HNRP 2026

Standardizing Objectives, Activities, and Indicators

Meeting with Health Cluster Coordination Teams

25 September 2025

Agenda

1. A reminder on JIAF: 2026 Updates
2. Going through the Health Cluster Menu of objectives, activities, indicators
    - Playing with the tool
3. Activity Based Costing
    - A brief intro

Decoding JIAF 2.0

A reminder on essentials for the Health Cluster Teams
2025 - 2026

What is JIAF 2.0?

1. The Joint Cross-Sector Analysis Framework, JIAF 2.0, is the global standard methodology for the estimation and analysis of humanitarian needs and risks.
2. It emerged from the commitments of the 2016 Grand Humanitarian Compact as a response to the need for a more coherent and transparent approach to needs assessment.
3. As an evolution of JIAF 1,0 its predecessor, JIAF 2.0 is more flexible and adaptable to local contexts.
4. Its main value is its people-centered approach, which analyzes the coexistence and intersection of diverse needs to better understand how they interact.
5. This is achieved through a combination of quantitative and qualitative methods, including participatory and consensus processes.
6. In addition, JIAF 2.0 seeks greater interoperability between sectoral analyses, aligning methodologies and Persons in Need (PiN) figures with common global standards

What is JIAF 2.0 for?

JIAF 2.0 (Joint Intersectoral Analysis Framework) produces core outputs that strengthen evidence-based humanitarian response:

- **People in Need (PiN)**: Estimates the *total number of people* requiring humanitarian assistance or protection, regardless of the sector.
- **Severity Analysis**: Measures the *intensity of needs* across areas and population groups, enabling targeted, localized response.
- **Cross-Sector Patterns**: Identifies *overlapping vulnerabilities* and geographical convergence of needs to improve coordinated action.
- **Core Input for HRPs**: Results feed directly into the **Humanitarian Needs Overview (HNO)** and guide the **Humanitarian Response Plan (HRP)**.

These outputs enable a more **coherent, prioritized, and coordinated** humanitarian response.

Who participates in the JIAF process?

JIAF is a collaborative effort that engages actors at all levels of the humanitarian system:

- **National Clusters & Partners**
  - Lead **sectoral analyses** and contribute evidence.
  - This should be **collaborative (not the HCC or IMO alone)**
  - Participants include:
    - Local/national authorities
    - NGOs & civil society
    - Donors and technical partners

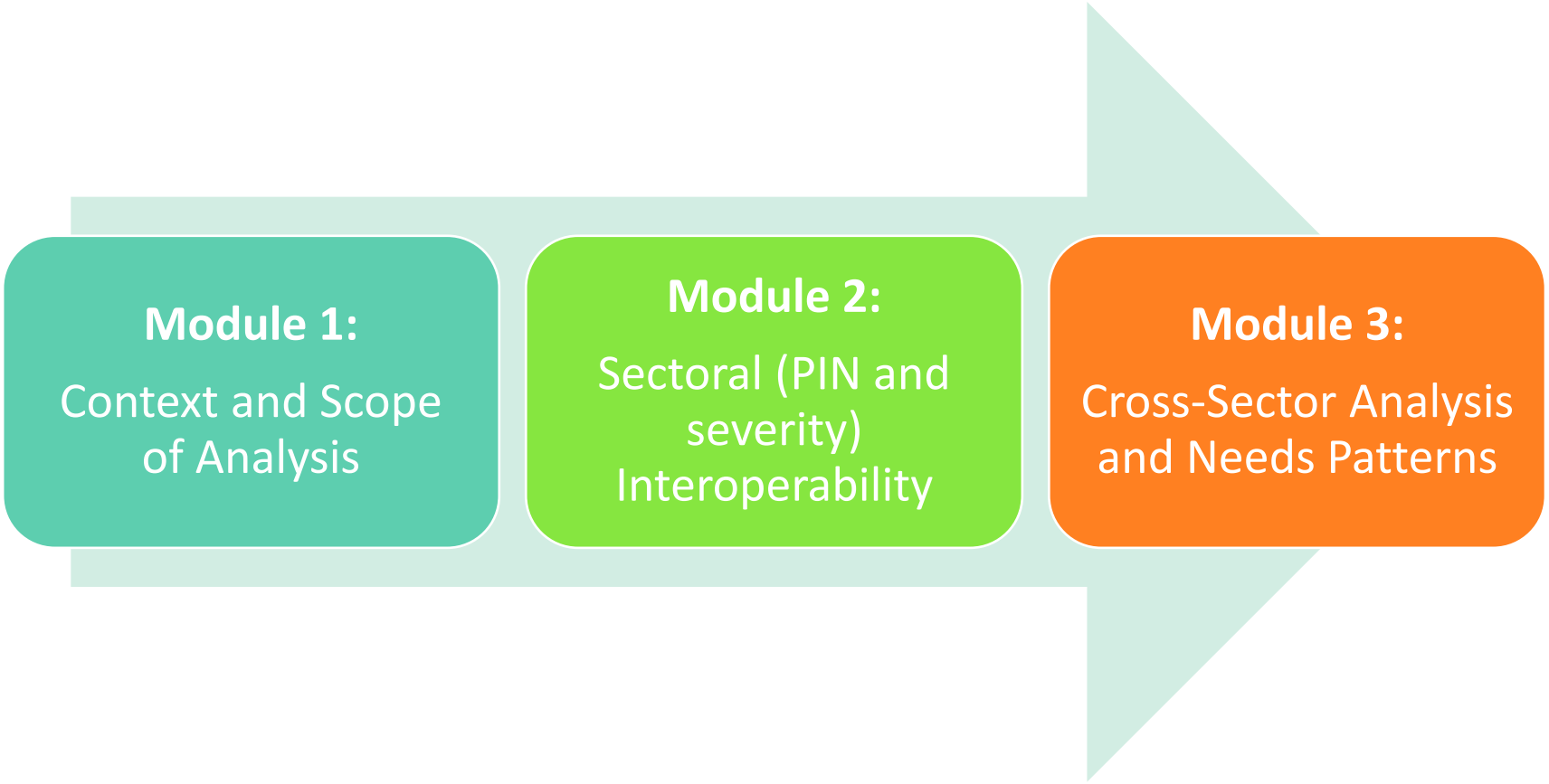
- **Global Clusters & AoRs**
  - **Co-develop and validate** the JIAF methodology with OCHA.
  - Provide **technical support**, guidance, and training.
  - The **Global Health Cluster (GHC)** supports national health cluster engagement.

- **OCHA (UN Office for Coordination)**
  - **Serves coordination** of the JIAF process at country level.
  - Prepares materials, **facilitates work sessions**, and ensures coherent cross-sectoral outputs.

Together, these actors ensure a **transparent, inclusive, and evidence-based analysis**.

How is JIAF 2.0 performed?

- JIAF 2.0 is implemented through a process of three interconnected modules that culminate in the analysis of humanitarian needs for annual planning.



Module 1: Context and Scope of Analysis

Process:

- This module defines the panorama of the crisis, including the factors that drive it and its impact on the population.
- The cluster teams, together with OCHA and other partners, discuss and agree on the definition of the crisis and the geographical and population scope of the analysis.

Role of the Health Coordinator:

- It is crucial to participate in these meetings to provide the perspective of the health sector on the key factors of the crisis and its impacts.

Essential Tips for Health Cluster Coordinator

- **Epidemics are now considered a shock** (see table below) i.e. outbreaks are considered to impact populations and increases their vulnerability of a population, which may compound and therefore need humanitarian assistance

- Health data by the **lowest admin area** will be requested. Note however that data such as EWARs or HMIS may be incomplete (e.g. in hard-to-reach areas) and therefore **expert judgement should be used. (i.e. convene SAG or group of technical experts**)

    - If not done there will be **over representation of easy to access** areas, Conflict, violence, coercion and deliberate deprivation

- **Deliberate deprivation on access to health** care or **attacks on health care**, should also be included as part of shock type 1
    - (see Joint Operational framework health and protection)
    - noting data sensitivities, and lack of public data at lower admin level

Module 2: Sectoral PIN, severity and Interoperability

Process

- In this phase, clusters determine their own PIN ensuring that their methodologies for estimating People in Need (PiN) and severity.
- These are ensured to be compatible with global JIAF standards.
- This facilitates a transparent comparison of PiN figures across different sectors.

Role of the Health Coordinator

- You must ensure that the methodologies used by your cluster are aligned with the JIAF guidelines
- clearly document any adaptations that have been made so that the analysis is transparent.
- The analysis **should not be the HCC and/or IMO alone, it should be collaborative at minimum with SAG / group of experts**

Essential Tips for Health Cluster Coordinator

- It is important to use GHC Indicators where possible at the lowest administrative level. Important health indicators are
    - Access to health facilities
    - Others such as
        - Immunization coverage
    - Risk of outbreak diseases
- **If these are not available** e.g. immunization coverage in hard-to-reach areas, risk of outbreaks then **expert judgement should be used (i.e. convene SAG or group of technical experts)**
- **Remember PIN and severity is about Health Risk and needs**
    - **Social determinants** contribute to health risk i.e. overcrowding, displacement, access to water, food security etc
    - Inputs from other clusters, data on IDPs, conflict areas, IPC etc are useful and therefore should be integrated

Module 3: Cross-Sector Analysis and Needs Patterns

Process:

- This module is the core of the joint analysis.
- Clusters, including health, come together to consolidate PiN figures, identify areas with the greatest severity of needs, and find patterns of needs and connections between different sectors.
- Validation workshops are an essential step in resolving flags and reaching a final consensus.

Role of the Health Coordinator:

- Your participation in these workshops is essential to validate and provide an expert vision on the PiN figures of the health sector.

- Discuss with other clusters the interaction between different needs, such as health with water – sanitation, nutrition, food security and protection.

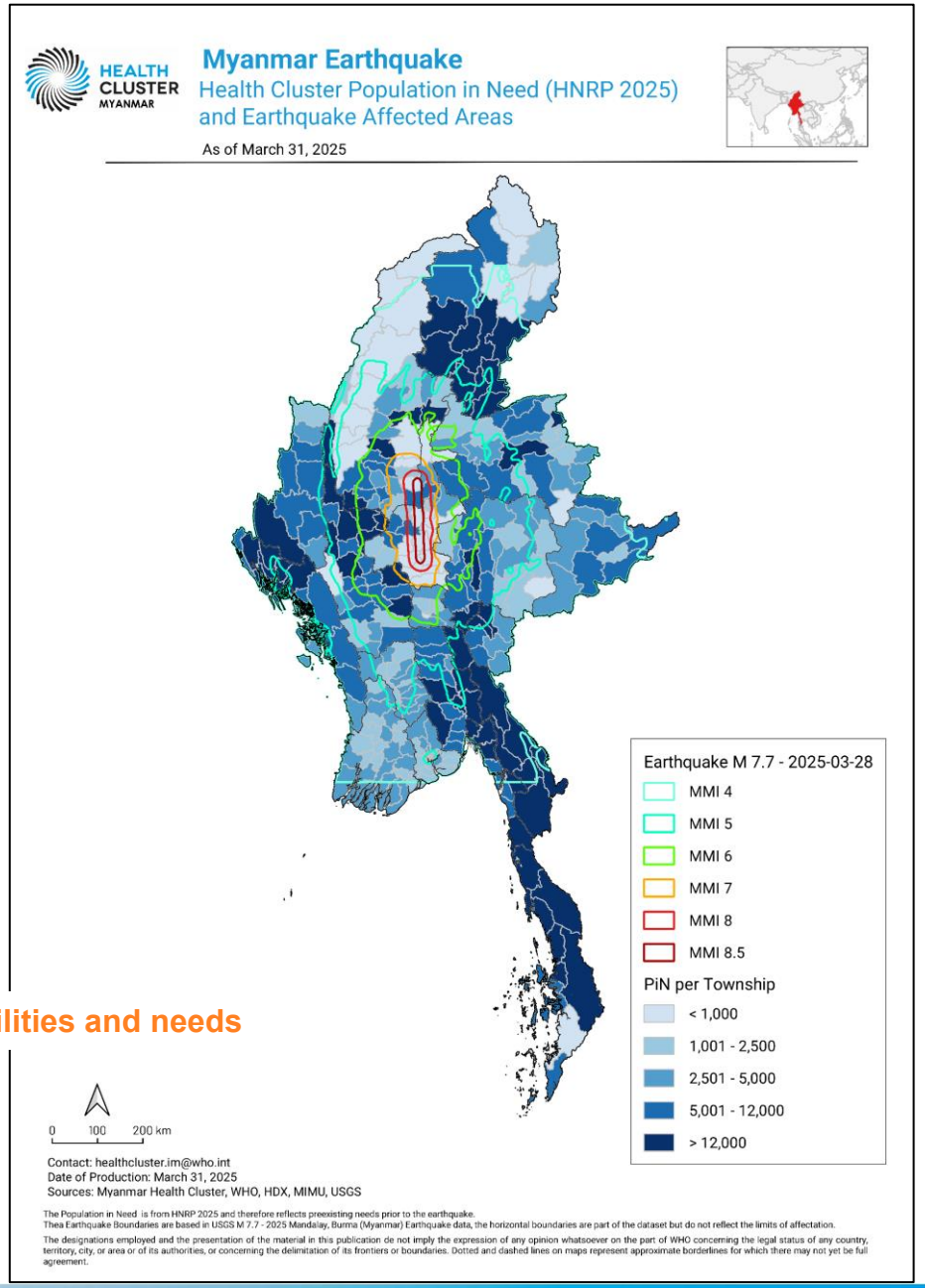
Essential Tip for Health Cluster Coordinator

- **Defend health**
- Take on board other cluster analysis

PIN and Severity drive response

All clusters should have a PIN and Severity map

- This the first product donors look at to understand needs
- Make sure Health Cluster makes its own maps on these
- Share them regularly e.g. keep pinned on landing page of response relief web, health cluster bulletins, integrated into 3W or 4W dashboards for easy analysis
- Subnational disaggregation is important e.g. non gov controlled areas, hard to reach areas
- We should not be scrambling for this in an acute crisis
- Should be readily available
- Note is always used in PHSAs



Pre – earthquake vulnerabilities and needs

The menu of objectives, activities and indicators

Why a menu of objectives, activities and indicators?

As Part of Humanitarian Reset

Lighter HPC process

(Some) coherence across countries

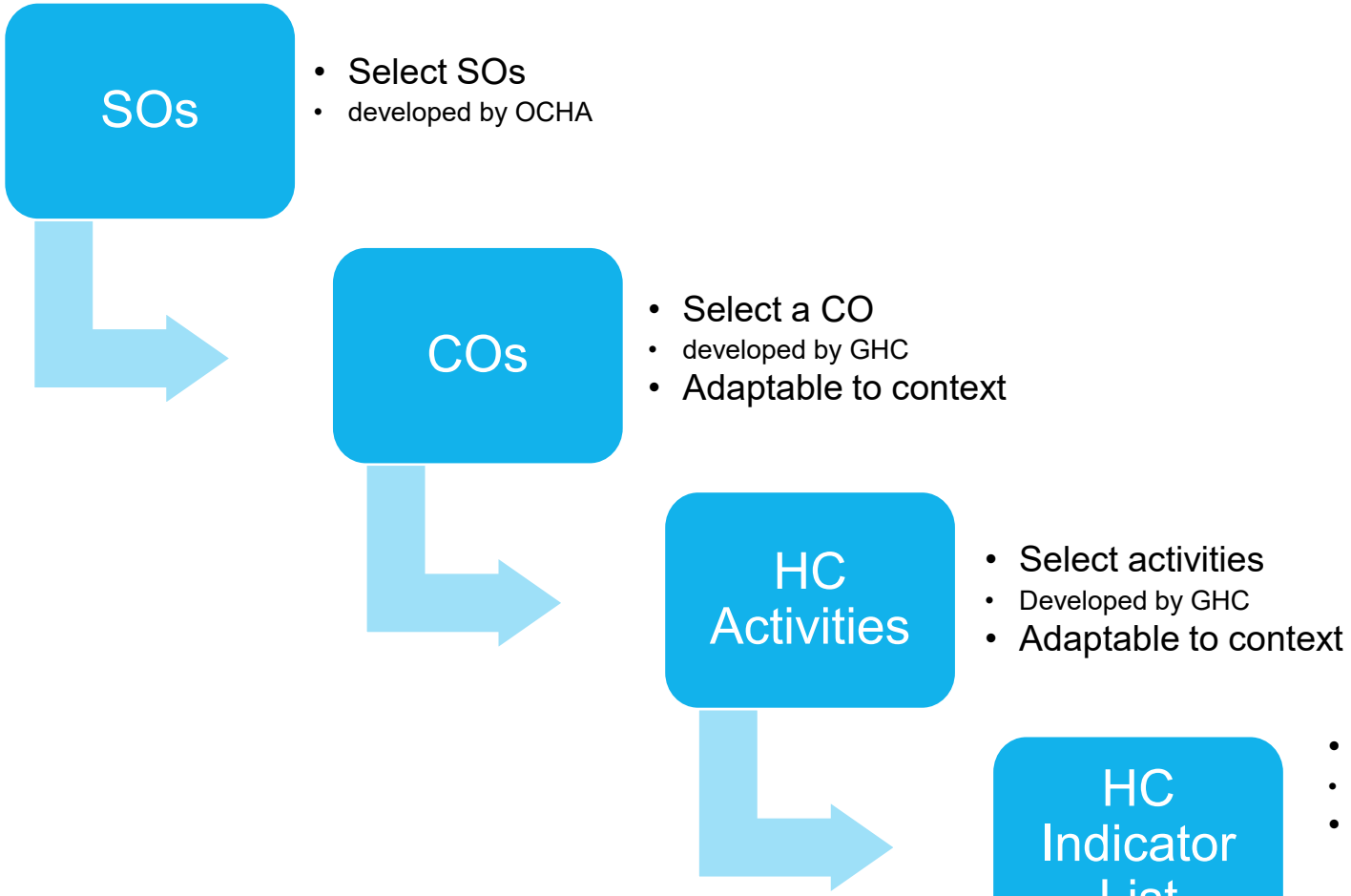
Can be adapted at country level

GHC is providing a menu / tool for you

OCHA has all GHC inputs and will send out their own tool for all clusters. However, OCHA template is different (and with limitations)

02 Health Cluster Menu

SO Strategic Objective
CO Health Cluster Objective
HC Health Cluster



List of Indicators:
2026 GHC Menu of objectives, activities and indicators

02.1 Strategic Objectives (SOs)

OCHA's Proposition of SO

76 HNRPs across 26 countries 2022 to 2025 reviewed by OCHA.

3 SOs proposed in the menu

SO1 – Saving lives and alleviating suffering

SO2 – Protecting safety and rights

SO3 – Sustaining lives and livelihoods

Yes… it is this vague

GHC Desktop review of SOs

18 HNRP in 2025 reviewed by GHC
54 SOs listed

Most common themes for SO

SO1 - Life saving (19)

SO3 - Protection (17)

- (P mainstreaming 15; P risks-6; international law / human right 3)

SO3 – multiple themes

- Basic services (14)
- Resilience / response to shocks (10)
- Anticipatory action (2)
- **Life sustaining or livelihoods (only 3)**

so be aware SO3 may change in country

02.2 Cluster Objectives (COs)

Development of COs

OCHA's Proposition

4 Health Cluster COs proposed
Reviewed by GHC

GHC Desktop review of 2025 COs

65 COs for health cluster in 18 HNRPs reviewed

CO contributed to SO themes:

- Life saving (41)
- Protection (5)
- Basic services (10)
- Anticipatory action (1)
- Resilience / response to shocks(8)

- Multiple COs can contribute to one SO
- Across clusters common to see same CO contributed to a different SO theme
  - e.g. outbreak preparedness contributes to
    - SO life saving or
    - SO basic services / preparedness

CO for menu developed for HNRP 2026

6 COs proposed
Also showing which SOs it can contribute to

Health Cluster action

Tends to be 3 broad overarching actions

Life saving health services

- Provision of services
- Supplies
- Coordination
- *And other things*

Outbreak and emergency preparedness and response

- Surveillance, testing, case management etc
- Health promotion, awareness
- Training HCW
- Prepositioning supplies
- *And other things*

Protection

- Attacks on health care monitoring (SSA) In 16 Health Clusters
- *And other things*

Lifesaving

SO1
Life saving

CO1
Life saving health services

Health services provided in humanitarian response

- Is it SO 1 lifesaving only?
- And /or does it contribute to (a potential) SO3 provision of basic services ?
- **'basic services'** are useful for other clusters e.g. education – which are not considered life saving

As such

- Health service delivery it is urgent **life saving** care **only i.e. SO1**
- It is **NOT** the National Package of Health Services
- It is a **subset**

- **Health Cluster life saving services is defined in H3**

H3 is a global reference package.
Eash cluster should review H3 with partners and adapt to make relevant for their settings (and to feed into national package)

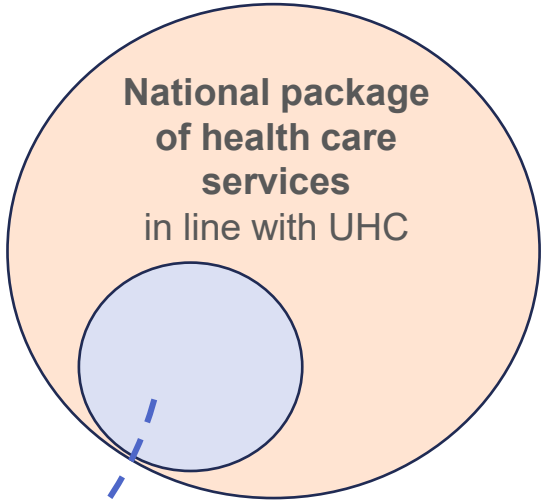
Population affected by crisis

Diverse groups with
Diverse needs

HEALTH CLUSTER

Humanitarian response must be urgent, life-saving care

i.e. a prioritized package of services
e.g. H3



H3 is a global reference package.
Eash cluster should review H3 with partners and adapt to make relevant for their settings (and to feed into national package)

Saving lives

SO1
Saving lives

CO1
Life saving health services

CO1
Provide **equitable access** to **life-saving health care** through a **minimum package** of **quality** services including maternal, child, adolescent, sexual and reproductive health (SRH) trauma care, care for survivors of violence and GBV, and mental health and psychosocial support (MHPSS), for **crisis-affected**, displaced, and **vulnerable populations**, while promoting the **participation of communities** and respecting cultural norms.

Key words (in blue) are essential
Protection is mainstreamed
- equity, quality, vulnerable populations, participation
- Services for vulnerable groups: e.g. women, children, survivors of GBV, MHPSS

AAP is clear
- minimum package, participation

Outbreaks, preparedness and response

SO1
Life saving

SO…3..(?)
Resilience / shocks

CO2 and CO3
Preparedness and response to outbreaks and emergencies

Can be life saving, or for supporting resilience
Less linked to 'life sustaining'
So up to you as to which SO it contributes to

CO2 is health system perspective,
CO3 is affected population perspective.
Choose which every makes sense for your context
GHC prefers CO3 !

CO2
Enhance **institutional and operational capacity** of the health system to **equitably** prepare, prevent, detect, and rapidly respond to epidemics and emergencies **supporting community resilience** in crisis affected areas.

CO3
Strengthen community resilience and capacities to prepare for, prevent, detect and respond to outbreaks and health emergencies, ensuring **equity** with the inclusion of **underserved areas** and **vulnerable populations**.

Key words (in blue) are essential
Protection is mainstreamed
- equity, quality, vulnerable populations, community
- Underserved areas (learning from COVID 19)

Addresses ability to respond to shocks

Protection

SOs on protection tend to be on 3 broad areas

Protection is anything to do with human rights

See IASC Protection Policy

SO2
Protection mainstreaming

SO2
Protection risks

SO2
Upholding international human rights law, international humanitarian law

The next few slides will show how health cluster already contributes to these SOs, and then will show recommended COs to use for the health cluster

Protection

SO2
Protection mainstreaming

Equity,

- all parts of the population will be reached including vulnerable groups i.e. including women, girls, children, older people, people with disabilities, people suffering mental health issues

Accountability to affected populations

- Listen to them, allow them to participate and co create programs, allow to feedback and with them adjust programming

Do no harm

Ensure they attain their full rights

Recover from harm

Population affected by crisis

Diverse groups with Diverse needs

Health actions

Services for all vulnerable groups

- SRH, survivors of GBV, MHPSS, NCD etc

Equitable and safe access to health care

- Barrier assessments with communities
- Addressing barriers of each group
- Delivering mobile clinics or mechanisms to reach underserved areas or those who cannot access care

AAP

- Community assessments including understanding barriers, priorities etc
- Co creation of programs
- Joint monitoring and feedback mechanisms on care provided

Quality health care safe, people centred, equitable, timely, efficient, effective

Help attain full rights

- Minimum package of health services (the **right to know what services they are entitled to**)
- Intersectoral referral, the right to receive care from all sectors

Protection

SO2
Protection risks

Protection is anything to do with human rights
A **protection risk** is anything that **risks** someone attaining their full **human rights**
It could be a big awful thing, It could be minor

Within IASC 'big' risks are focused on, especially those where there is **actual or potential exposure of the affected population to violence, coercion, or deliberate deprivation**

i.e. a human activity that causes harm

The harm may negatively affect
the **physical or mental integrity of persons,**
their **material safety** and/or **violate their rights.**

The human activity may be a
direct act, measure or policy,
but it may include as well as **situations of inaction** by duty-bearers.

Protection Risks the Protection Cluster focuses on

1. Abduction, arbitrary or unlawful arrest and/or detention
2. **Attacks on civilians, civilian objects**
3. Child and forced family separation
4. Child, early or forced marriage
5. Discrimination and stigmatization, **denial of resources,** opportunities, **services** and/or humanitarian access
6. Disinformation and denial of access to information
7. Forced recruitment and children in armed forces and groups
8. **Gender-based violence**
9. Impediments to access legal identity / remedies/ justice
10. Presence of Mine and other **explosive ordnance**
11. **Psychological/emotional abuse** or inflicted distress
12. Theft, extortion, forced /destruction of personal property
13. Torture or cruel, inhuman, degrading treatment or punishment
14. Trafficking in persons, slavery-like practices
15. restrictions to freedom of movement, siege &forced displacement

Areas already addressed by or relevant to health are in orange *See GPC explanatory note*

Protection

SO2
Protection risks

Health activities to address protection risks

Responsive action
Aims to prevent or alleviate immediate effects

e.g. for health

CMR, MH, medevac, treatment of mine injuries
Intersectoral referral : to protection actors for MHPSS, Child protection, GBV actors for case management and legal services

Monitoring attacks on health care
Deconfliction of health facilities in conflict

Remedial action
Restoring dignified living condition

e.g. for health

education in health centres to prevent stigmatization of GBV survivors

Environment building
Create environment to respect for the rights of individuals

e.g. for health

Promoting human rights, humanitarian principles across partners,
Develop joint operating notes for cluster, promote neutrality in health facilities,

See IASC Protection Policy

Decrease the threat
Focusing on those responsible for the protection risk, e.g. perpetrators, and those who can influence either group (change behaviour, thinking, making the threat costly)

e.g. for health

HCW training on SEAH and measures to address it

Decrease vulnerabilities
Adapting daily activities to reduce exposure to risk (time and location),
removal of barriers

e.g. for health

CHWs, mobile clinics, outreach, safe access to services, confidentiality

Strengthen capacities
strengthening community action

e.g. for health

community awareness on where to seek services

See GPC explanatory note

Protection

SO2
Upholding
international human rights law (IHRL), international humanitarian law (IHL)

IHL
- International Armed Conflict and Non-International armed conflict
- The right for the safe access to and provision of health care

IHRL
- Health is a human right

Health actions

Monitoring Attacks on health care
- Establish Monitoring mechanism (SSA)
- Currently in **16 clusters** (Afghanistan, Burkina Faso, CAR, DRC, Haiti, Lebanon, Mali, Myanmar, Nigeria, oPt, Somalia, South Sudan, Sudan, Syria, Ukraine, Yemen)

Monitoring equitable and safe access to health care
- Monitoring, sharing **disaggregated analysis in 1W, 2W/3W** on access to health care, and equitable service provision e.g in non gov controled areas
- This can be internal analysis! Shared with WR / HCT / GHC etc

Protection

Suggested CO for the different SO2 possibilities on protection
You may wish / need to merge COs if SO discusses multiple topics e.g. risks and international law
Note most health cluster activities are applicable to all protection COs

SO2
Protection mainstreaming

SO2
Protection risks

SO2
Upholding international human rights law, international humanitarian law

CO4
Protection mainstreaming

CO5
Protection risks

CO6
International Law IHRL, IHL

CO4
Ensure access to **safe, equitable** and **inclusive** health services including for older people, people with disabilities, those suffering mental health conditions, survivors of gender-based violence whilst ensuring **community participation and coordinated care across sectors**

CO5
Ensure **mitigation of protection risks** is integrated in all programming; provide **equitable** access to health care for vulnerable groups (including older people, those suffering mental health conditions, people with disabilities, and survivors of gender-based violence), to support the **full attainment of human rights**, including **coordinated care across sectors** while ensuring the full and **meaningful participation of communities** throughout the process

CO6
Enhance the protection of populations by **promoting adherence to international law**, including **International Humanitarian Law (IHL)** and **International Human Rights Law (IHRL)** through the provision of **quality, principled health assistance;** and **advocacy** for the right to life-saving health care and **protection of health care from attacks.**

Key words (in blue) are essential

Health Cluster Achievements indicators

Now to be considered as minimum indicators to collect

- Launched in 2023 as HC achievements based on indicators already being collected and GHC Registry Indicators
- Indicators reviewed for 2025 reporting
- Shared July 2025
- Clusters need to incorporate for HNRP 2026

What do we use HC Achievements Indicators for?

- High level advocacy
- Internally
- Externally

Briefing Note for DG and ERC Aug 2025

Briefing Note for UN GA September 2025

Briefing Note for IASC Deputies September 2025

etc

Health Cluster

Works with over **1500** partners

66% are local / national NGOs

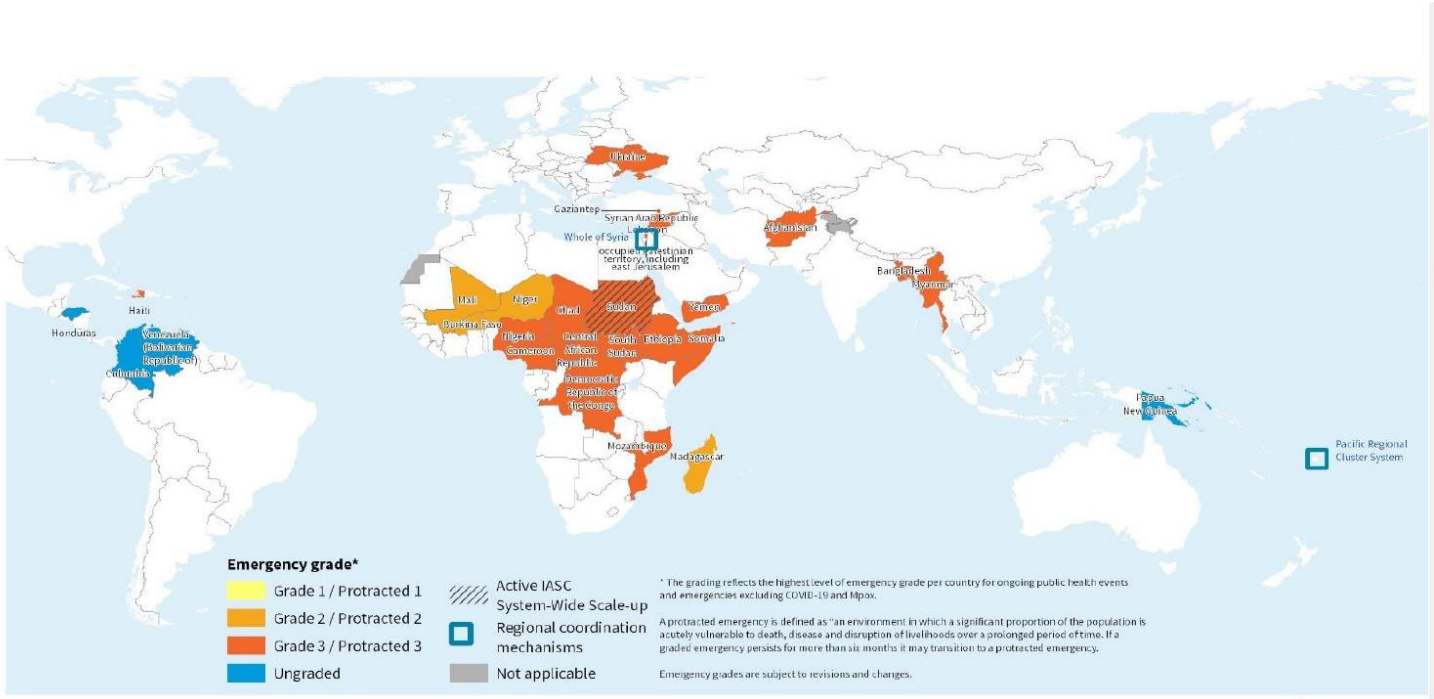
In 24 Settings

81M targeted
for health assistance

3.1 B USD funding request

0.683 B USD (21%) funded*

* As of 1 September 2025



Map to shown countries with health cluster and WHO grading as of June 2025

Presented in WHO Governance meetings e.g. SCHEPPR

Current impact of defunding on Health Cluster response

Prioritized health cluster response

in hyper-prioritized GHO 10 June 2025

165M People in Need

45M People targeted

45% reduction **(from 81M in Jan 2025)**

2.1B USD required

33% reduction **(from 3.2B in Jan 2025)**

Reduced health cluster action

As of 2 September 2025

5687 HF affected

of which 2038 HF suspended

53.3 M people affected

i.e. 65% of 81M people originally targeted to receive humanitarian health assistance

Humanitarian Coordination architecture rapidly evolving

Cluster simplification, merger, transition, deactivation

- Even beyond humanitarian reset priority countries as many countries review coordination

Presented in WHO Governance meetings e.g. SCHEPPR

Health Cluster Achievements, minimum data

Number of health facilities (and mobile clinics) supported is now a minimum

- Easiest measurement of reach **that makes sense to stakeholders**

Costing of HNRP will depend on number of health facilities also

- i.e. health cluster should be able to say
- **Health cluster needs**
  - **XXX USD to operate**
  - **XXX health facilities**

- (other costs e.g. for preparedness will of course be estimated separately)
- Further guidance on costing is being finalised with OCHA by beginning October

Number of Health Facilities supported

X

Number of mobile clinics

X

Number of consultations for

- PHC / OPD
- Mental health
- Trauma
- Disability related
- Maternal health
  Aggregated indicator of ANC, Skilled Delivery, C section
- Vaccinations
  Aggregated indicator of DTP3, Penta 3, MCV

Time to play with the tool

TONI !