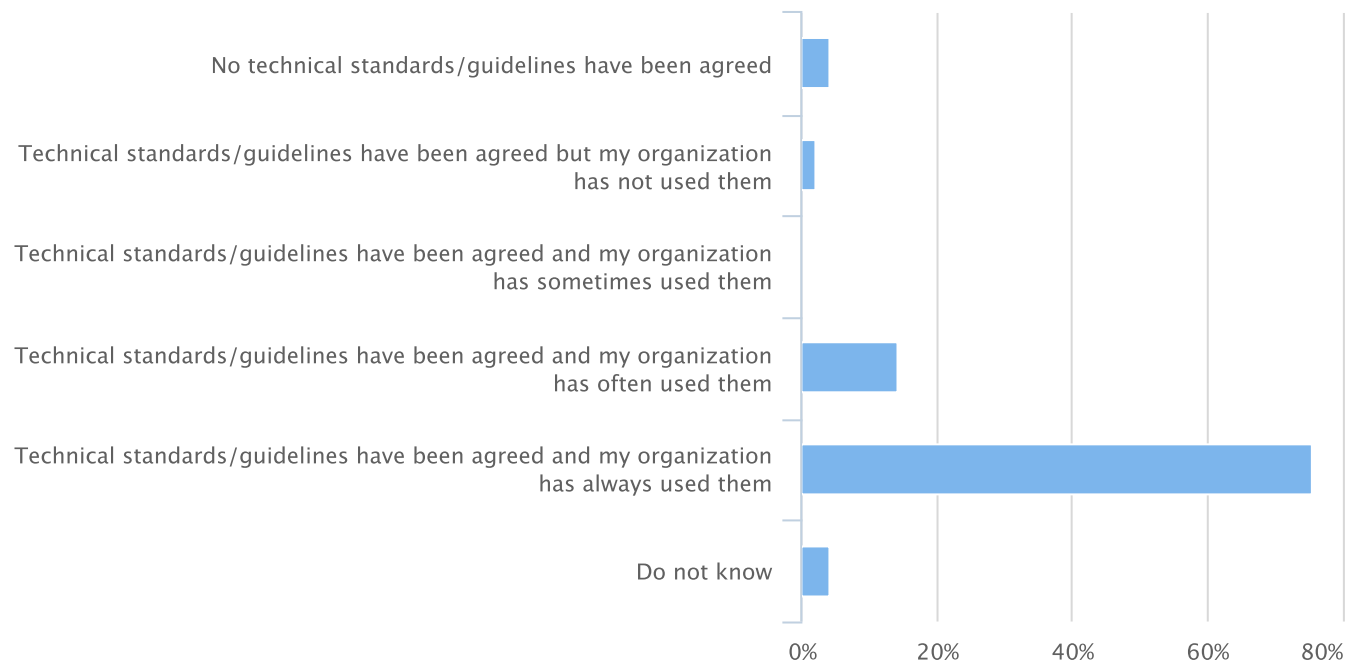
Coordinator

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

Technical standards and guidance have been agreed and all 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

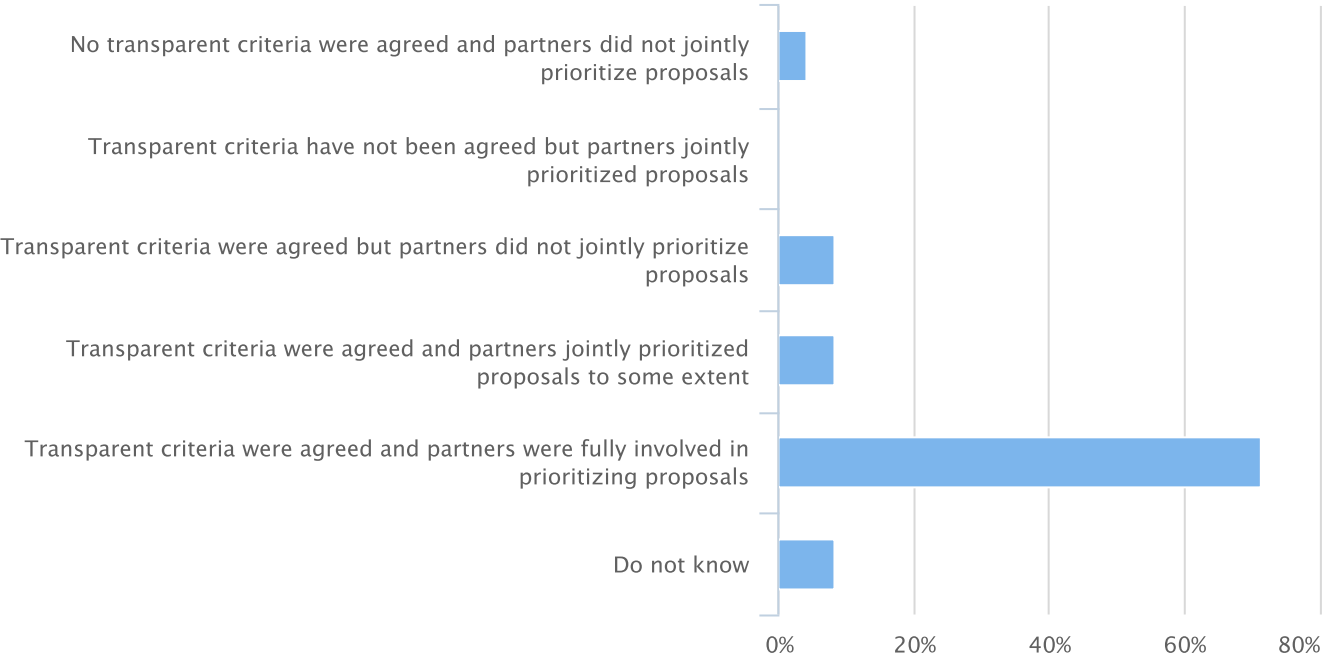
Coordinator

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

Transparent criteria were agreed and partners were fully involved in prioritizing proposals

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

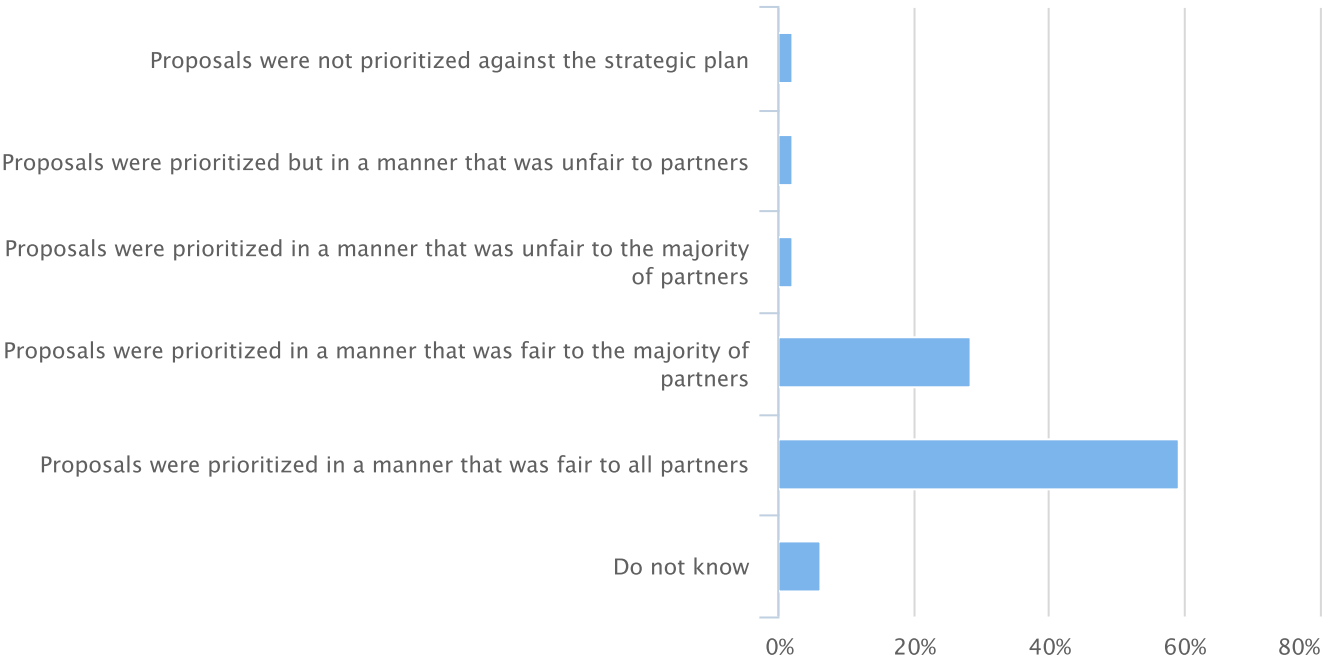
Coordinator

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 very good support

3.3.4 Regular reporting on funding status

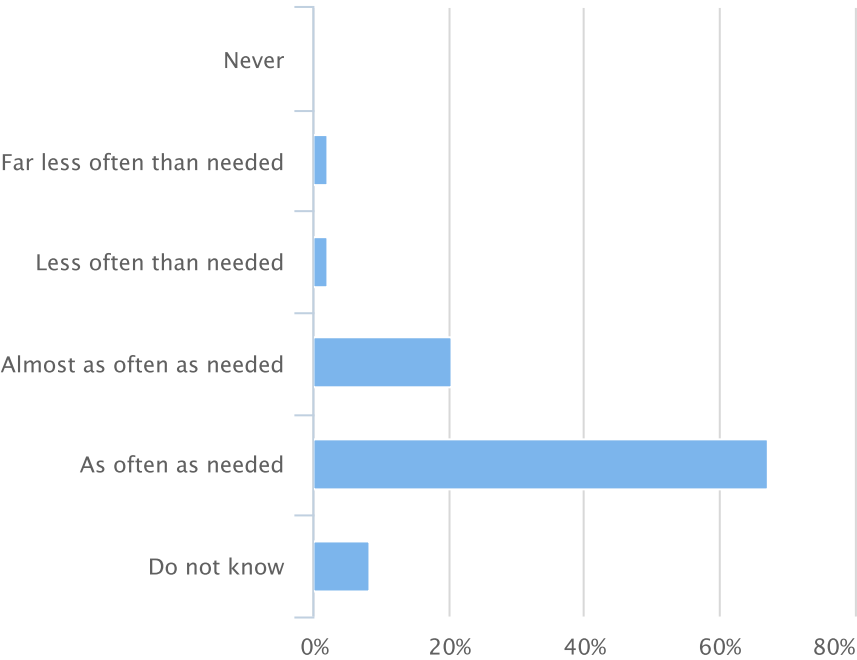
Coordinator

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

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

For this year 2019, unlike other previous years, the cluster coordinators were not fair enough as it was seen the cluster coordinators' member bring in their interest by bringing in new organisation which were not formerly responding to the HRP. And with this, organisation are suspecting manipulation as to how the funding is distributed, most likely some of the members are asking for gain from the new agencies.

Health Cluster engaged partners by providing workshop on HRP and was very instrumental in achieving planned targets

Thanks for the assessment or survey

Updates on funding trend were given and even available pipeline shared eg out of the \$120 Million budget for 2019, we know that only about \$46 Million was funded or 38% as per communication shared with partners.

LiveWell is a Strategic Advisory Group (SAG) member for the Health Cluster in South Sudan as I said earlier. We were actively contributing to the development of HC's HRP/HNO strategies for 2019. Once the OCHA allocated a basket (pooled funds) for Health Cluster based their strategies for a given allocations (SA2 or SA1). HC then shared Strategies, objectives, activities and standard frontline indicators for a given clinical packages (county hospital -CH, PHCC, PHCU, mobile clinic) with a defined cost per beneficiaries to guide the Health cluster IPs. Evaluation was then done based in this. On monthly and quarterly basis the HC would urged all partners to report their mobilized at FTS, and the funding was analysed base on the needs

The Cluster coordinator and his team, have always been sharing the Information on the funding level against needs and level of of Fund reach and needed.

The Health cluster has a very transparent way of Prioritizing proposals and gives a feedback to all the partners on what went well and what went wrong in their proposals.

The health cluster has always embraced the spirit of transparency and inclusivity in prioritization of needs and resource allocation

The process of proposal prioritization follows a completely transparent mechanism where partners proposal is solely evaluated based on the document submitted to respond to a local contextually sound justification in a manner to meet the set cluster priorities. n prioritizing partners proposal fo response localization and focusing on loca National NGOs had been a pivotal indicator where by National NGOs with good response capacity were considered to be part of the emergency response.

Cluster fully participates in HRP

The health cluster has excellently involved partners in planning and strategy development. Trained partners on the developed plan and strategy. During the development of proposal for South Sudan Humanitarian Fund (SSHF), the health cluster trained all the partners on the strategy for the allocation, provided all the support documents in time and also provided technical guidance to partners very adequately making the process of proposal development very simple. In 2019, we have learnt, benefited from the training/technical guidance and managed to develop very good proposals for the first, second standard allocations as well as reserve allocation. The process of proposal evaluation has been transparent and feedback provided.

The HC also support partner mostly national organizations on other areas of funding to complement the existing SSHF funding for better outcome.

The entire process has been generally transparent and fair

Every thing is done to the interest of the cluster coordinators with the cluster coordinators seen favoring other agencies and some goes to the extend of taking bribe before awarding agencies funding.

All strategic planning has involved all partners, thoroughly discussed and consensus reached.

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

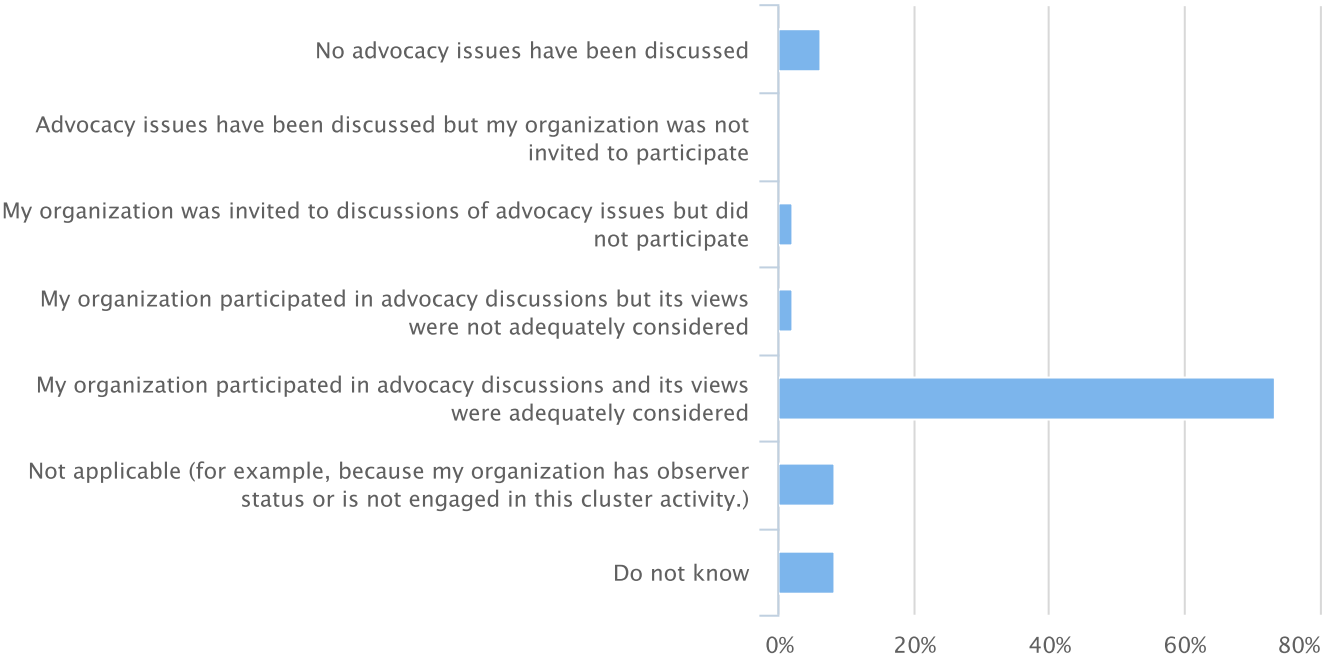
Coordinator

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

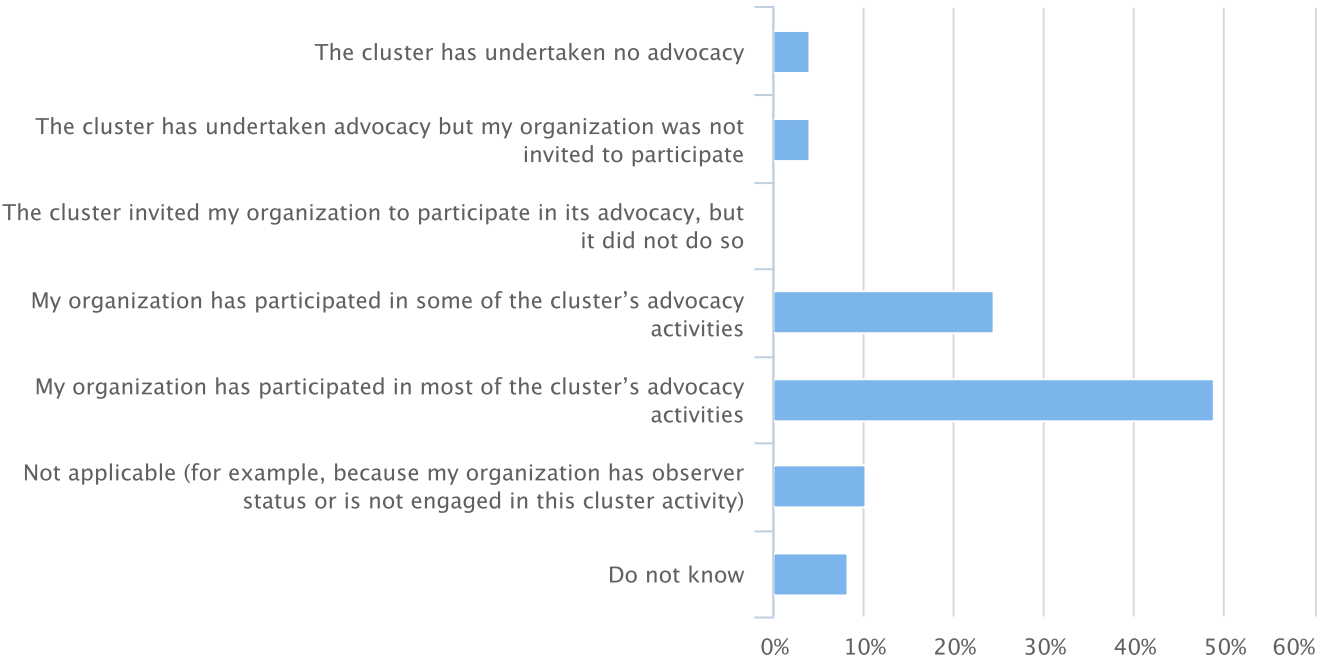
Coordinator

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

Thanks for the assessment or survey

Field level experience to inform advocacy, flash appeal, meeting with donors and humanitarian partners done to understand the context, in these we were invited and participated fully.

We hope to participate in advocacy activities about disability issue

consultative meetings with the stakeholders including the SMoH, CHDs, CSO's , partners as well as the communities have always been our model in project implementation. critical protections concerns including SGBV, diseases prevention, hygiene and sanitation activities, WASH and general awareness /social mobilization for health care and behavioral change communication has been part and parcel of our advocacy framework supported by the health cluster. Key messages provide and reproduced.

The role the cluster plays in advocacy is satisfactory, they have tried to keep the entire team in the loop

An advocacy is mainly organized by the cluster coordination team and partners are also involved in advocacy with potential stake holders

The health cluster has been very active in advocating for its members and resource mobilization for the implementation of the planned activities/identified needs of the most vulnerable populations. Through its advocacy activities, access has greatly improved, humanitarian impediment no longer an issue, getting approval from Ministry of Health for transportation of medical supplies from Juba to various states/counties has become very easy. All these due to strong advocacy of the health cluster. We have benefited from the training on advocacy and resource mobilization conducted by the health cluster, we are now empowered and capacitated to advocate and mobilize resources for our Humanitarian Response Plan.

Additionally we actively participate in NGO forum and other venues where we advocate and here out areas of needs and support using the advocacy tools.

Advocacy activities have not been clearly spelled out

The clusters role in advocacy has mainly been around increasing the resources required to implement the strategic plan especially around donor appetites to support the essential commodities required for health facility implementation. It has been around opportunities for donors to support national NGO;s to own the emergency response. Major discussions with development donors to provide emergency funding in support of emergencies in their catchment. Major discussions with Rapid response donors to support national NGO;s who often struggle to get funding .

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

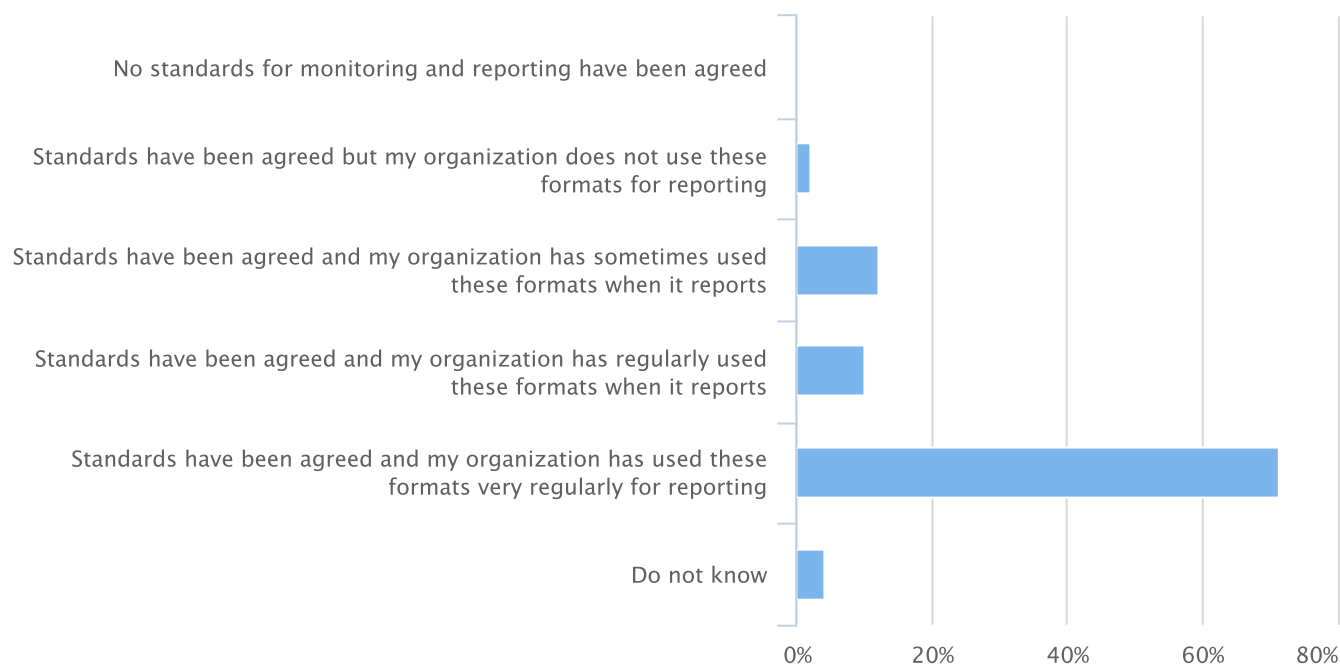
Coordinator

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 fully

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?

Almost as often as needed

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

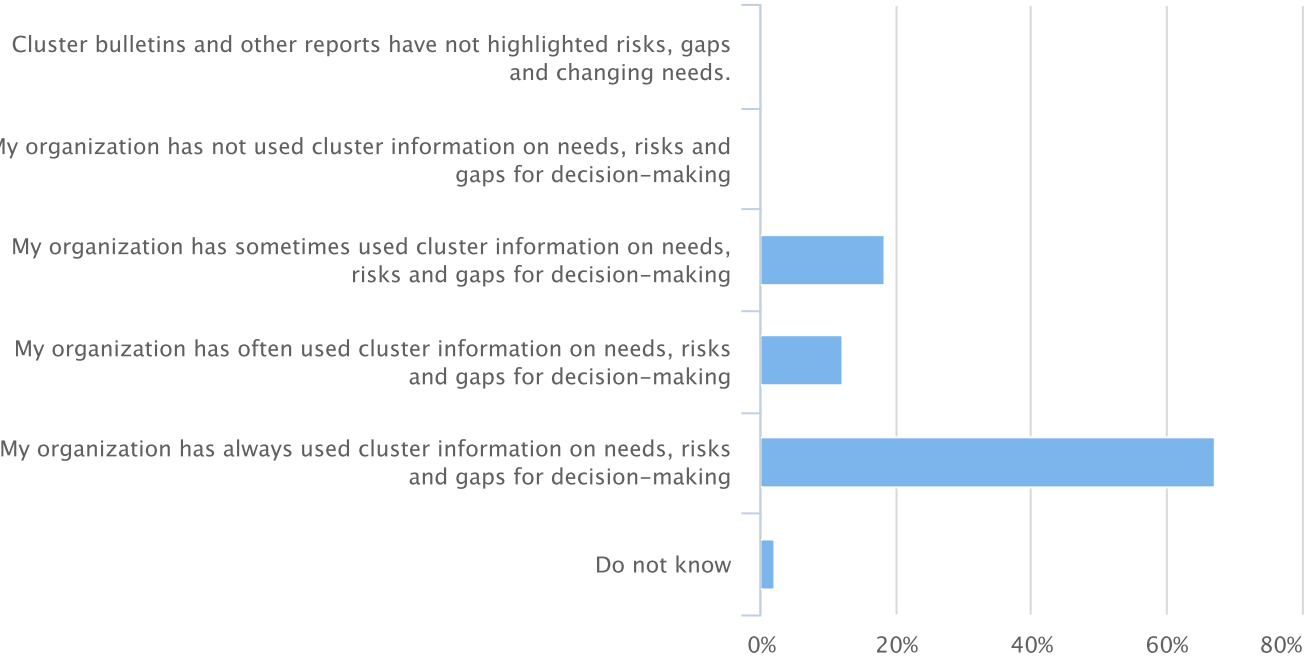
Coordinator

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

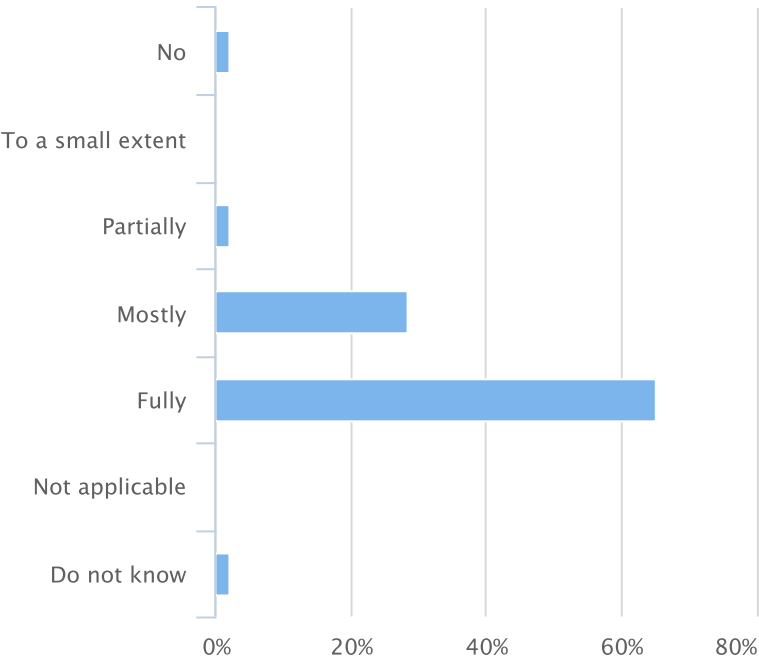
Coordinator

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

Every response in health cluster involved everyone including persons with disability, SGBV survivors, women and children men and elderly. Cluster has taken into account the AAP as a tool that guides our response.

Thanks for the assessment

We follow cluster guidelines in developing proposals and even strategy and results based on cluster guidance.

The cluster has always shared information with the cluster partners and that has been helpful in the quality programming observed by the cluster partners .

all the projects have been designed to meet /address specific age groups and beneficiaries. for example, children receive vaccinations, Vitamin A supplementation beside other health care services, pregnant and lactating mothers receive the ANC services as well as treated bed nets (LLITN) beside general health care, women of child bearing age(14-49) years receive dignity kits, menstrual hygiene, Men are targeted for Psycho-social support services including trauma case management, SGBV monitors among others.

Cluster indicators are always inclusive and gender sensitive

The health cluster has provided us with all the reporting and assessment including Public Health Situation Analysis (PHSA) tools and trained us on the usages of all the provided tools. The cluster very regularly provided feedback on our performance, quality of the reports and the achievements, always discussed during the health cluster meeting. The health cluster team regularly conducted monitoring and evaluation (M&E) visits to the areas of implementation and supported partners during the supportive supervision. Our team on the ground benefited from the M&E visit conducted by the health cluster team, during the visit our team was supported and mentored. M&E visit reports always shared and recommendations drawn from the visit helped partners to improve program performance. The cluster has trained all its members on disease surveillance and supported us in strengthening the disease surveillance system, coordinated with WHO to ensure that all the partners have EWARS account for reporting and the cluster monitored the EWARS performance weekly and discussed it during the cluster meetings.

Field locations are vast against limited numbers of the cluster coordination team and so monitoring team have not been able to reach all locations

Mid last year 2019, Health Cluster developed and inclusively formed a disability working group to fully develop data and design responses tailored to meet the needs of disabled populations without discrimination.

The cluster produces a monthly bulletin that reports on progress of the strategy . this has been largely consistent but has also had gaps where the IMO has not been available. The context has demanded that emergency response and development partners co share emergency health response to affected populations in some locations - this has led to mapping of emergency and development partners to mitigate duplication of efforts and resources. Development partners are therefore heavily involved and are represented on the health cluster strategic advisory board and on resource sharing platforms on decision making on resource sharing to mitigate duplication of efforts.

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 some partners have participated

6.1.3 Partners involved in development of preparedness plan

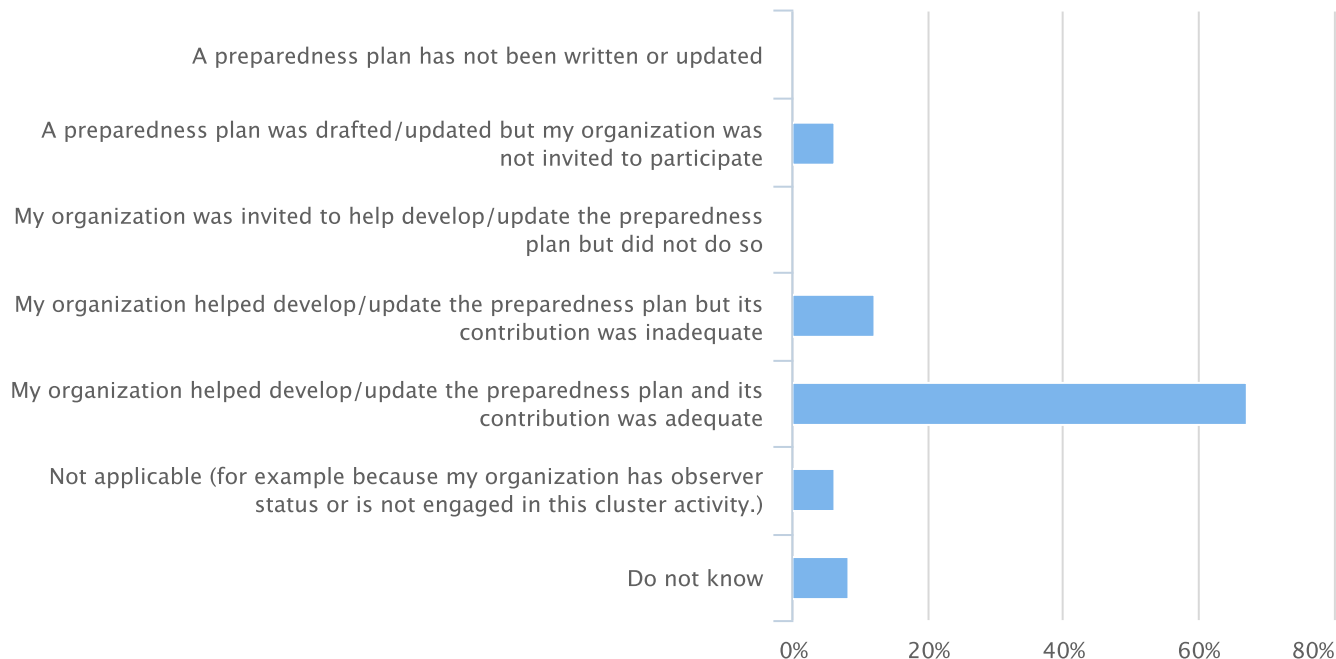
Coordinator

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 some partners have participated

Partners

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



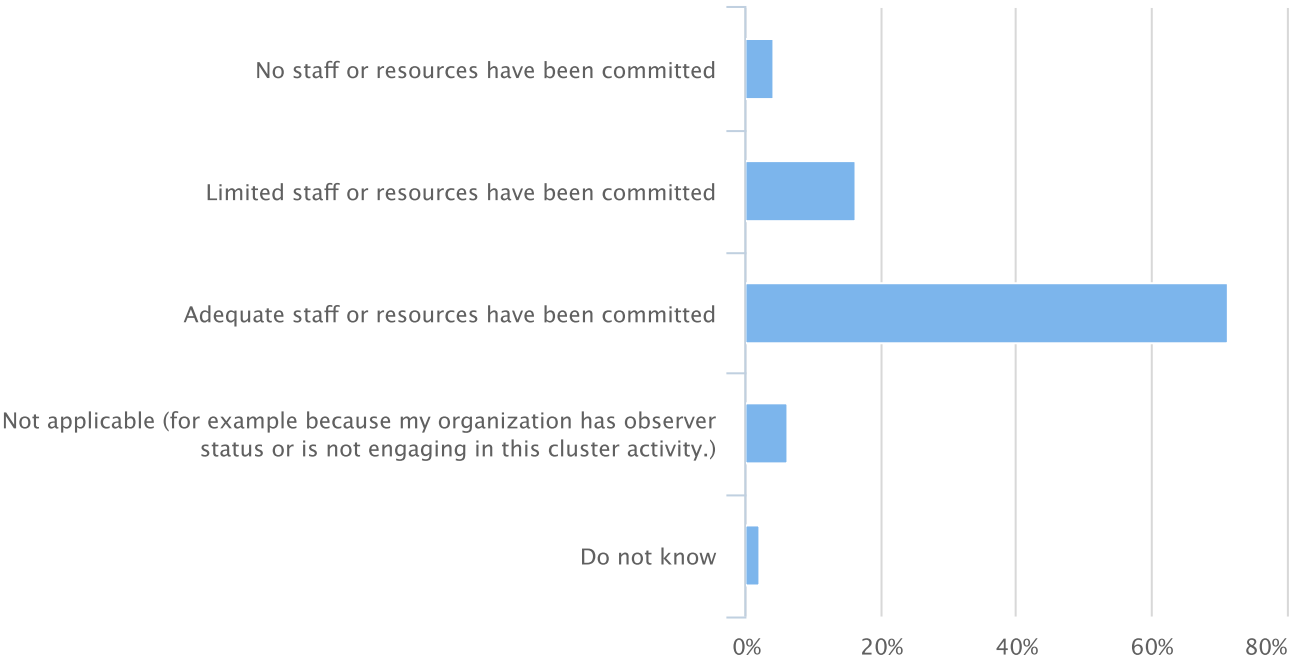
Coordinator

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

Few 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 field staff and Juba office staff committed and have dedicated to mobilize and preparedness plans activation for response

Thanks for the assessment or survey

We have technical capacity built however financial resources limited.

During the massive floodings in Pibor, we development a Floods Contingency Responses (Before, During and After) and shared it with our development partner UNICEF, and they had specific activities they felt it should be supported through the static facilities that were severely destroyed. The emergency needs were hugely enormous. Thank God, the Health Cluster, called for urgent partners meeting to mapped the floods response partners. Strategic floods response documents were shared by HC. Partners were mapped and selected based on their past experience. The Health cluster supported LiveWell to explored the fundings for floods responses in Pibor and Pochalla Counties through RRF/OFDA. LiveWell mobilized qualified staffs for emergency preparedness and responses and as I write, the project is ongoing in two counties.

My organization is an emergency responder and is always involved in the emergency preparedness plan,

HAA fully participated in the preparedness plans the recent one is the flood response preparedness plan. we are currently responding in 2 counties; Canal Pigi and Kapoeta North as a result of this preparedness

I am really happy of the cluster leadership in shaping the direction of the health cluster

Adequate budget and preparedness for People with Disabilities

The health cluster has trained its members on emergency preparedness and contingency planning for epidemic diseases and outbreak investigations. All the emergency responders have EWARS (Early Warning, Alert and Response System) account with WHO to monitor the epidemic prone disease outbreak. We have been reporting very regularly in the EWARS, in every health cluster meeting the performance of partners in EWARS shown, discussed and any challenges addressed very adequately by the cluster. Through the support of health cluster, we have strengthened the disease surveillance system at the community and the health facilities. The response of the partners in disease outbreak and disaster like floods has been excellent and timely through the concerted effort of the health cluster.

Consideration was more focused on International partner with no mechanism for transfer of knowledge and experience to National Partners

The Emergency preparedness and response platform exists and active as the context is plagued with multiple outbreaks in any given year. All emergency response partners including observer groups rare subscribed to and report into the EWARS platform which is then discussed every week.

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?*



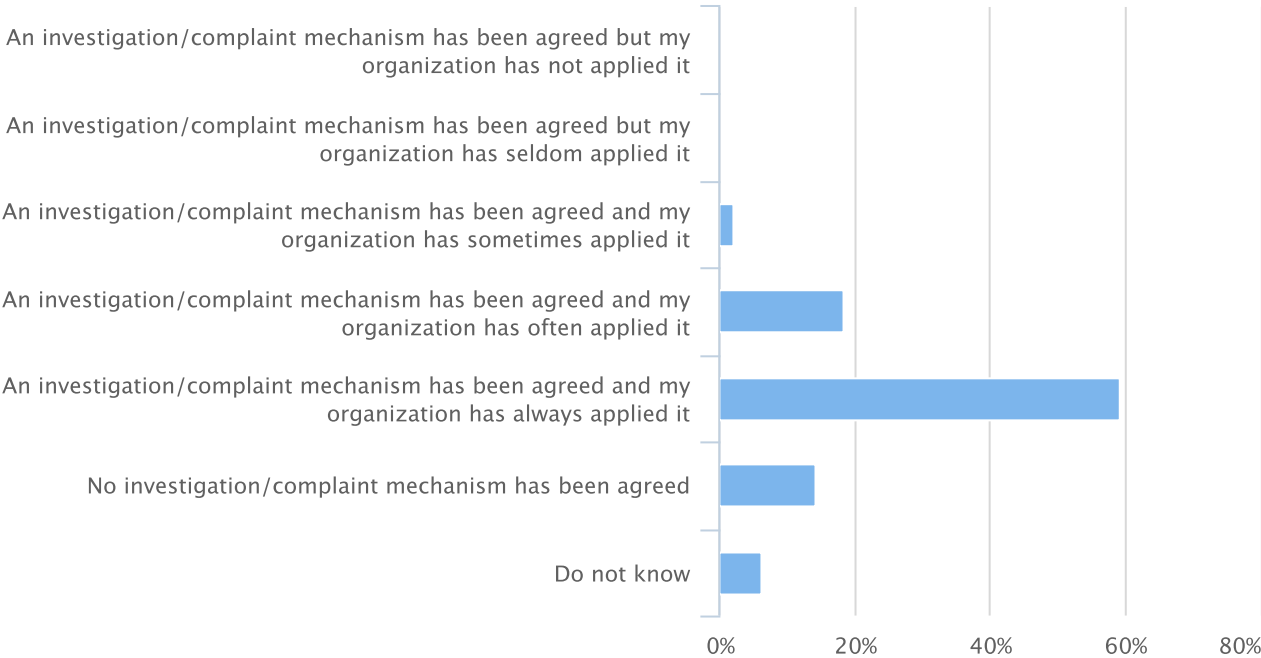
Coordinator

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 some 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

We have tools that are disseminated to the field offices and in use for the feed back mechanism and follow up meeting with community leaders and action plans discussed in the field and Juba with the coordination efforts from health cluster and HFO.

Thanks for the assessment or survey

We used this approach in accountability to affected population when programming including complaint response mechanism

HAA is part of the Community communication engagement (CCE) working group. a lot of harmonized tools were adopted in the health cluster for use including accountability to the affected populations

No additional comment

The cluster has always informed and shared the core IASC principals on AAP. As an organization we ensure at every level of the project cycle we engage stakeholders including beneficiaries through consultation meetings, feed back meetings where project issues are collected and measures devised to address any deviations and community concerns.

This has not been agreed to my knowledge

We have been trained by the health cluster on Accountability to Affected Population (AAP) and strengthening of feedback mechanism. A partner has been selected by the health cluster to lead the AAP and share with all the partners any information on AAP. Indicators on AAP included in our monthly reporting template, we very regularly report on the indicators on Accountability to Affected Population (AAP). The health cluster has also developed and shared with partners a template for reporting people with disability seen at the clinics, we also report on this indicator monthly. Before development of proposal, we have been normally consulting the affected population (women/men, girls/boys of all age groups and minority group- persons with disability and elderly) so that the needs of each groups of people incorporated into the proposal so that no activity carried out in isolation or in a fragmented manner, the project normally launched, affected populations and all stakeholders are informed and actively involved, project documents shared and meeting conducted with community leaders and affected population, they are informed about the project. They actively participated in the implementation phase, monitoring/evaluation, monthly and quarterly review/feedback meetings conducted where affected persons provided feedback on the quality of the service delivery.

No standardized mechanism for feedback from beneficiaries. Cluster Partners use their own.

This area of emergency implementation needs strengthening as with the high turnover of emergency responders, agreed principles sometimes fall through the cracks and partners have difficulty reporting on them.

Cluster Coordination Performance Monitoring

8 Others

Comments

Cluster Coordinators need not to take side with any organisation, and if possible they don't need to stay for so long as they will become vulnerable to manipulation and siding with few organisation that do respond to their favour.

The work of cluster has been so useful to the delivery of services to the people of South Sudan, It is the only body in health system after MoH and WHO to make sure partners are accountable to what they committed to do and follow up is the most important thing cluster has been doing. Because if it would not be health cluster body, responses in South Sudan would be very difficult to achieve. Cluster has been playing a big role in funds allocation by identifying the potential partners that can reach the community especially NNGOs. Health cluster has built capacity of NNGOs a lot and there has been lot of improvements in recent years and NNGOs are now capable to serve willing and are able to use all effort to reach affected population with less hindrance compare to the past years

Health cluster is the only key coordinating the activities of Health deliverables service in South Sudan ,because without guiding channel responding to the emergencies related to health issues ,it would have been very difficult to managed health emergencies response. In our experience as John Dau Foundation (JDF), Health cluster has been a strong pillar supporting our operations with upper hands in term of advocating for funding and provisions of drugs plus other medical supplies like LLN Nets which helped very much under five ,lactating and pregnant women. Health cluster help partners in responding to diseases outbreak such measles ,cholera etc

My organization appreciated the efforts for assessment or survey being done as this will improve on the information gaps. The overall Health cluster performance is good and satisfactory Thanks

Proactive in coordinating partners, Core pipelines and MOH and its arms to swiftly response to health emergencies in the Country.

No additional comment

Beside the defined roles of health cluster, the IPs have received several capacity building (WASH in HF, Rational use of IEHK, RH kit and antimalarials, outbreaks preventions and responses, CMR/Psychological first aid, ICCM etc) for all partners, and these trainings have been cascaded to the staffs at field level in order to improved the quality of services at community and facility level. Secondly, a standard Public Health Situational Analysis (PHSA) tools has been given to all partners, coaching provided and the IPs were supported to carried out this assessment, analyzed and shared with HC. Beside the approval of Emergency health supplies, a well coordinated logistics/transportations by health cluster to the Log. Cluster was possible and supplies were prepositioned in time.

Very well done for 2019. To improve pro-activeness for 2020 and beyond

I would encourage the cluster coordinator and his team for the current work done in the last few years. We have seen changes and progress in all the areas and I believe our responses towards our beneficiaries are each day Great due to their work on shaving our general performance as a cluster members.

The Health cluster has done an outstanding coordination this year and has been engaging the health cluster partners on all the issues. The health cluster coordinators have given partners a listening ear wherever they are needed and have supported partners when they are struggling. This has given partners a good environment to implement health projects and thus reaching the most vulnerable in the populations.

The Health cluster has sufficiently and timely supported us in all our emergency response projects in the year 2019. we look forward to receiving more support and guidance from the cluster team to continue supporting vulnerable Populations in 2020

Health cluster team are very committed to all cluster strategies and plans. Advocacy approaches for fundraising were used by health cluster with involvement of my Organisation.

I have been an active member of the health cluster for the last seven years, i have gained recognition which i attribute to the cluster having put interest in building the capacity of local actors.

The Health Cluster in South Sudan is doing a good job. The Health Cluster Coordinator is active, enthusiastic, dynamic and very articulate and chairs every meeting successfully. She is a great leader and communicates clearly and eloquently to Health Cluster members and partners. I think the Health Cluster is doing an excellent job in respect of supporting health services delivery, promoting access to health services and scaling-up health services, and implementing emergency health programming. I think the Health Cluster needs to be supported with adequate funding in 2020 so that its partners will continue to implement health programming and provide critical live saving health services to men and women, boys and girls, and other vulnerable populations in South Sudan.

The cluster coordination team has a strong coordination capacity where it meets to bring in partners, donors and development partners and relevant stake holders in health service delivery.

Health cluster in South Sudan has been the only active and the highest coordination platform for for humanitarian health service provision. The cluster acts as a capacity building forum for national NGOs whereby all learned the how to things! However, there is a need to improve the process of HRP in preparations and provision of clarity in technical aspects vis a vis focus on deadlines! It is important to provide special consideration to National NGOs and create ways of simplifying requirement while maintaining standards

The cluster has been strategic in its function. It has consistently ensured that it s members are well informed and fully participate in any matter that relates to their functions.

Health Cluster team and its cluster partners had contributed tremendously in health sector service delivery result to achieve 2019 strategic Plan through effective planning, coordination and resource mobilization.

The cluster plays a leading role in coordinating all health actors and implementing partners in South Sudan with the Ministry of Health and setting strategic direction and priorities in the health sector especially in emergency situations

The HC in South Sudan has been instrumental in responding to emergencies in a timely manner actions which have led to significant reduction in mortality rates

The health cluster has done tremendous work in 2019. Effectively and actively engaged its members in decision making, during the health cluster meetings issues discussed transparently and all meetings minutes with action points documented, shared and followed. The cluster has capacitated and trained its members on so many areas including Monitoring and Evaluation, reporting, assessment including PHSA (Public health situation analysis), and surveillance systems for attack on health care, rational use of health emergency kits, cluster strategy, proposal development and resource mobilization among others. The cluster has worked very hard and mobilized resources for emergency response from the South Sudan standard first and second allocations as well as the reserve allocation for flood response, emergency funding from International Organization for Migration (IOM), Health Pooled Fund (HPF), all these have been coordinated ensuring services went to the prioritized locations with no duplication of resources/overlapping. Emergency preparedness and response; the cluster has done an excellent work in coordinating, mobilizing resources for the response and ensuring timely response to disease outbreak. All the emergency response coordinated through Emergency Responders Meeting (ERM) organized and chaired by the health cluster. Meeting minutes with action points documented, shared and follow up on the action points done timely and adequately. The health cluster has effectively and adequately presented our needs at the strategic making of the humanitarian coordinator/humanitarian country team and very regularly provided feedback to the cluster members. The cluster has been readily available for its members, response to matters arising promptly, partners have access to the cluster all the times and discuss their needs in transparently way, we are very satisfied with the support we received from the cluster in 2019.

Health Cluster has generally done well in comparison to other clusters where my organization participates and is a member. This is due to strong leadership, organization and system in place especially support to national organizations. We hope that more priority and support continue to go to national organizations who have better reach to vulnerable communities across South Sudan and main funding come from SSHF where HC is able to influence its allocation.

The Health Cluster mechanism in South Sudan is working well, it is a collective effort, friendly atmosphere at the meetings and the coordination team was very much respected by all members. We are happy to participate and to contribute to this team effort for the best interest of our beneficiaries, the Health Cluster performed well with regard to partners supporting service delivery and advocacy against agreed strategic priorities. There is no doubt that the CCPM exercise is of value in determining progress, strengths, gaps and ongoing challenges in the coordination of health clusters at national level. The comparative analysis highlights where the clusters are operating successfully and where intervention and support is needed at global and national levels. Among the health clusters implementing the CCPM, the median response rate of partners was 75%. Overall all 7 core functions well applied in South Sudan.

Cluster role in fund allocation often subject to compromise due to constitution of peer review teams.

Coordination has been perfect

The cluster has been performed well but has been constrained by the absence of dedicated sub-national cluster coordinators

The health cluster is working in a very difficult environment and requires a dedicated team to support the enormous requirements of the health sector response. The health cluster will need to be strengthened to be able to give strategic direction to health partners in situations of outbreaks and disasters so that partners will be coordinated in a manner to know where, when and how to respond to a particular health situation in a difficult country like South Sudan. Publications need to be more robust and regular so that the work of the health cluster can be disseminated as appropriate. Partners do require significant capacity building on a regular basis and look up to the cluster to do this. The health cluster should be able to devote significant amount of time to build partner capacity in critical disease areas that are prone to outbreaks such as measles, cholera, meningitis etc. Since the health system and infrastructure in South Sudan is very weak, the health cluster should lead in supporting the ministry of health with a roadmap with critical interventions along the humanitarian-development nexus that will improve service delivery and strengthen the health system to become more resilient

All guidelines were received from health cluster

My experience with the Cluster meetings has been very limited in the last year

There is need for change of the cluster coordinator, if need be, they should not stay for so long in the position since they can get manipulated or themselves they manipulate with length of stays in the post.

Health Cluster coordination team has been so hard working to actively coordinate partners and fully supportive during development of proposals, reviewing cluster objectives, and setting achievable indicators tailored with specific activities. However, we kindly request the cluster to scale up on capacity building due to high staff turnover with various organizations.

The health cluster is the only health partner coordination platform in South Sudan. 80% of the partners also implement development response. The cluster therefore extends excessive support to development related implementation. This is positive on one hand in that it provides opportunities for the cluster to have a wider understanding of the context and can better plan prioritization of emergency health response and oversight. On the other hand, it has stretched perceptions of the cluster responsibilities beyond emergency strategic

response plans to parameters for which the cluster has no absolute control and runs the risk of being independently evaluated along extended parameters. The cluster is passionate about intercluster integrated response and has often engaged with FSL, WASH and Nutrition to respond on parameters of famine, malnutrition and disease outbreak. and more generally on clustering for integrated response in prioritized locations. Clusters partners are a good blended ratio of nationals and internationals including the observer family who consistently contribute to cluster dialogue on planning , response and reporting. The cluster will benefit from dedicated sustained subnational coordinators to better translate the the healthcluster strategies into response at the emergency sites , and information management personnel who can regularly translate the data from the response to reflect progress and achievements and information for planning,advocacy and reporting back to partners.