

Results of Survey Leadership, representation and engagement of local and national actors

23 January 2024

Background

Objective

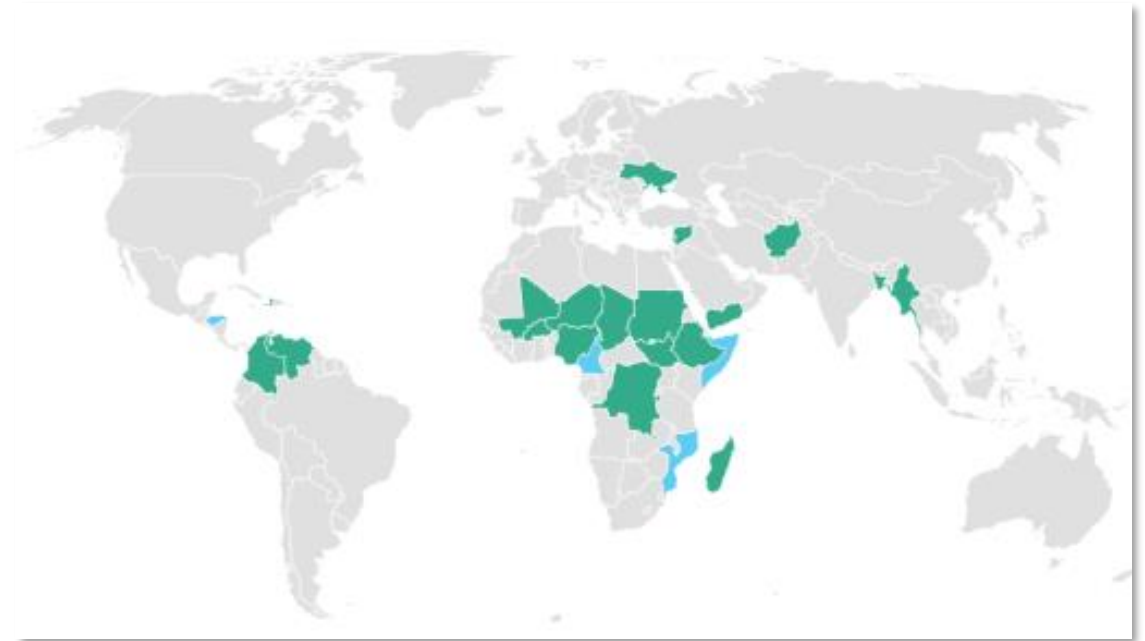
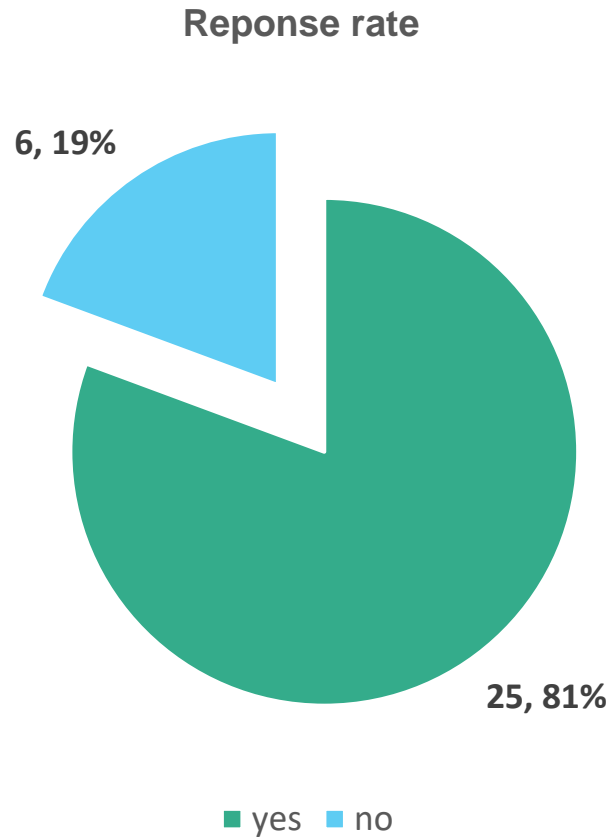
To better understand the status of leadership, representation and participation of local and national actors in health clusters

Methodology

- Online survey sent to all Health Cluster Coordinators
- Mix of quantitative and qualitative questions
- 3 weeks to respond, with a reminder



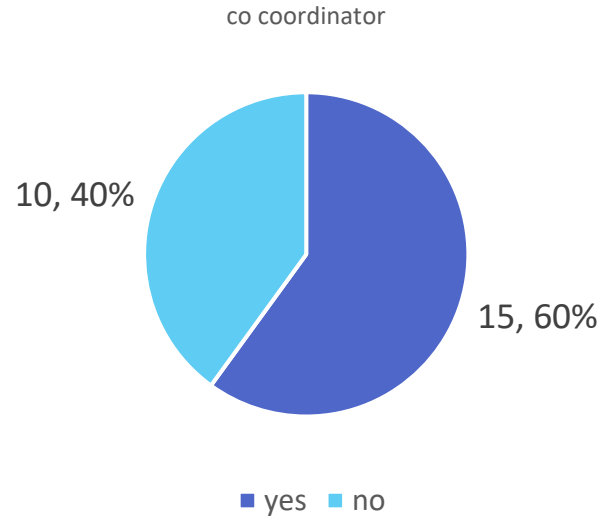
Responses



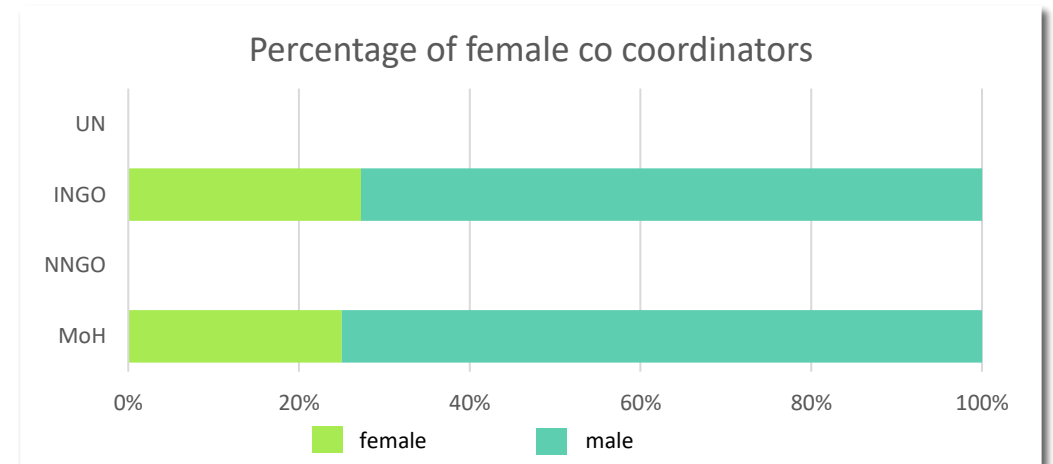
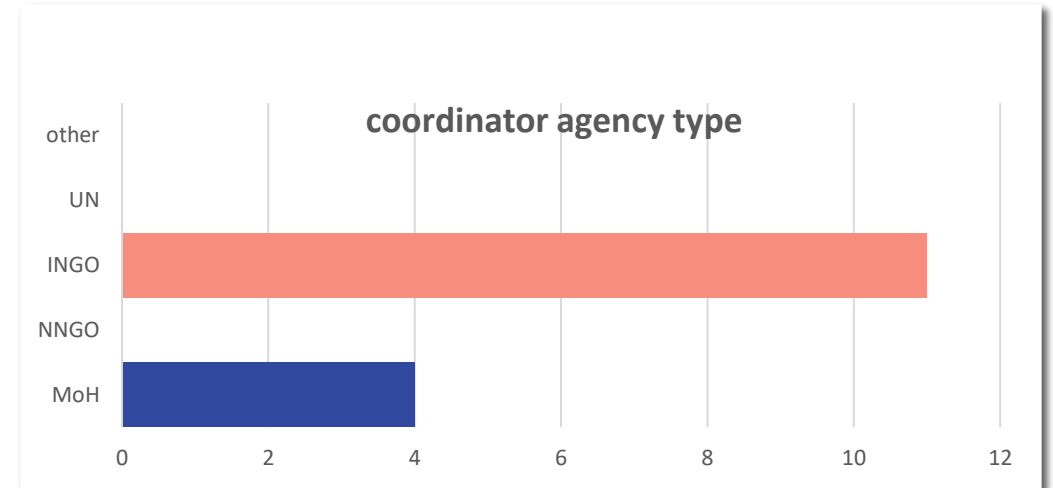
Response rate

- 25 out of 31 settings responded i.e. **a response rate of 81%**
- Denominator includes
 - The Whole of Syria Office and all three operational hubs
 - Pacific, where regional cluster is established
 - Lebanon, which has sectoral coordination

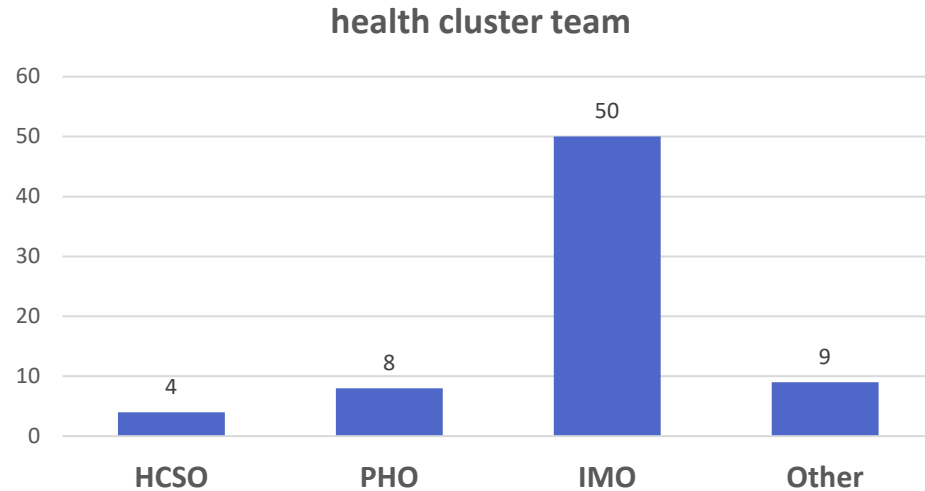
Status of Co coordinator positions at national level



- 60% (15) of health cluster settings have a Co Coordinator
- Of these 11 had Co Coordinators from INGOs
- 4 from Ministry of Health
- There were no co coordinators from National or Local NGOs
- Both Co Coordinators from INGOs and MoH had similar levels of females in that position (25 to 27%)

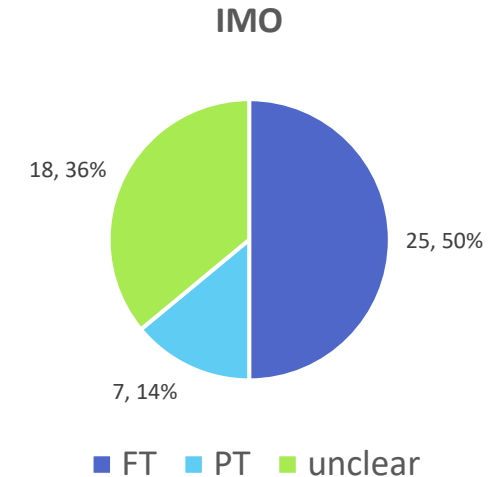
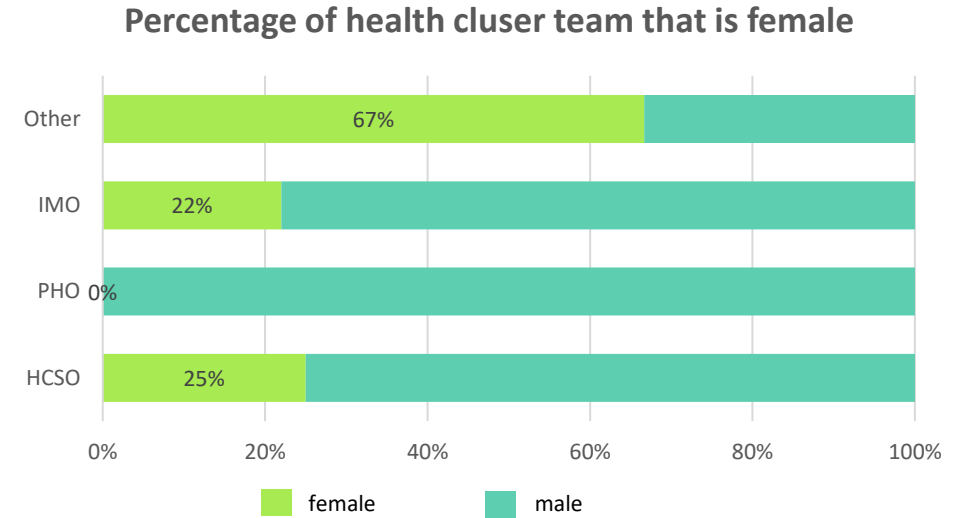


Health Cluster Coordination Team



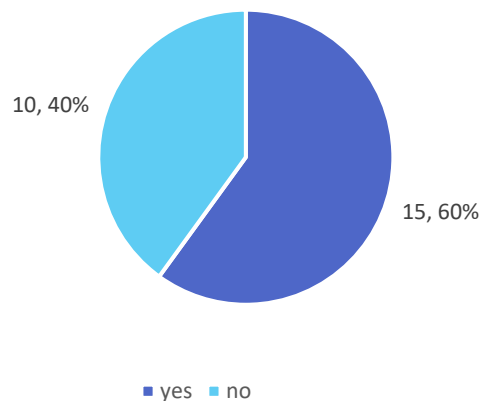
Health Clusters reported other members in their coordination team

- 4 Health Cluster Support Officers, 8 Public Health Officers, 50 Information Management Officers and 9 others
- Others included AAP Officer, HIM, PPR, Cluster Integration and mainstreaming officer, partnerships officer, which had a larger % of females (67%)
- Of note for the IMOs 50% (25) were clearly identified as working full time for the health cluster. For 36% it was unclear

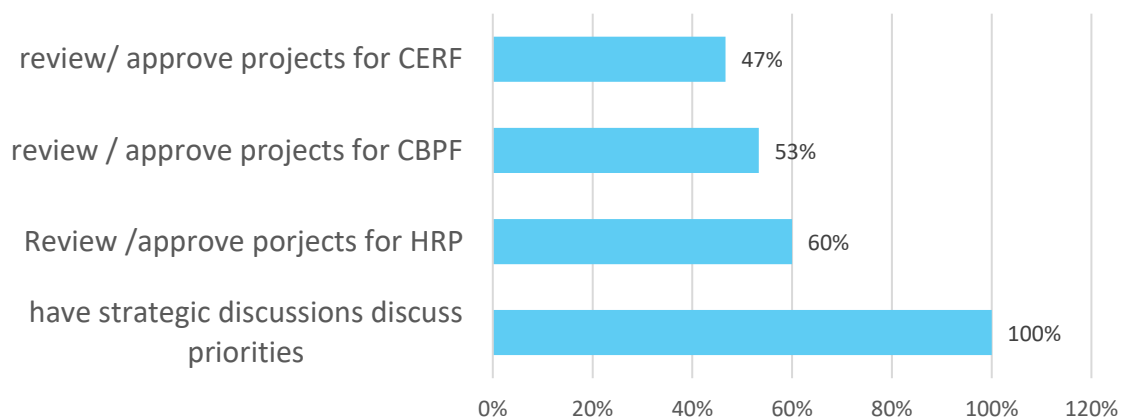


Strategic Advisory Groups

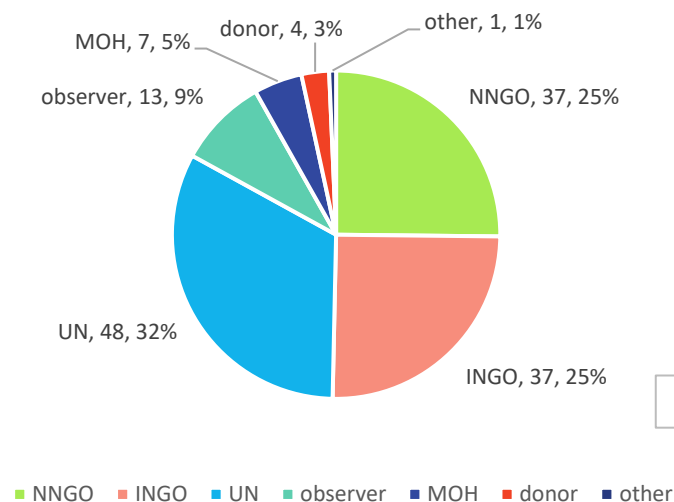
Health Cluster settings with a strategic advisory group



Functions of Strategic Advisory Group



SAG membership

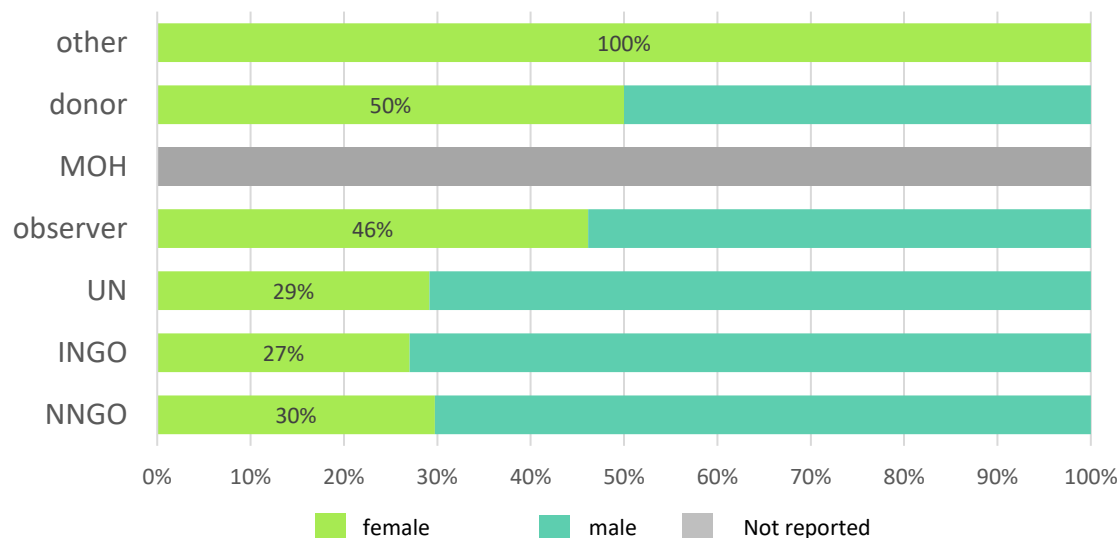


Total 147 people

- 60% (15) 4 Health Cluster settings reported having a Strategic Advisory Group comprising of different partners
- All were reported to support having strategic discussions, whereas only 60% were used to review HRP projects
- 53% (8) settings reported using the SAG to review country based pooled fund allocations,
- However, globally 19 health clusters have CBPF mechanisms (including 2 for Syria context- WOS and NW Syria)
- National NGOs had a comparable **participation rate** to that for the UN and INGOs **with 37%** of SAG members coming from NNGOs across all clusters, similar
- **Total 147 people participate in SAGs**

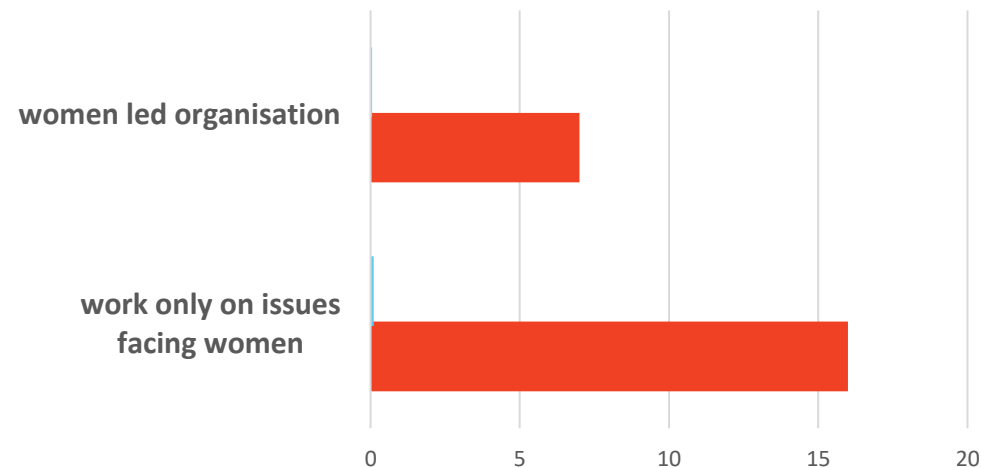
Strategic Advisory Groups

Female SAG representation



- Across all agencies an **average of 30% of SAG members were female**
- With regards to gender parity, it was seen that national NGOs had comparable rates of female participation to that of INGOs and UN agencies
- Observers and donors had a higher rate >45% out of 4 and 13 people respectively
- 'other' was only 1 person

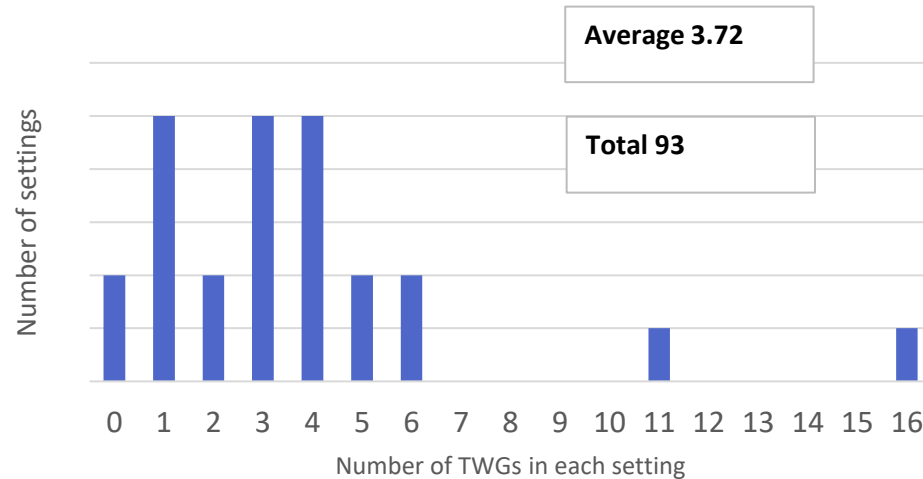
SAG participants from Women Led Organisations



- 7 people are from women led organisations (out of total 147 SAG members)
- 16 participants are from organisations (in 11 settings) that work **only** on issues facing women

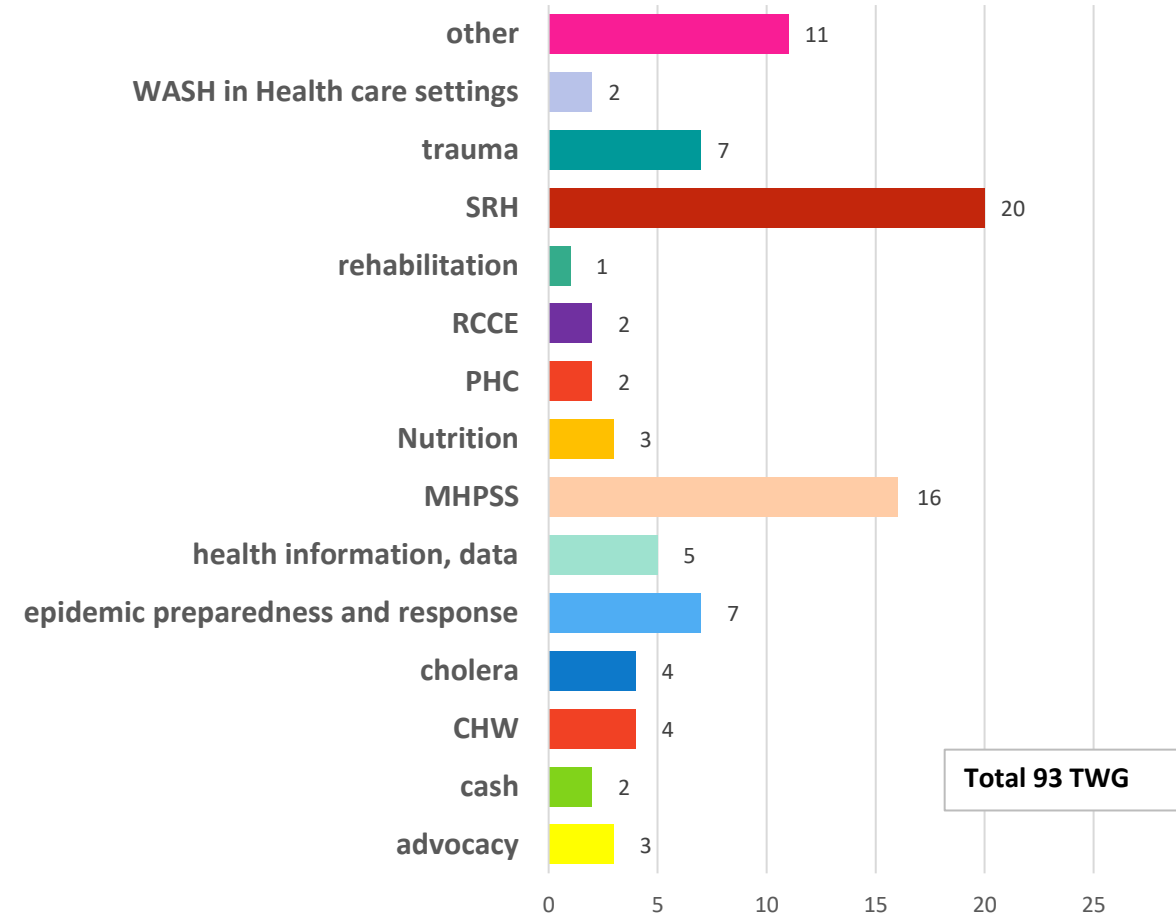
Technical Working Groups

Number of Technical Working Groups (TWGs) in each setting



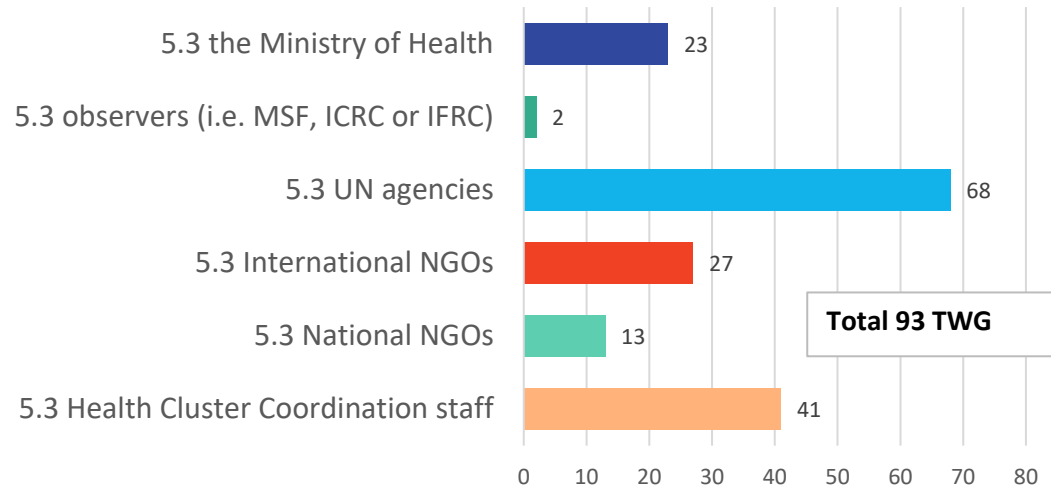
- Across all settings there were a total of 93 TWGs established, with an average of 3.72
- SRH TWGs were the most frequent, with 20 out of 25 settings reporting its establishment
- Following that MHPSS and trauma working groups were most frequently report (16 and 7 settings respectively)
- 'other' included migration and health, AWD, Wash in Health care settings, Nexus, PHC, AAP, Gender, Mobile Clinics, RCCE, Medical supply chain, referral, vaccination, HIV / TB

Technical Working Group types



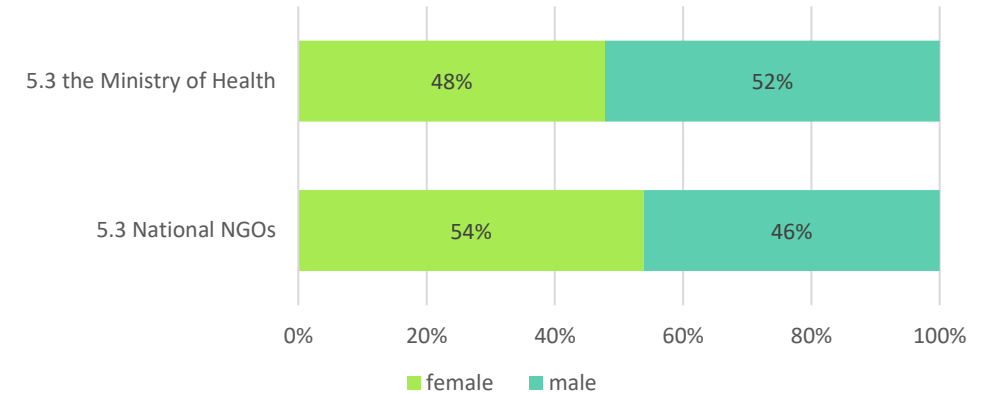
Technical Working Groups

Co chair of TWG by type of agency



- Regarding **leadership of technical working groups**
- National NGOs were **underrepresented** with only 13% (13 TWG out of 93) having a Co Chair from them
- UN Agencies were by the most represented with 73% (68) TWGs having them as co chair
- 24% (23) TWGs had co chairs from Ministry of Health

Percentage of Co Chair (MoH and NGO only)

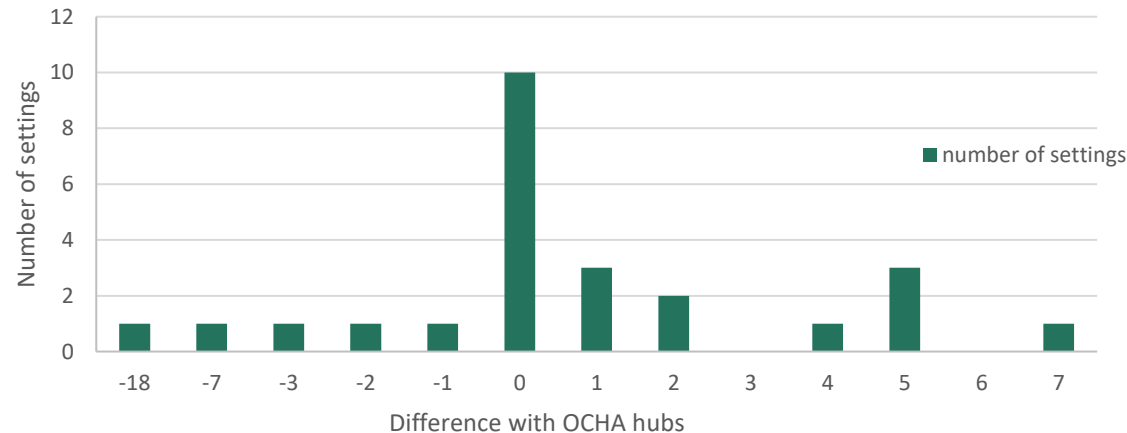


- Regarding female leadership from Ministry of Health and National NGOs both were comparable and demonstrated parity with approximately 50% of co chairs being female

Subnational Coordination

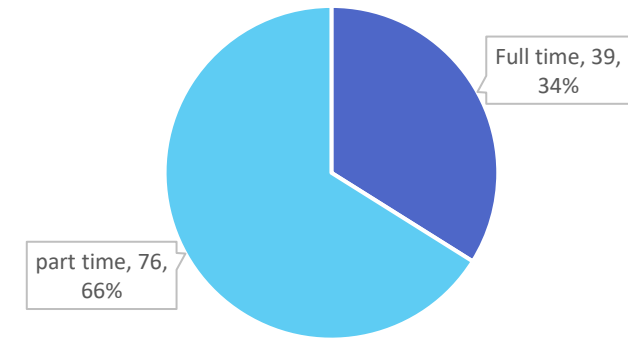
- Given the need for intersectoral coordination or area-based coordination, the number of OCHA and health cluster sub national hubs were compared
- Overall there were **118 OCHA** sub national coordination hubs
- Compared to **120 subnational health cluster** coordination hubs
- Most health clusters generally matched the number of OCHA sub national hubs, however some differences between -7 and +7 were also seen

Difference in number of Health Cluster Hubs vs OCHA hubs



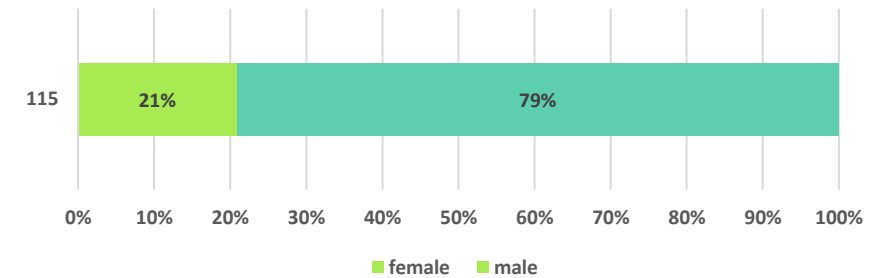
← more ocha hubs than health cluster → more than health cluster hubs than OYCHA hubs

number of sub national HCC



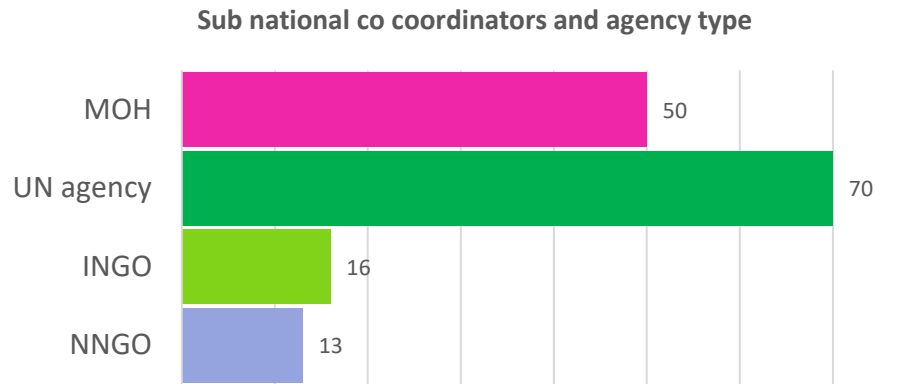
Total 115 SN HCCs for 120 sub national health clusters

Percentage of female SNHCC

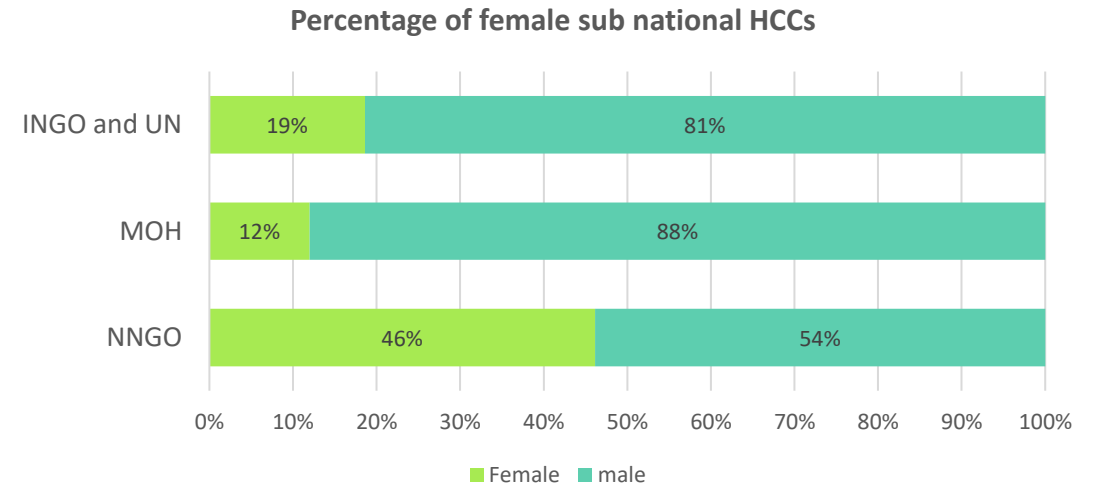


- A total 115 SN HCCs were reported to support 120 sub national health clusters
- 66% (76) were with part time / double hatting staff
- On 21% of SN HCCs were female

Subnational Coordination

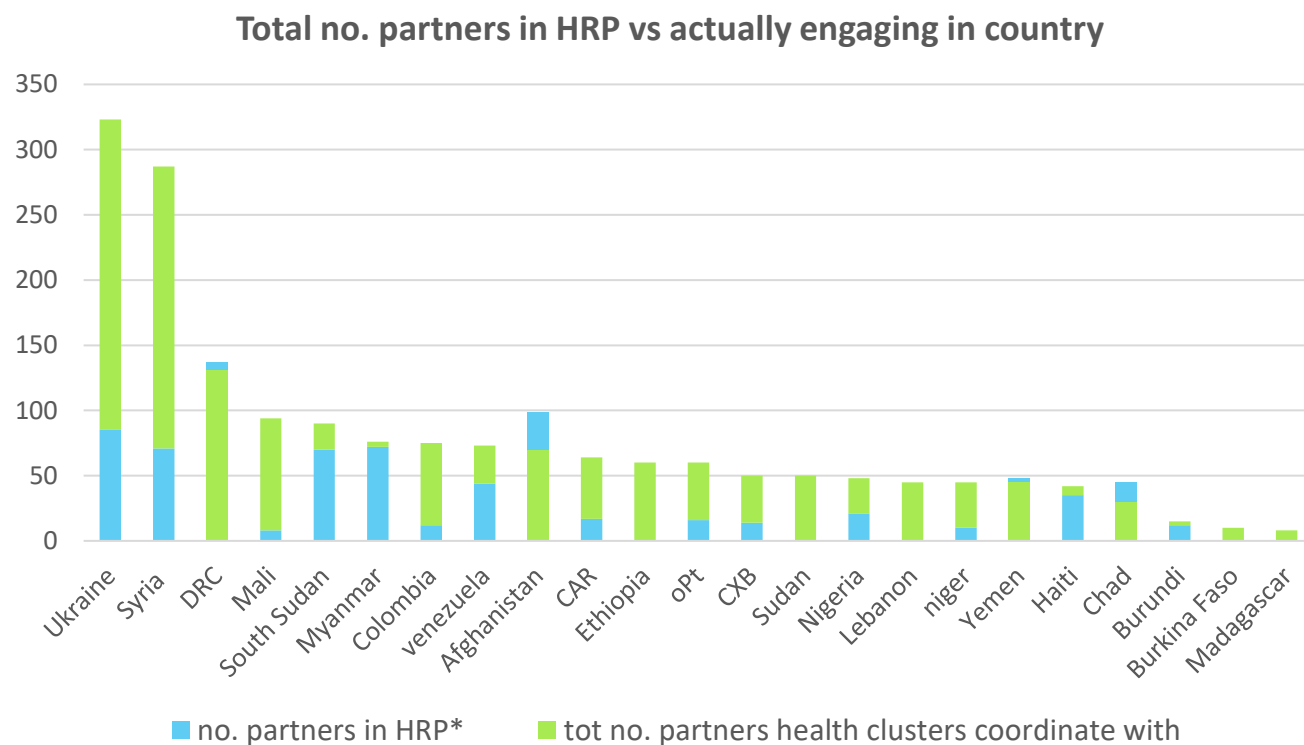


- There were a total of **235 sub national co coordinators** reported
- Of which 29.7% (70) were from UN agencies (including WHO)
- **21% (50) were from MoH, with only 5% (13) coming from National NGOs**
- This was however comparable to that of INGOs



- **Interestingly 46% of Co chairs from National NGOs were female.** Much higher than any other agency
- (note however gender disaggregation for INGO and UN agencies were combined to facilitate an easy survey questionnaire)

National NGO representation in Humanitarian Response Plans



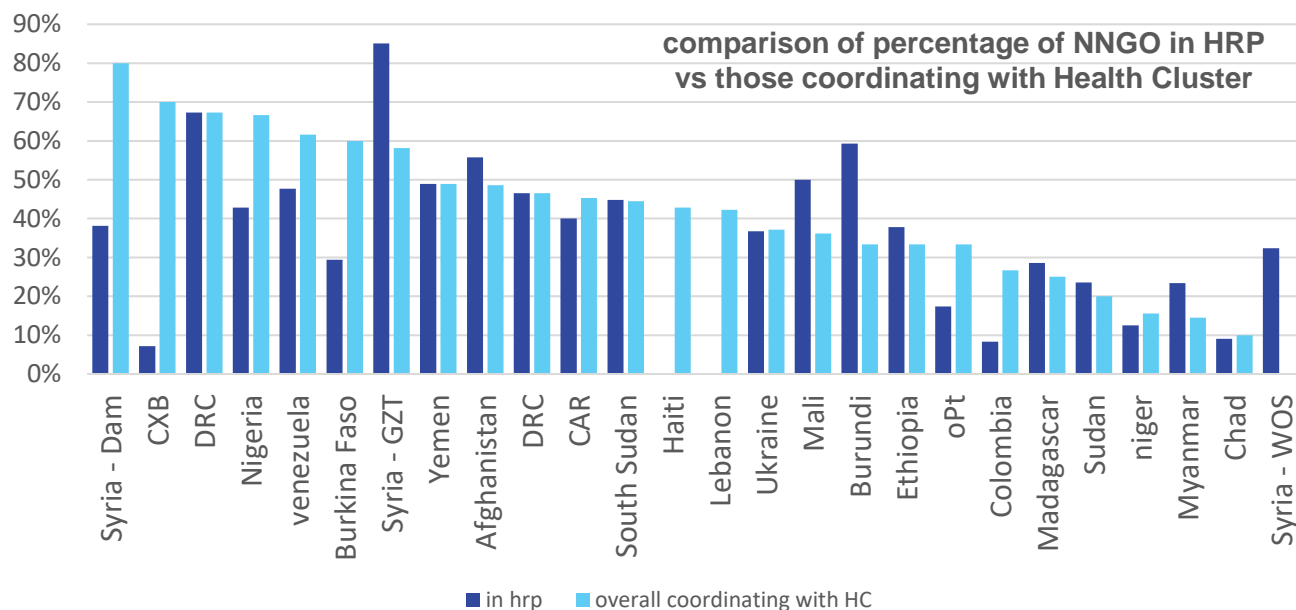
- As known Health Clusters coordinate with many actors including those who do not submit projects into the HRP
- Across all clusters there are **763** partners who have submitted projects into the HRP, but health clusters coordinate with **1791** partners

Total partners in HRP 763

Total partners coordinate with 1791

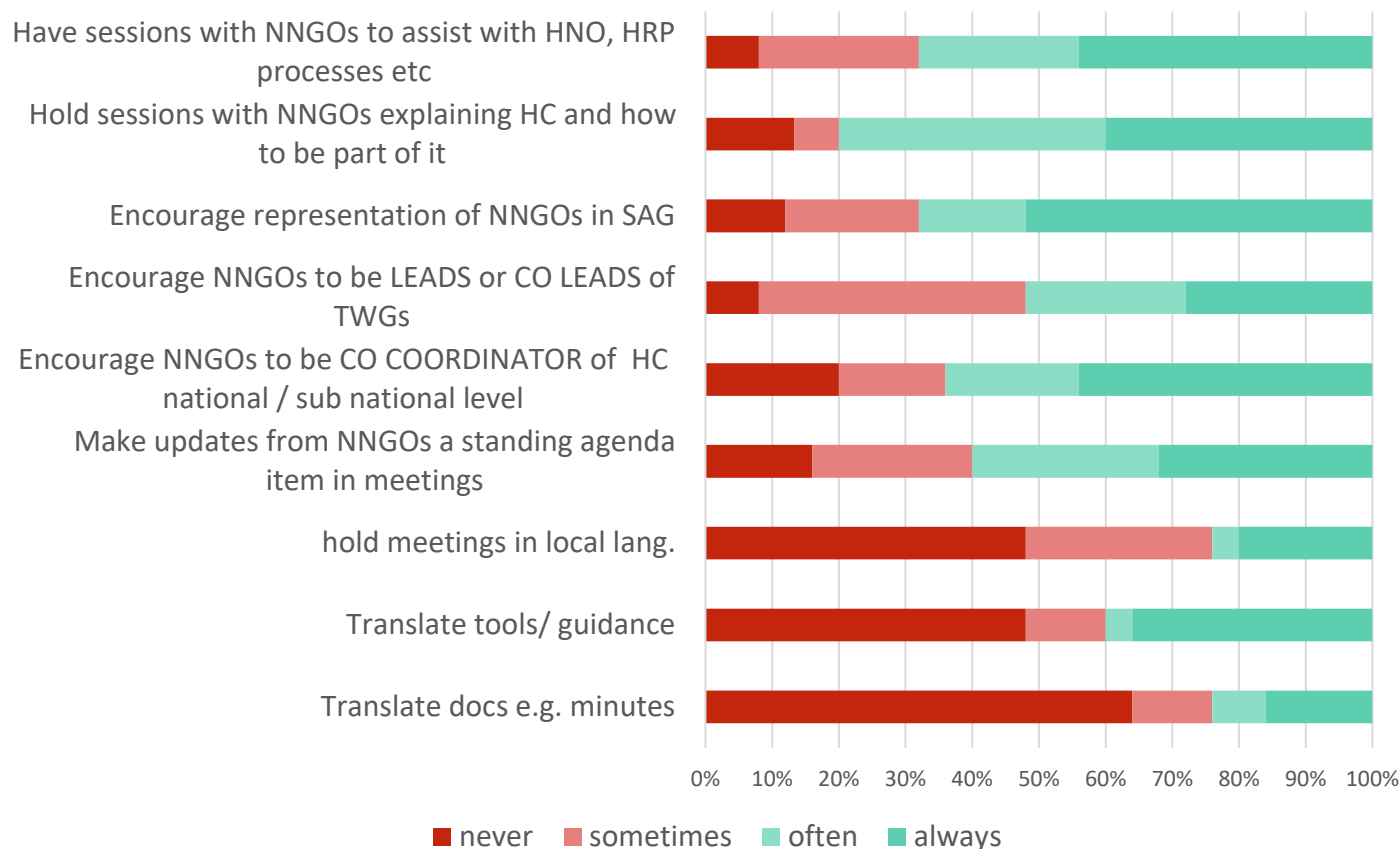
National NGO representation in Humanitarian Health Response

Total partners in HRP 763 of which 350 are NNGO 45%
Total partners coordinate with 1791 of 870 are NNGO 48%



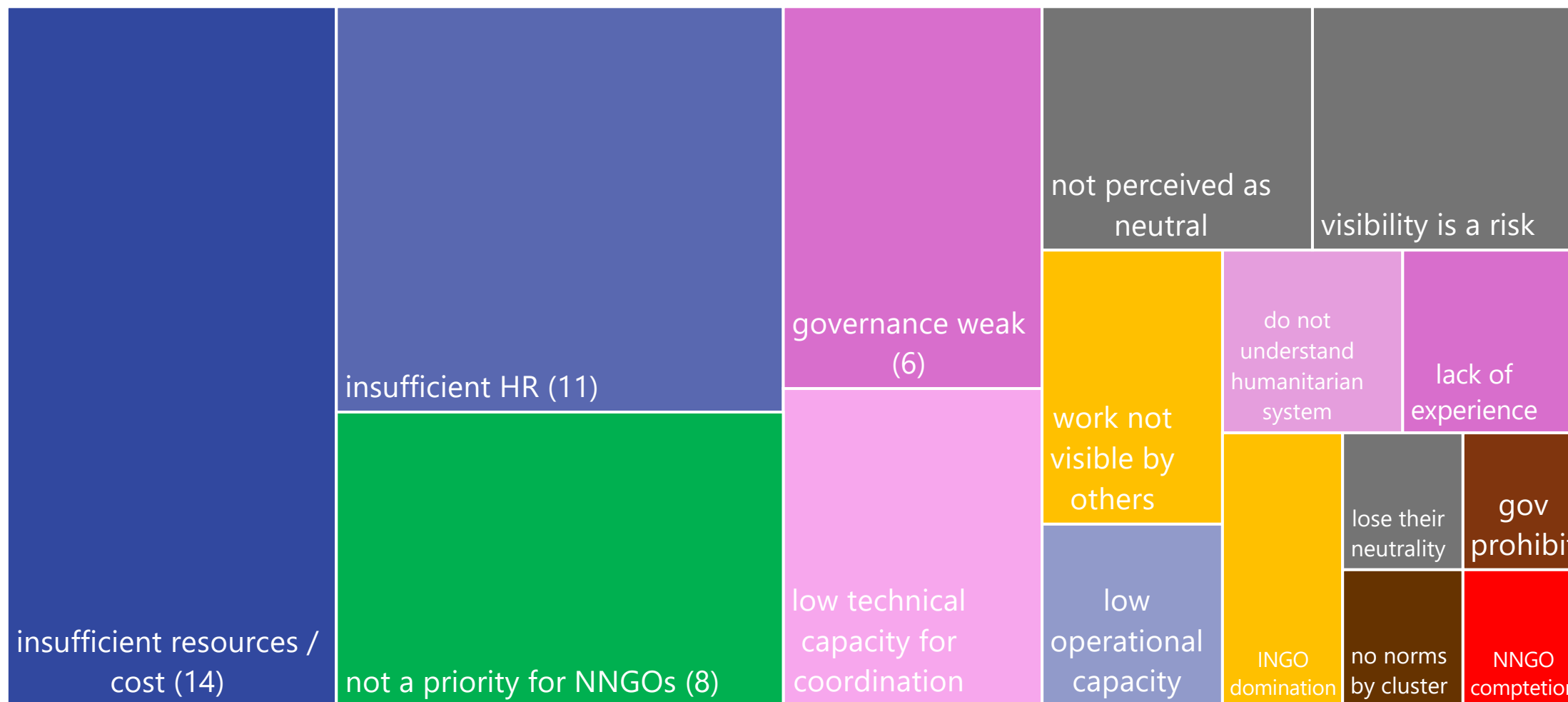
- Interestingly overall there is no large difference between the % of NNGO with submissions in the HRP compared to overall (approximately 45%)
- However examining the percentage difference by cluster we see some interesting differences
 - E.g. Syria Damascus, Cox's Bazar, Nigeria, oPt, Colombia have a far higher percentage of NGOs coordinating with the health cluster, not in the HRP
 - Whereas DRC, NW Syria Gazientep Burundi have lower

Strategies for encouraging leadership, representation and participation of NNGOs



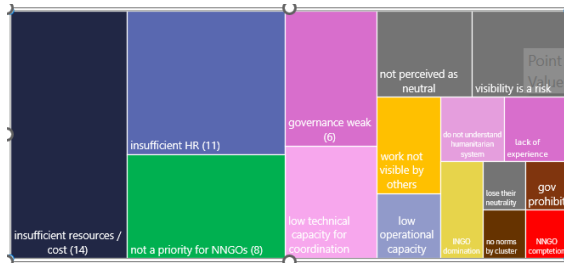
- Overall, Health Clusters reported a variety of approaches were being used to engage local and national actors to encourage their leadership, representation and participation
- It is seen however meetings are generally not conducted in local language nor are they translated

Barriers for leadership, representation and participation of NNGOs



Word Cloud chart to show barriers cited for leadership, representation and participation of NNGOs

Barriers for leadership, representation and participation of NNGOs



See on previous slide

- The most commonly cited barrier was due to **insufficient resources** (27, and in pink)
 - Lack of funding to have a dedicated coordinator,
 - Lack of HR to provide a coordinator
 - as well as operational capacity
- Lack of technical expertise **technical capacities** were also cited (15)
 - do not understand humanitarian system
 - low technical capacity for coordination
 - insufficient experience

Humanitarian principles

Issues around humanitarian principles were also reported (9)

- NNGOs were not perceived as neutral
- But also NNGOs perceive *they* will lose their neutrality by leading in the health cluster

Other issues included

- Lack of visibility of their work, given they may only work in one place subnationally
- 'domination by INGOs'
- Government restrictions
- Not a set norm within the cluster

Importantly many HCC perceived that this

- **Was not a priority for NNGOs**

Good practice or strategies helpful to encourage leadership, representation and participation



Investing in resources for coordination including funding / HR was the most common reported strategy that could help **capacity building and training** included a variety of modalities including peer to peer support, mentoring

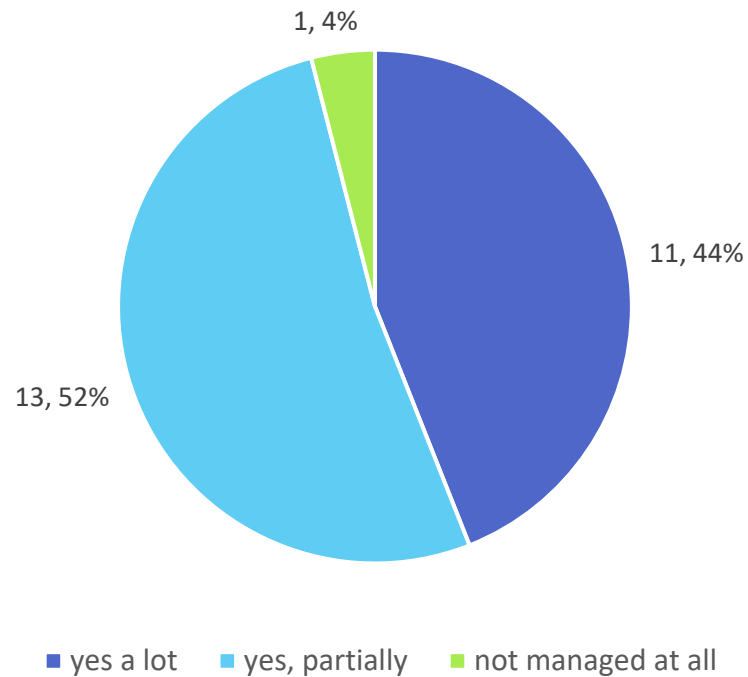
As well as specific training on leadership and coordination, governance, the humanitarian cluster system, humanitarian principles

Further more it was reported the health cluster had a role to engage, promote and give visibility to NNGOs

As well as roll out strategy for NNGO leadership
S

Partnerships by UN Agencies and INGOS with NNGOs

Do you think UN agencies and INGOS are succeeding in the collaboration with NNGO



Overall approximately half of respondents perceived that UN agencies and INGOS were succeeding in their efforts for partnerships with NNGOs

However 44% thought it was only partial

Partnerships by UN Agencies and INGOs with NNGOs

Barriers



Barriers most commonly cited were due to

- Weak program management
- Due diligence process were a challenge for NNGOs to be able to success

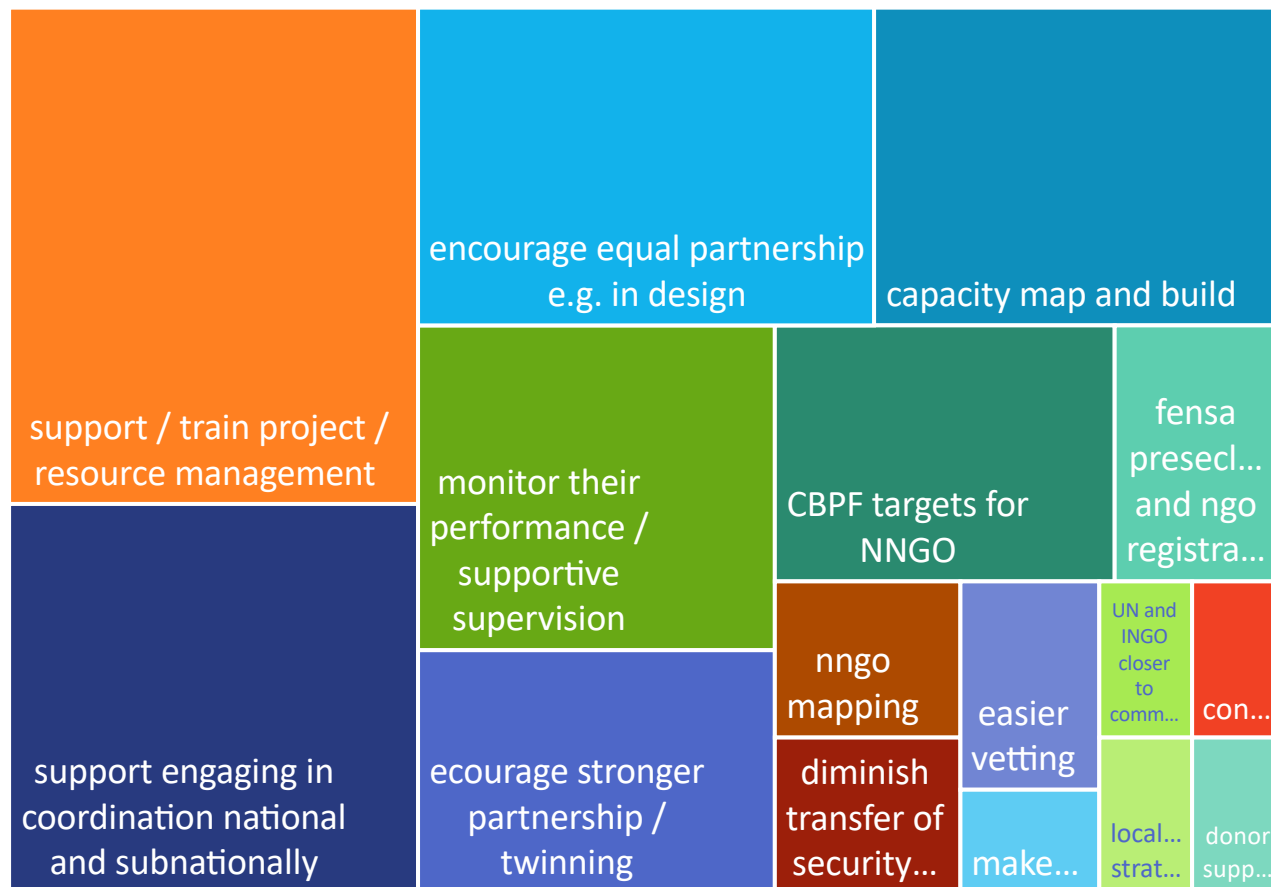
Interestingly **the lack of meaningful engagement of NNGOs** in partnership / collaboration design was cited

Other issues included

- Lack of trust in NNGOs

Partnerships by UN Agencies and INGOs with NNGOs

Good practice or suggested approaches



Good practice or approaches included

- **providing technical support** especially on
 - Resources management
 - Providing supportive supervision, performing joint assessments, and do performance management
 - Understanding learning / capacity needs
- Others included the role of the health cluster to
 - Support their engagement in national and subnational coordination
 - NGO mapping
- Importantly many cited the need to encourage equal partnership