

Health Cluster Guide

A practical guide for country-level
implementation of the Health Cluster

IASC

Inter-Agency Standing Committee

Global Health Cluster



World Health
Organization

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Provisional version – June 2009

The web-based version of the *Health Cluster Guide* is available for anyone with Internet access.

It will be in PDF format that will enable both immediate access via the Web to online reference documents cited within it through the hyperlinks, as well as printing, if needed, of the entire document.

The web-based guide will take users to the latest versions of any of the online reference documents or websites mentioned in the document.

This *Health Cluster Guide* can be found online at:

[http://www.who.int/hac/network/global health cluster/guide](http://www.who.int/hac/network/global_health_cluster/guide)

<http://onerresponse.info/GlobalClusters/Health>

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Request for feed back

This provisional version is intended to be used for extensive field testing during the second half of 2009 and first half of 2010, and feedback is sought from national health authorities and organizations providing health services in humanitarian crisis, especially those participating in health clusters or other health sector coordination groups at country and sub-national levels. Following a review process in the second half of 2010, a revised and up-dated edition of the *Guide* will be produced.

***Please send comments and suggestions
for improvements***
to the Global Health Cluster Secretariat at:
<healthcluster@who.int>
indicating “Feedback on health cluster guide”
in the subject line.

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◉ What you will find on the enclosed CD-ROM

- The electronic version of the Health Cluster Guide**
- The Health Cluster tools**
 - IRA (Initial Rapid Assessment Toolkit) that includes:
 - IRA Guidance notes for country level Health, Nutrition and WASH Cluster
 - IRA Assessment Form
 - IRA Aide Memoire
 - IRA Data Entry and Analysis Tool
 - HeRAMS (Health Resource Availability Mapping System) that includes:
 - HeRAMS Checklist (English and French Version)

- HeRAMS Excel Spreadsheet for Data Collection
- Darfur HeRAMS Case Study – Sudan, WHO, June 2008
- HeRAMS Guide and Data Entry Tool will be available online in September 2009

HiNTS (Health information and Nutrition Tracking System) that includes:

- HiNTS Guide (English and French Version)
- HiNTS Data Entry and Analysis Tool (English and French Version)

3. **Annexes to the Health Cluster Guide (as referred to and lettered in the text)**
 - A: Generic terms of reference for a sector/cluster lead at country level
 - B: Types and phases of assessment in a humanitarian crisis
 - C: General principles for all data collection activities – assessments, surveys and surveillance
 - D: Drawing up an assessment plan, schedule and budget
 - E: Stakeholder analysis
 - F: Priority cross-cutting concerns
 - G: Analysing response options; examples of negative effects
 - H: SPHERE standards (extracts from the health chapter)
4. **Relevant background documents (complete list of relevant documents on page 176)**

GOAL OF THE HEALTH SECTOR RESPONSE DURING HUMANITARIAN CRISES

To reduce avoidable mortality, morbidity and disability, and restore the delivery of, and equitable access to, preventive and curative health care as quickly as possible and in as sustainable a manner as possible.

EXPECTED HEALTH CLUSTER OUTPUTS

<ul style="list-style-type: none"> ✓ Functioning health sector coordinating mechanisms involving UN agencies, NGOs, CBOs, health authorities, donors, and community members, including between the centre and the field, and with other sectors/clusters ✓ Up-to-date mapping of health actors, available health services, and service delivery activities ✓ Up-to-date information on the health situation and needs is available to all stakeholders; regular situation reports/health bulletins 	<p><i>See chapter 2</i></p>
<ul style="list-style-type: none"> ✓ Initial rapid assessment and situation analysis, agreement on priority health problems and risks ✓ Regular joint situation updates based on monitoring of the situation and of the health services delivered 	<p><i>See chapters 3, 4</i></p>
<ul style="list-style-type: none"> ✓ A joint, regularly updated, health response strategy in the crisis, with clear priorities and objectives for addressing priority health problems, risks and gaps ✓ A joint contingency plan for response to future events that could impact on the populations' health or partners' response activities ✓ Distribution of responsibilities among partners based on capacities to deliver in the field 	<p><i>See chapter 5</i></p>
<ul style="list-style-type: none"> ✓ Agreed standards, protocols and guidelines for basic health care delivery, standard formats for reporting ✓ Training materials and opportunities available to all partners for upgrading skills and standards of service provision, as needed 	<p><i>See chapter 6</i></p>
<ul style="list-style-type: none"> ✓ Agreed health sector elements in joint appeals and CERF applications; agreed priorities for allocation of pooled resources ✓ A common advocacy strategy and plan 	<p><i>See chapter 7</i></p>
<ul style="list-style-type: none"> ✓ Joint field visits for monitoring; joint evaluations and lesson-learning 	<p><i>See chapter 8</i></p>

ABOUT THIS GUIDE

Its purpose

This Guide suggests how the Health Cluster lead agency, coordinator and partners can work together during a humanitarian crisis to achieve the aims of reducing avoidable mortality, morbidity and disability, and restoring the delivery of and equitable access to preventive and curative health care as quickly as possible.

It highlights key principles of humanitarian health action and how coordination and joint efforts among health sector actors working in partnership can increase the effectiveness and efficiency of health interventions. It draws on IASC and other documents but also includes lessons from field experience.

Although addressed to Health Cluster lead agencies, coordinators and partners, the guidance is equally valid for coordinators and members of health sector coordination groups that seek to achieve effective coordinated health action in countries where the Cluster Approach has not been formally adopted.

Throughout this Guide, health cluster may be taken as referring to “health cluster or sector coordination group”.

It should also be useful in cases where, at country level, it has been decided to combine health with nutrition in a single cluster or sector group.

This Guide is “generic” in that it should be useful in different humanitarian crisis contexts including sudden- and slow-onset crisis and protracted emergencies. It does not address all the specificities of the different contexts. After field testing during 2009 and first half of 2010, more guidance will be inserted in relation to different contexts.

Its structure

Chapter 1 explains the role of a health cluster at national and, where needed, sub-national levels, and suggests the principal actions that need to be taken during different phases of response. A table in section 1.2 sum-

marizes the main roles and functions of the health cluster coordinator (HCC), the country cluster lead agency (CLA), and cluster partners.

Chapter 2 outlines what needs to be done to establish and sustain an effective cluster while chapters 3 to 8 provide guidance in relation to the specific functions listed in section 1.2. Each chapter highlights the key principles, summarizes what needs to be done and considered, lists the tools and guidelines that are available, indicates the challenges likely to be faced, and provides practical hints and references for further guidance. The tools and guidelines referred to include, but are not limited to, those developed by the Global Health Cluster.¹

The annexes and additional documents on the accompanying CD-ROM provide essential complementary information.

Different bullets indicate different types of information or guidance:

- ✓ = principles; what needs to be kept in mind
- ☑ = action points; what needs to be done
- ☹ = what to avoid
- 📖 = reference documents; where to look for further guidance
- = components of the issue being discussed
- 🌐 = website address

¹ The “common gaps” boxes at the start chapters 2 to 8 are reproduced from *Gap guidance materials: assisting the health sector coordination mechanism to identify and fill gaps in the humanitarian response*, GHC, 2008. They present common gaps found in ten country case studies covering field operations during the period 2004 to 2007.

ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
BEmOC	Basic Emergency Obstetric Care
CAP	Consolidated Appeal Process (sometimes also [mis]used for Consolidated Appeal)
CAF	Country Assistance Framework
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention (Atlanta USA)
CEmOC	Comprehensive Emergency Obstetric Care
CERF	Central Emergency Response Fund
CHAP	Common Humanitarian Action Plan (component of a Consolidated Appeal document)
CHW	Community Health Worker
CLA	Cluster Lead Agency (at the country level)
CMAM	Case Management of Acute Malnutrition
CMR	Child Mortality Rate
EC	Emergency Contraception
EHO	Emergency Health Programme Officer
ERC	Emergency Relief Coordinator
EWARS	Early Warning and Response System
FTS	Financial Tracking Service (of OCHA)
GHC	Global Health Cluster
GIS	Geographic Information System
HC	Humanitarian Coordinator
HCC	Health Cluster Coordinator
HCSS	Humanitarian Coordination Support Section
HeRAMS	Health Resources Availability and Mapping System
HF	Health Facility
HIC	Humanitarian Information Centre
HINTS	Health Information and Nutrition Tracking System
HIS	Health Information System
HNTS	Health and Nutrition Tracking Service
IASC	Inter-Agency Standing Committee ²
ICCG	Inter-Cluster Coordinator Group

² The IASC includes: OCHA, UNICEF, UNHCR, WFP, UNDP, UNFPA, FAO and WHO. Standing invitees are ICRC, IFRC, IOM, ICVA (International Council of Voluntary Agencies), Inter-Action, SCHR (Steering Committee for Humanitarian Response), RSGIDP (the Representative of the Secretary-General on Internally Displaced Persons), UNHCHR and the World Bank.

IFRC	International Federation of Red Cross and Red Crescent Societies
iHeRAMS	Initial Health Resources Availability and Mapping System
IM	Information Management
IOM	International Office of Migration
IRA	Initial Rapid Assessment
INGO	International NGO
JAM	Joint Assessment Mission
KI	Key Informant
MCOD	Minimum Common Operational Dataset
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals
MDTF	Multi Donor Trust Fund
MHPSS	Mental Health and Psycho-Social Services
MISP	Minimum Initial Service Package (for reproductive health)
MoH	Ministry of Health
MYR	Mid-Year Review (of a consolidated appeal)
NAF	Needs Analysis Framework (for preparing a CHAP)
NGO	Non-Governmental Organization
NNGO	National NGO
OCHA	UN Office for the Coordination of Humanitarian Affairs
OPD	Outpatient Department
PCNA	Post Conflict Needs Assessments
PDNA	Post Disaster Needs Assessments
PMTCT	Prevention of Mother to Child Transmission
POLR	Provision Of Last Resort
RC	Regional Coordinator
RH	Reproductive Health
RTE	Real-Time Evaluation
SADD	Sex- and Age-Disaggregated Data
SAM	Severe Acute Malnutrition
SGBV	Sexual and other forms of Gender-Based Violence
ToR	Terms of Reference
UNDAC	United Nations Disaster Assessment and Coordination
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund

USAID	United States Agency for International Development
U5MR	Under 5 Mortality Rate
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
3W	Who is Where doing What (originally: Who is doing What, Where)
4W	Who is Where, When, doing What