

COVID-19 response in humanitarian settings

LESSONS LEARNT AND GOOD PRACTICES

Brief 2

Multisectoral Collaboration

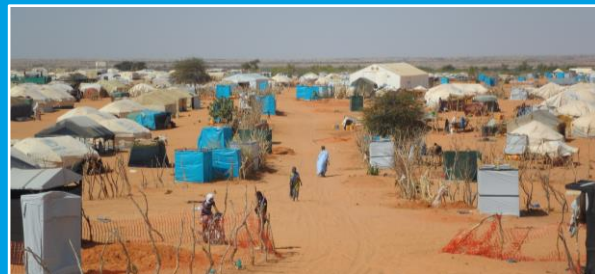


Photo: Helle Hering, Mbera Refugee Camp, Mauritania

Key findings from the study to examine multisectoral collaboration for COVID-19 response in humanitarian settings.

The SPRP and GHRP highlighted the need for multisectoral collaboration in humanitarian settings. The Health Clusters (HC) and Inter-Cluster Coordination Groups (ICCG) played a key role in initiating multisectoral response activities and increased engagement with non-traditional actors such as different ministries, law enforcement, the private sector and civil society.

Robust community protection and engagement mechanisms fostered multisectoral approaches for improved risk communication and community engagement (RCCE), community surveillance, building trust with communities.

The role of civil society, local partners, and community leaders was particularly important.

WHO, the Global Health Cluster (GHC) and country HCs were seen as pivotal in providing timely technical guidance and effective adaptation and dissemination to all partners.

A key factor driving multisectoral collaboration was the availability of COVID-19 specific funds and flexibility of funding.



Good practices from the field

Burkina Faso

The cluster system was activated shortly before the pandemic in Dec 2019. Government leadership was too heavy initially but was adjusted to the SPRP pillar approach, with an effective PHEOC (CORUS) as interface. A "crisis modifier" approach by donors (USAID, EU and World Bank) facilitated adaptations to humanitarian programming, allowing adjustments through simple communication with the donors.

Central African Republic

Ministerial engagement was positive but was seen to be politicized. Furthermore, early MoH leadership waned off quickly and by 2021 strategic direction and guidance was limited. This resulted in ineffective parallel coordination between the ICCG-led humanitarian and the government coordination. In April 2020 a COVID-19 TF was initiated by the Health and WASH Clusters, quickly being expanded to include protection, shelter and other clusters. The TF produced practical guidance and risk communication messages. This work was recognized and endorsed by the MoH. The scale of this TF declined however, and by August 2021 only the health and WASH clusters remained.

Iraq

The Iraq Humanitarian Fund (IHF) focused on integrated approaches, prioritising multi-sector proposals that promote partnerships between international and local NGOs (often via consortia). Pre-existing trust between clusters and the decentralized health authorities (DoH) in camp settings fostered multisectoral engagement. This led to the Health, WASH and CCCM cluster initiative to plan and construct flexible multi-use areas for outbreaks and pandemics in future site planning. Prepositioned stock of shelter materials, NFI, food and health supplies were made available and accessible to all actors during the initial period of supply shortages.

Mozambique

Multisectoral coordination and response plans existed from previous cyclone and cholera responses. The existing National Institute for Disaster Management, normally the main governmental interlocutor for coordinating humanitarian activities, did not play a main role in the COVID-19 response. Instead, the government set up technical WGs who interfaced with the Technical Advisory Team put in place by the humanitarian coordination group. This facilitated the development and alignment of the national SPRP and Multi-Sector Response Plan complementary to the HRP.

Key recommendations

The close collaboration between all clusters/ sectors, but especially health, protection, food security, shelter, CCCM, education and logistics are key achievements and lessons from the COVID-19 pandemic in humanitarian settings.

- Building multisectoral mechanisms and community-based approaches into preparedness and readiness planning must be a priority.
- Use existing integrated guidance and tools such as the Health Cluster Guide and JIAF for harmonised needs assessments and planning.
- Document and disseminate practical country and context specific lessons on the engagement of non-traditional partners in focus areas of RCCE (specifically communicating with communities (CWC) and accountability for affected populations (AAP) approaches).
- Adopt localisation strategies to empower local partners and community participation.
- Adjust programming and funding to reflect the integrated multisectoral nature of pandemic responses.

Links and Resources

- Study to examine multisectoral collaboration for COVID-19 response in humanitarian settings <https://healthcluster.who.int/publications/m/item/study-to-examine-multisectoral-collaboration-for-covid-19-response-in-humanitarian-settings>
- Global Health Cluster: Inter-Cluster / Sector Collaboration (ICSC) <https://healthcluster.who.int/our-work/inter-cluster-collaboration>
- Joint Operational Framework: Health and Protection <https://healthcluster.who.int/publications/m/item/health-and-protection-joint-operational-framework>