HEALTH CLUSTER COORDINATION

Experiences and challenges in protracted crises

DIHAD
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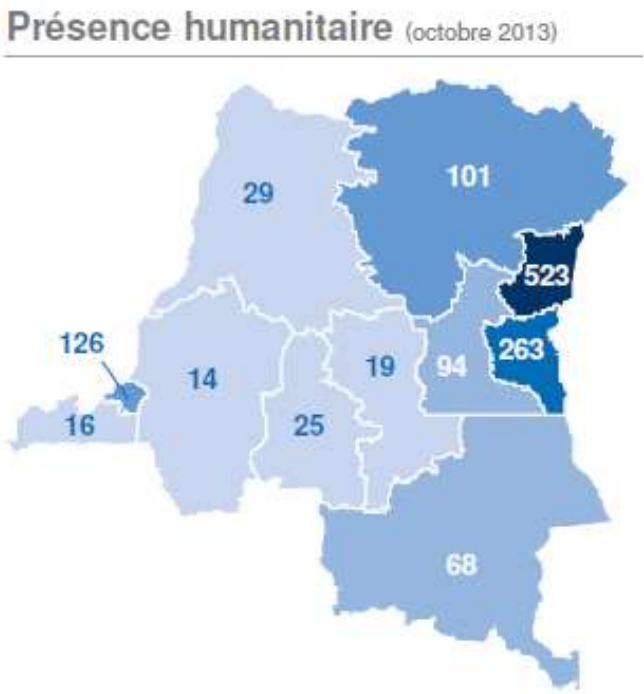
WHO

Health cluster coordination stakeholders

- Health Cluster
  - WHO lead agency
  - Ministry of Health
  - UNFPA, UNICEF, WHO
  - National NGOs
  - International NGOs
  - Civil Society organisations
  - Working groups and Task Forces



- Other clusters (8 clusters activated)
- Provincial coordination committees and HCT
- OCHA
- MONUSCO – Civil Affairs (SGBV, “health camps”)
- Development donors group
- Common Humanitarian Fund/Pooled Fund Secretariat and focal points in provinces
- Civil Protection North Kivu
- Contingency Planning Response structure in case of national emergency

Coordination – what do we actually do?

- Strategic Leadership for emergency health response
- Advocacy and Alerts
- Strategic Planning – Humanitarian Action Plan
- Direct contact with health cluster partners
  - Capacity Building to health cluster members (Gender Marker, Needs Assessments)
- Informing Humanitarian Country Team and Provincial Inter-Agency Coordination decisions
- Information Management and the « Who does What Where »

Coordination – What do we actually do?

- Field visits (assessments and monitoring)
- Resource Mobilization
- Coordination with Development Partners and Donors
- Health Cluster Bulletin - Reporting
- Technical revision of projects for Common Humanitarian Fund applications
- Support to sub-national cluster coordination
- Adaptation of global IASC and cluster tools to country requirements
- Cluster Performance Monitoring

CLUSTER SANTÉ

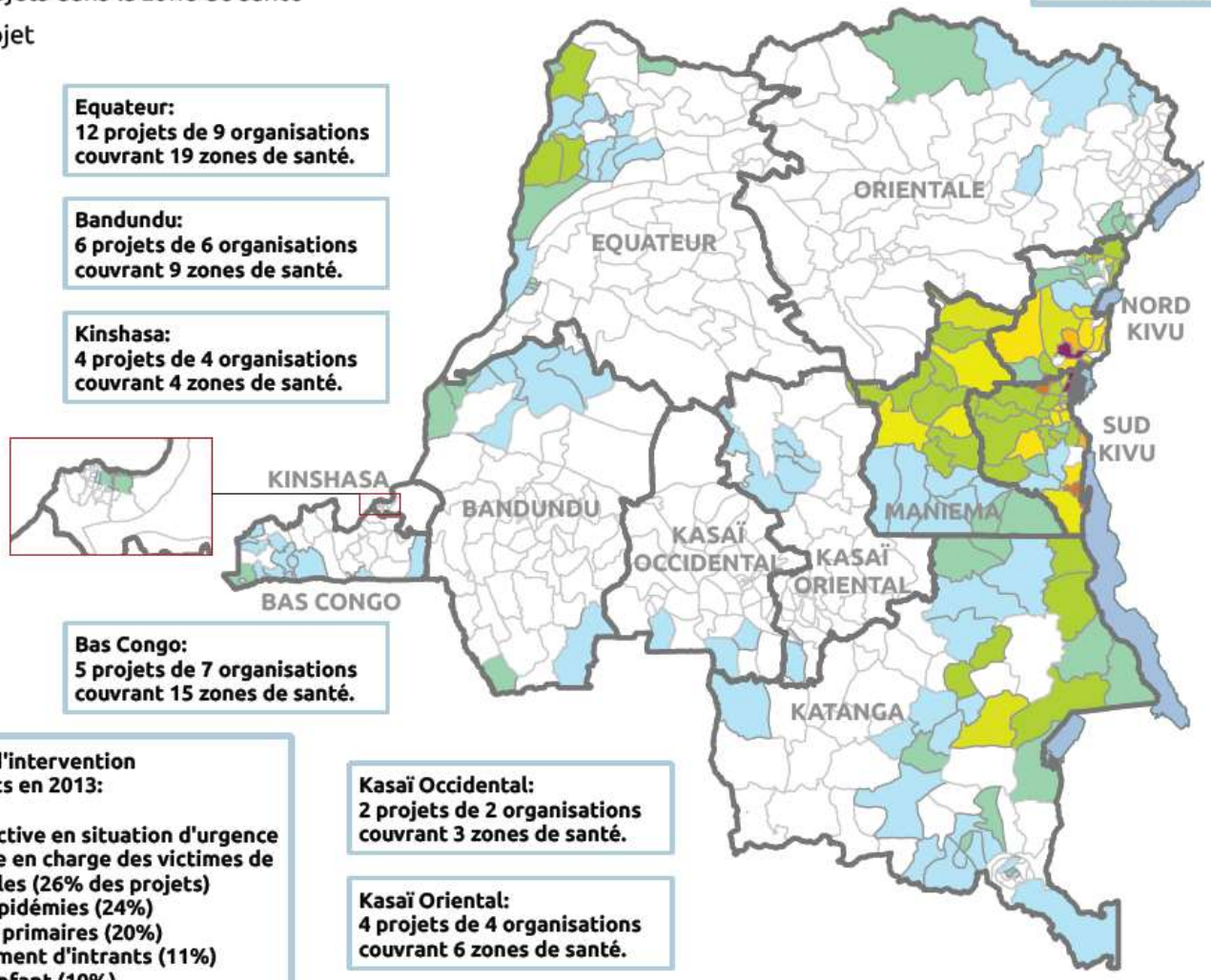
Répartition géographique des Projets de Réponse d'urgence en Santé en RDC pour l'année 2013

En 2013, 270 projets de santé ont été mis en oeuvre par 80 organisations couvrant 175 zones de santé.

Légende

Nombre de projets dans la zone de santé

- Aucun projet
- 1
- 2
- 3 - 4
- 5 - 6
- 7 - 8
- 9 - 10
- 11 - 12
- 14 - 15
- 16 - 17
- Province
- Lac



Equateur:
12 projets de 9 organisations couvrant 19 zones de santé.

Bandundu:
6 projets de 6 organisations couvrant 9 zones de santé.

Kinshasa:
4 projets de 4 organisations couvrant 4 zones de santé.

Bas Congo:
5 projets de 7 organisations couvrant 15 zones de santé.

Province Orientale:
11 projets de 8 organisations couvrant 9 zones de santé.

Nord-Kivu:
98 projets de 24 organisations couvrant 26 zones de santé.

Sud-Kivu:
78 projets de 41 organisations couvrant 34 zones de santé.

Maniema:
25 projets de 13 organisations couvrant 18 zones de santé.

Katanga:
25 projets de 12 organisations couvrant 32 zones de santé.

Kasaï Occidental:
2 projets de 2 organisations couvrant 3 zones de santé.

Kasaï Oriental:
4 projets de 4 organisations couvrant 6 zones de santé.

Les 5 domaines d'intervention les plus fréquents en 2013:

*** Santé reproductive en situation d'urgence y compris la prise en charge des victimes de violences sexuelles (26% des projets)**
*** Réponse aux épidémies (24%)**
*** Soins de santé primaires (20%)**
*** Prépositionnement d'intrants (11%)**
*** Santé mère - enfant (10%)**

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Réalisation: Claire Halleux, Dr Adelheid Marschang, OMS
Source données géog.: RGC

Challenges

- Neutrality - and speaking for all partners at the same time
- Being strategic and directive without dictating
- Multiple/simultaneous operations and Resource Mobilization activities
- Rapid response or transition?
  - What is the right approach for protracted crisis coordination?
  - Issues for capacity building
  - Prevention
  - Preparedness: Not an option for certain funding instruments
- How to fund transition?
  - No specific funding mechanism applies

Protracted Crisis Coordination

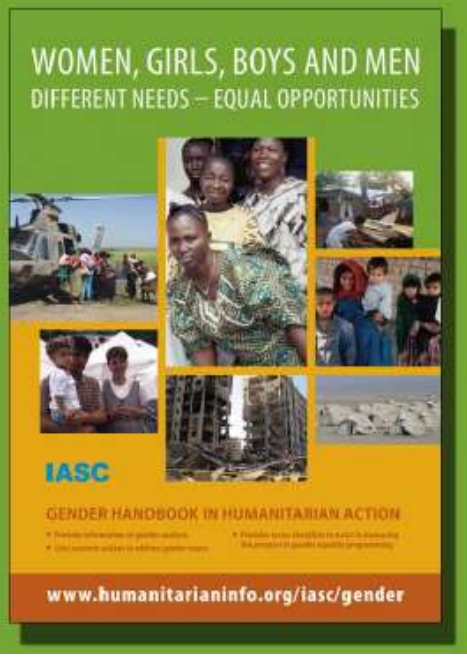
- Ensuring, that the transversal elements are addressed across health response programming
- Mainstreaming of protection criteria
  - Equity of Access to health care
    - For men and women, boys and girls
    - For groups with special needs
  - Community Participation in program design
- Environment
- Handicap
- Age
- Gender Mainstreaming

Coordinate actions with all partners

In order to further increase effectiveness of humanitarian action, coordination with partners is crucial. It is als important that the gender dimension is not an isolated area of work, but is integrated through all activities ar by all the partners.

ADAPT and ACT

Collectively to ensure gender equality



Gender e-learning course: www.who.int/hac/network/interagency/news/gender-e-learning

Coordination – best practice

- Successful coordination integrates all stakeholders to maximize the use of resources and to provide a platform for exchange
- Flexibility, networking and communication, problem solving competencies, proactivity and anticipation are required
- Fundraising is more successful when the emergency risk management and response cycle is convincing:
  - Assessment - gap analysis – implementation – monitoring

Coordination best practice

- Coordination is successful if it leads to strategic action and if it highlights measurable outcomes
  - Reporting on numbers of treatments, vaccinations, deliveries
  - Breakdown by gender and by age
- Cluster Coordination has direct impact on how gender issues are addressed
- More data are needed to understand the impact of humanitarian assistance disaggregated by gender