

Terms of Reference for Health Cluster Coordinator (HCC)

Background

The cluster approach has been introduced as a part of “humanitarian reform” aimed at improving the effectiveness of humanitarian response by ensuring greater predictability and accountability, while at the same time strengthening partnerships between NGOs, international organizations, the International Red Cross and Red Crescent Movement and UN agencies. The other, complementary elements of the reform are: strengthening the humanitarian coordinator (HC) system; and improving humanitarian financing. The aim of a country-level Health Cluster is to ensure a more coherent and effective humanitarian response by all international, national and local actors operating in the health sector in areas affected by crisis.

Overall role of the HCC

The Health Cluster Coordinator will ensure the good performance of the country Health Cluster, promoting and upholding the Humanitarian Principles and the Principles of Partnership. The country Health Cluster performance, in turn, will be monitored and evaluated according to the extent by which the activities and programmes of the cluster partners meet the health needs of the crisis-affected populations.

The structure of the health cluster at country level

The lead agencies of country clusters are designated by the HC in consultation with the Humanitarian Country Team (HCT), and submitted to the Emergency Relief Coordinator for final endorsement in consultation with the lead agencies of the 11 Global Clusters.

The Country Representative of the designated health cluster's lead agency, while maintaining the reporting lines of her/his own organization, reports and is accountable to the HC for what pertains the responsibilities and functions outlined by the document: *"Generic ToRs of the Cluster Lead Agencies at country level"*. This includes ensuring that views and plans of the health cluster partners reach and are considered by the HC and the IASC country team

The Health Cluster Coordinator reports, and is responsible to, the Country Representative of the health cluster's lead agency in all cases, even if s/he is a staff member of a partner agency on secondment or loan.

Depending on the nature and extent of the crisis, the country's context, the structure of the overall international humanitarian response, and the operational capacities of the health cluster's members, peripheral health hubs with designated zonal health cluster focal point agencies may need to be set up to better respond to the needs of the affected populations.

Summary of duties

1. Identify and make contact with health sector stakeholders and existing coordination mechanism, including national health authorities, national and international organizations and civil society.
2. Hold regular coordination meetings with country health cluster partners, building when possible on existing health sector coordination fora.
3. Collect information from all partners on Who's Where, since and until When, doing What, and regularly feed the database managed by OCHA (4W). Provide consolidated feedback to all partners and the other clusters.
4. Assess and monitor the availability of health services in the crisis areas provided by all health actors using GHC tool: Health Resources Availability Mapping System (HeRAMS).
5. Ensure that humanitarian health needs are identified by planning and coordinating joint, inter-cluster, initial rapid assessments adapting to the local context the IRA tool, as well as follow-on more in-depth health sub-sector assessments, as needed.
6. Mobilize Health Cluster Partners to contribute to establishing and maintaining an appropriate Early Warning and Response System, and regularly report on health services delivered to the affected population and the situation in the areas where they work.

7. Lead and contribute to the joint health cluster analysis of health-sector information and data (see points 3, 4, 5 and 6) leading to joint identification of gaps in the health sector response and agreement on priorities to inform the development (or adaptation) of a health crisis response strategy.
8. Inform the CLA Representative of priority gaps that can not be covered by any health cluster partner and require CLA action as provider of last resort.
9. Ensure partners' active contribution to and involvement in joint monitoring of individual and common plans of action for health interventions; collate and disseminate this and other information related to the health sector in Cluster sit-reps and/or regular Health Bulletins.
10. Represent the Health Cluster in inter-cluster coordination mechanisms at country/field level, contribute to jointly identifying critical issues that require multisectoral responses, and plan the relevant synergistic interventions with the other clusters concerned.
11. Lead joint Health Cluster contingency planning for potential new events or set-backs, when required.
12. Provide leadership and strategic direction to Health Cluster Members in the development of the health sector components of FLASH Appeal, CHAP, CAP and CERF proposals and other interagency planning and funding documents.
13. Promote adherence of standards and best practices by all health cluster partners taking into account the need for local adaptation. Promote use of the Health Cluster Guide to ensure the application of common approaches, tools and standards.
14. Identify urgent training needs in relation to technical standards and protocols for the delivery of key health services to ensure their adoption and uniform application by all Health Cluster partners. Coordinate the dissemination of key technical materials and the organization of essential workshops or in-service training.
15. In a protracted crisis or health sector recovery context, ensure appropriate links among humanitarian actions and longer-term health sector plans, incorporating the concept of 'building back better' and specific risk reduction measures.

Qualifications

Education: Essential: Degree in medicine and/or Public Health.

Experience: Essential: Minimum of 6 years international field experience, of which at least 3 in managing and coordinating health programs in chronic and acute, sudden-onset emergencies.

Skills:

Competencies

- Ability to prioritize, organize, manage and adapt management style according to need;
- Excellent communication and negotiation skills and ability to convene stakeholders and facilitate a policy process among UN, NGOs, national health authorities and donors;
- Producing results;
- Fostering integration and teamwork;

Functional Skills

- In-depth knowledge of emergency relief policies and practices within the UN, other UN Specialized Agencies, donor agencies, national and international NGOs;
- Sound knowledge and experience about national disaster prevention and preparedness programs;

Languages:

- Essential: Excellent knowledge of written and spoken English, French or Spanish (as appropriate);
- Desirable: Working knowledge of a second international/UN and/or local language.