

oPt Health and Nutrition Cluster

Terms of Reference

3/8/2011

Table of Contents

Acronyms:.....	1
WHO – World Health Organization	1
1. Background.....	2
2. Overview of the Cluster Roll-out.....	2
3. oPt Health and Nutrition Cluster’s Mission and Goal.....	3
4. oPt Health Cluster Guiding Principles and responsibilities of the oPt HNC Partners	3
4.1 Humanitarian Principles	3
4.2 Cooperation with the ministry of health.....	4
4.3 Principles of Partnership.....	4
4.4 Mainstreaming Cross-Cutting Issues	4
4.5. Responsibilities of the Cluster Partners.....	4
5. oPt HNC core functions / key deliverables	5
5.1 HNC objectives.....	6
6. oPt HNC Structure.....	6
6. oPt HNC Membership and mode of operation.....	7
6.1 oPt HNC Lead Agency and HNC co lead.....	7
6.2 Membership	8
6.3 Secretariat.....	9
6.4 Frequency of meetings and mode of operation	9
8. Amendments to the TOR.....	9

Acronyms:

CLA – Cluster Lead Agency

HC – Humanitarian Coordinator

HNC – Health and Nutrition Cluster

HNCC – Health and Nutrition Cluster Coordinator

HNC SG – Health and Nutrition Cluster Support Group

OCHA – UN Office for the Coordination of Humanitarian Affairs

oPt – occupied Palestinian Territory

RC – Resident Coordinator

TWG – Technical Working Group

WB – West Bank

WHO – World Health Organization

1. Background

The access to health and nutrition services remains limited for the populations in Gaza, area C and some localities in areas A and B in West Bank. Continued restrictions on importation of medical supplies and equipment, including spare parts and on movement of health staff between West Bank, East Jerusalem and Gaza hamper provision of quality health services particularly to the most vulnerable sectors of the population. The quality of functioning medical services in the Gaza Strip is in decline due to the blockade and the internal divide between Gaza and Ramallah. Shortages of essential drugs and supplies in Gaza have reached unprecedented 38% in the beginning of January 2011. Since March 2008 66 people including 22 children died, while waiting referral outside Gaza.

Infant and child mortality indicators had little improvement in Palestine in the last decade. Coupled with alarming state of maternal and child nutrition with high prevalence Iron deficiency anemia the above indicates the decline in the socio-economic environment and in health, particularly in the areas beyond reach of the formal health authorities. It is estimated that 50% of infants and young children under 2 years in the oPt suffer from iron deficiency anemia which is associated with inappropriate infant and young child feeding practices and limited access and compliance to micronutrient supplementation. Surveillance of pregnant women visiting ANC services equally reveals the high prevalence of anemia (45% of pregnant women in Gaza and 20.6% in the West Bank).

The recent years have been characterized by a dramatic increase of 31.1% in both incidence and prevalence of chronic diseases as well as disability and mental illness among the population of the oPt.

Against the background of the on-going conflict in oPt and the response to immediate humanitarian needs, disaster risk reduction and emergency preparedness have been given relatively less importance by both state and non-state actors in the area. While health sector actors in oPt have developed an impressive capacity to deal with the consequences of armed conflict and manage mass casualties, they are much less well prepared to anticipate, plan for and mitigate those events; nor is there sufficient standby capacity to respond should the current situation deteriorate. Furthermore the health systems in oPt are inadequately prepared to respond to other possible disasters; such as earthquakes, floods and epidemics of communicable diseases. The above, coupled with depleting resilience of the communities and systems in oPt, increases vulnerability in Gaza and West Bank to future hazards and risks, high casualties and economic loss in case of new adverse events, Women and children, older people and people with disabilities are generally the most vulnerable groups when such events occur.

The continuing occupation, volatility of the situation in the context of absence of a comprehensive peace agreement between Israel and oPt necessitate a two-pronged approach: continued humanitarian action as well as strengthening emergency risk reduction and preparedness activities both in the West Bank and Gaza.

2. Overview of the Cluster Roll-out

The cluster approach was activated by Resident Coordinator / Humanitarian Coordinator (RC/HC) Max Gaylord at the outset of Israeli military incursion in Gaza in 2008-2009 to organize a coordinated response to the humanitarian needs of the affected population. The formalization of the clusters, however, only took place March 11, 2009 by a message from UN Emergency Relief Coordinator John Holmes to the RC/HC in which he approved the proposed coordination arrangements.

In total eight clusters are currently active in oPt

Cluster	Lead Agency
Agriculture	FAO
Cash for Work and Cash Assistance	UNRWA
Education	UNICEF / Save the Children
Food Security	WFP
Health and Nutrition	WHO
Protection	OHCHR
Shelter and non-Food items	UNRWA/NRC
WASH	UNICEF/OXFAM

In addition to the clusters there are several sub clusters and working groups such as MHPSS Working Group, Sub-Working Group on Forced Displacement and Child Protection sub cluster that coordinate response in the key sub sectors and facilitate their integration into the oPt overall humanitarian program.

WHO Health Action in Crisis department in Geneva has deployed a short term Health and Nutrition Cluster Coordinator (HNCC) for an initial period of two and half months from mid-January 2009, in order to roll out the Health and Nutrition Cluster. Afterwards WHO appointed a long term HNCC and a Coordination Officer to provide support to the cluster.

3. oPt Health and Nutrition Cluster's Mission and Goal

The oPt Health and Nutrition Cluster's **mission** is to: provide effective leadership to enhance accountability, predictability and efficiency of humanitarian health response conducted by UN, local and international NGO-s and private for profit sector in oPt and its alignment with the national health systems.

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

4. oPt Health Cluster Guiding Principles and responsibilities of the oPt HNC Partners

4.1 Humanitarian Principles

The Humanitarian Principles form the foundation of oPt Health and Nutrition Cluster. Health and Nutrition Cluster partners will adhere to these principles in all circumstances and without exception.

- **Humanity:** Human suffering will be addressed by the HNC Partner Agencies wherever it is found with particular attention to the most vulnerable in the population, such as children, women and the elderly. The dignity and rights of all victims will be respected and protected.
- **Neutrality:** HNC Partner Agencies provide assistance without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature.
- **Impartiality:** HNC Partner Agencies provide assistance without discriminating as to ethnic origin, gender, nationality, political opinions, race or religion. Relief of the suffering is to be guided solely by needs and priority will be given to the most urgent cases of distress

4.2 Cooperation with the ministry of health

oPt Health Cluster partners recognize that Palestinian Ministry of Health has the primary responsibility in the initiation, organization, coordination and implementation of humanitarian health assistance within its territory and in the facilitation of the work of humanitarian organizations in mitigating the consequences of disasters. oPt HNC partners will design and implement their projects in alignment with the relevant national policies, standards and plans in order to support and strengthen national health systems and minimize possible negative impact of humanitarian assistance, seeking to avoid long-term beneficiary dependence upon external aid.

To ensure the strong linkages between the oPt HNC and the MoH, Palestinian Ministry of Health was requested to and assumed the role of oPt HNC co lead.

4.3 Principles of Partnership

To uphold spirit of collaboration, strengthen participation communication within (and outside) the cluster oPt Health and Nutrition Cluster Partners will adhere to the following **Principles of Partnership**:

Equality: Equality requires mutual respect between members of the partnership irrespective of size and power. The oPt HNC partners respect each other's mandates, obligations and independence and recognize each other's constraints and commitments. Mutual respect however will not preclude organizations from engaging in constructive dissent.

Transparency: Transparency is achieved through dialogue between all partners on an equal footing, with an emphasis on early consultations and early sharing of information. Communication and transparency, including financial transparency, increase the level of trust among organizations.

Result-oriented approach: Effective humanitarian action must be reality-based and action-oriented. This requires result-oriented coordination based on effective capabilities and concrete operational capacities.

Responsibility: oPt HNC partners have an ethical obligation to each other to accomplish their tasks responsibly, with integrity and in a relevant and appropriate way. They will commit to activities only when they have the means, competencies, skills, and capacity to deliver on their commitments.

Complementarity: The diversity of the oPt HNC partners is an asset if we build on our comparative advantages and complement each other's contributions. Local capacity is one of the main assets to enhance and on which to build. Whenever possible, oPt HNC partners, particularly UN and International NGO-s will strive to make it an integral part in emergency response.

4.4 Mainstreaming Cross-Cutting Issues

The oPt Health and Nutrition Cluster will ensure that **protection, gender, disability and age** are taken into consideration in the planning, implementation, monitoring and evaluation of all health interventions delivered to populations of humanitarian concern. The recognition, within these populations, of the needs of most vulnerable groups including children, women, elderly and the disabled, will be a priority for the Cluster. Cross-linkages will be established with other clusters to ensure the Health Cluster contributes to the comprehensive response these cross cutting issues deserve.

4.5. Responsibilities of the Cluster Partners

Health cluster partners are committed to the HNC Mission and the Goal (Chapter 3) and to:

- be proactive in exchanging information, highlighting needs and gaps and reporting progress, mobilizing resources, and building local capacity;
- share responsibility for health cluster activities including assessing needs, developing plans and guidelines, and organizing joint training;

- respect and adhere to agreed national and international principles, policies and standards, and implement activities in line with agreed priorities and objectives.

5. oPt HNC core functions / key deliverables

Maintenance of appropriate humanitarian coordination mechanisms:

- Ensure appropriate coordination with all humanitarian partners (including the government and the private sector)
- Ensure that the actions of the HNC partners complement each other and the actions of other humanitarian actors
- Ensure effective links with other sectoral groups;

Coordination with national/local authorities, State institutions, local civil society and other relevant actors

- Ensure that humanitarian responses build on local capacities;

Participatory and community-based approaches

- Ensure utilization of participatory and community based approaches in sectoral needs assessment, analysis, planning, monitoring and response.

Attention to priority cross-cutting issues

- Ensure integration of agreed priority cross-cutting issues in sectoral needs assessment, analysis, planning, monitoring and response (e.g. age, diversity, environment, gender, HIV/AIDS and human rights)

Needs assessment and analysis:

- Ensure effective and coherent health and nutrition sector needs assessment and analysis, involving all relevant partners
- Ensure that health / nutrition status and risks as well as availability and access to of health services and their performance is analyzed
- Monitor critical health determinants in Gaza and West Bank (morbidity, mortality, availability of essential drugs and supplies, protection issues)

Emergency preparedness

- Ensure adequate contingency planning and preparedness for new emergencies in West Bank and Gaza

Planning and strategy development:

- Ensure that the emergency health and nutrition sector priorities in oPt are identified
- Develop oPt HNC response strategy and action plan
- Ensure that the oPt HNC response strategy and action plan are reflected in overall humanitarian sector strategies such as Common Humanitarian Action Plan (CHAP)

Application of standards:

- Ensure that oPt HNC partners are aware of relevant national and international policy guidelines, technical standards and relevant commitments that the Government has undertaken under international human rights law;
- Ensure that responses are in line with the policy guidance, technical standards, and relevant Government human rights legal obligations.

Monitoring and reporting:

- Ensure adequate monitoring mechanisms are in place to review impact of the oPt HNC joint action and progress against its strategy and action plan;
- Ensure adequate reporting and effective information sharing (with OCHA support), with due regard for age and sex disaggregation.

Advocacy and resource mobilization:

- Identify core advocacy concerns, including resource requirements, and contribute key messages to broader advocacy initiatives of the HC and other actors;
- Carry out advocacy for priority projects' resource mobilization (financial and capacity), promote appropriate interventions in accessible areas of identified need, innovative strategies of providing health and nutrition services and appropriate inter-sectoral strategies to address emergency health needs of the Palestinians

Training and capacity building:

- Promote/support training of staff and capacity building of humanitarian partners in areas relating to the provision of health and nutrition assistance during emergencies.

To streamline Health and Nutrition Cluster performance HNC Team together with partners conducted assessment of HNC past performance relative to its core functions. As a result of the assessment the following priorities / objectives have been identified to enhance HNC efficiency.

5.1 HNC objectives

1. Increase participation of cluster partners and donors / Strengthen Coordination with non HNC partner health providers / MoH thematic groups
2. Conduct HNC Contingency planning / develop plan to predict, prevent and respond to new emergencies / deterioration of the current humanitarian situation in West Bank and Gaza
3. Develop HNC strategy and action plan to respond to the priority emergency health and nutrition hazards and risks in oPt
4. Define geographical and thematic Structure of the cluster, roles of the partners / update HNC ToR
5. Develop and operationalize HNC advocacy strategy to inform humanitarian community, donors, relevant authorities about priority health issues in oPt and strengthen resource mobilization for the health sector with the aim to have identified problems tackled/solved
6. Develop and operationalize systems for monitoring HNC joint response/ Develop systems for aggregating and analyzing cluster partner data
7. Define and agree on Health and Nutrition sector priorities and standards
8. Capacity Building in project design and management

6. oPt HNC Structure

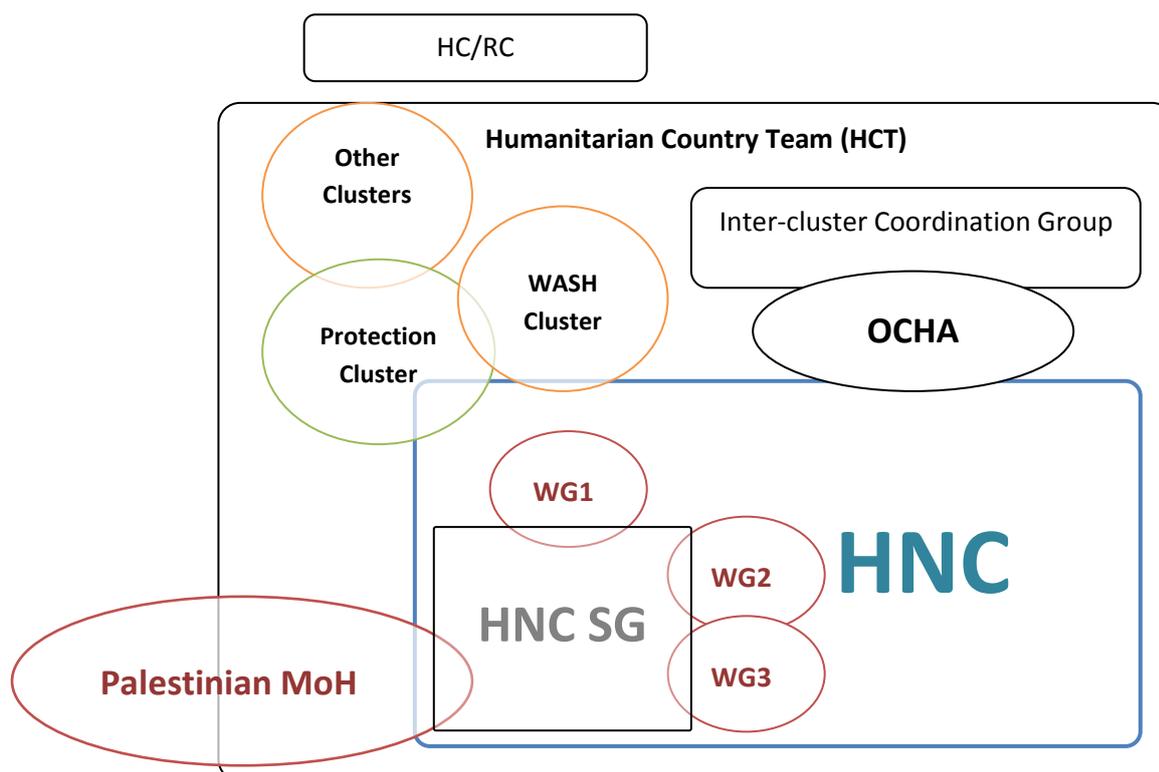
oPt Health and Nutrition Cluster consists of three interlinked forums: HNC General Forum, HNC Support Group and Technical Working Groups.

HNC General Forum (HNC) – comprises all of the HNC partner agencies. It directs the work of the health and nutrition cluster based on consensus of its partner agencies. All decision about the oPt HNC structure, priorities and strategy are to be endorsed by that forum.

HNC Support Group (HNC SG) – provides technical and strategic support to and increase ownership and joint accountability within the Health and Nutrition Cluster. It will ponder issues critical for HNC and suggest solutions, oPtions, and ways forward for them. For details see Annex 1: HNC SG ToR.

Technical Working Groups (TWG-s) – ad hoc groups whose function is to develop solutions for technical issues critical for the cluster work such as M&E, Contingency Planning etc. HNC SG is in charge of forming and facilitating work of those groups after getting approval from the HNC General Forum

Structure of the oPT Health and Nutrition Cluster in 2011



- This organogram does not attempt to portray comprehensive picture of the oPT humanitarian coordination mechanism, but rather to explain the structure of the HNC and some of the important linkages to external groups / organizations involved in humanitarian response
- Relative size of the figures on this scheme does not reflect the importance or power of the entities they signify
- Palestinian MoH is not the part of the HCT
- HNC general forum directs the work of the health and nutrition cluster based on consensus of its partner agencies.

6. oPt HNC Membership and mode of operation

6.1 oPt HNC Lead Agency and HNC co lead

World Health Organization is a designated Health and Nutrition Cluster Lead Agency (CLA) in oPt. CLA has to ensure the establishment of an adequate coordination mechanism for the health sector and is accountable to the Humanitarian Coordinator for fulfilling the above. WHO appointed international Health & Nutrition Cluster Coordinator and Coordination Officer and provides administrative and logistic support to the cluster. Furthermore CLA serves as a “Provider of last resort” which means that where necessary, and depending on access, security and availability of funding, it must be ready to ensure the provision of services required to fill critical gaps identified by the cluster.

Palestinian Ministry of Health is a co-lead of the oPt Health and Nutrition Cluster. It will provide policy and technical support to the cluster to ensure that the cluster partner projects are aligned with the national health policies, standards and plans.

6.2 Membership

Membership of the cluster is inclusive and is based on a voluntary and self-nominated basis. As of 8th of March 2011 it is comprised of the following health and nutrition sector partners in West bank and Gaza.

1. ADA
2. Al Makassed Hospital
3. ANERA
4. Ard el Atfal
5. Ard El Insan
6. Augusta Victoria Hospital
7. CARE Int.
8. Danchurchaid
9. ECHO
10. Flagship
11. Handicap International
12. HelpAge
13. HWC
14. IMC
15. Islamic Relief International
16. Italian Cooperation
17. Juzoor
18. MAP UK
19. MDM F
20. MDM S
21. Medico International
22. Merlin
23. Palestinian Ministry of Health (HNC co-chair)
24. NORWAC
25. OCHA
26. OHCHR
27. OXFAM Solidarite - Belgium
28. Palestinian Counseling Center
29. PCRF
30. PMRS
31. PRCS
32. Princess Amira Basma
33. QRCS
34. Red Crescent Maternity Hospital
35. SIF
36. SJEH
37. St. Joseph Hospital
38. STCh Sweden
39. STCh UK
40. TDH Ch
41. TDH It
42. UHCC
43. UNFPA
44. UNICEF
45. UNRWA
46. WHO (HNC lead agency)
47. WVI

Furthermore Health and Nutrition Cluster comprises following agencies as observers.

48. ICRC
49. MSF F
50. MSF S

6.3 Secretariat

- Secretariat support will be provided by the CLA
- The secretariat will prepare and distribute invitations and agenda and provide minutes of the nutrition cluster meetings in a timely way
- The invitation and agenda of meetings should be sent a week in advance to allow for participation of members.

6.4 Frequency of meetings and mode of operation

- Working language of the cluster is English. Depending on availability of resources CLA will have key cluster documents translated in Arabic
- Meetings will be held on Wednesdays every second week of each month. Extraordinary meetings are to be organized when the need arises.
- Agendas of the cluster meetings will be circulated not later than 48 hours before the meeting.
- Minutes of the oPt HNC meetings will be circulated within 48 hours after the meeting.

8. Amendments to the TOR

These Terms of Reference will be periodically reviewed, particularly if there is a change in the situation on the ground, with a view to their modification or amendment.

For more details on this ToR and oPt Health and Nutrition Cluster structure and functions please contact Health and Nutrition Cluster Coordinator; Dr. Vachagan Harutyunyan at vha@who-health.org