Guidance note for the Health Cluster Performance Assessment and Monitoring Tool
Global Health Cluster Working Group, 13 January 2011

In December 2005 the IASC Principals generally welcomed the cluster approach as a mechanism that can help to address identified gaps in response and enhance the quality of humanitarian action. The Health Cluster approach is currently being used in 26 countries with chronic emergencies, and has been applied in 10 countries that have experienced acute sudden onset emergencies. The health cluster in each of these countries aims to improve the effectiveness of health response, while at the same time strengthening partnerships between NGOs, international organizations, the International Red Cross and Red Crescent Movement and other UN agencies.

The implementation of the Health Cluster is guided by the core functions indicated in the Health Cluster Guide and in the Guidance Note on using the Cluster Approach to strengthen Humanitarian Response from the Inter-Agency Standing Committee (IASC).

A Task Force consisting of representatives from IMC, Save UK, UNHCR, UNICEF and WHO was established by the Health Cluster Working-Group to develop an assessment and monitoring tool for the implementation of the Health Cluster and its performance. The Health Cluster Performance Assessment and Monitoring Tool is a self-assessment tool to analyse and manage the Health Cluster implementation process. The tool allows to:
- Identify the level of performance of the Health Cluster's core functions
- Identifying actions for improvement
- Identify progress over time

The tool is designed as management tool to be used by the Health Cluster at country level. The Health Cluster Coordinator (HCC) circulates the tool to all Health Cluster partners within the country. The analysis of the feedback received guides a periodic strategic discussion among all the Health Cluster partners on the performance of the cluster and what improvements are required. Using the tool also improves understanding among the Health Cluster partners regarding key deliverables and how the cluster is expected to function. If required, such discussion can be externally facilitated, for example during a monitoring mission from the Global Health Cluster.

The monitoring tool should be applied as of at the second month onwards after the onset of an acute crises or three months after the Health Cluster has been activated in a country with chronic emergencies. It should be updated at least biannually.

The report resulting from the assessment will be shared with all Health Cluster and other relevant partners in the country. The report will also be shared with the Global Health Cluster Secretariat that will circulate the report to all partners at global level and with the WHO The relevant WHO Regional Office.

Considerations for using the tool:
1. While there is consensus around the core functions, this does not mean that everything should be implemented in the same way in each country. Each context will influence the functions in unique ways, and this needs to be taken into account when applying the assessment tool. Furthermore, to keep the tool as simple as possible, only four levels of performance for each (sub) function are described, and several descriptors include more than one element. As reality is never as simple as this, one needs to read the descriptors with a certain level of flexibility and common sense, and when scoring each (sub) function, please identify the level that reflects best the performance as judged by the partner filling out the tool. When the
performance is between two levels, add 0.5 to the closest lowest score, and provide further explanations in the comments (see also step 2 below).

2. For most of the description levels, level 1 corresponds with a situation where coordination is in its very early stages, or when it does not function. Level 2 generally describes a level whereby the functions are being put into practice, but its performance can generally be considered not yet good enough. Level 3 describes a level that is generally good enough, and that in most cases can be achieved by improving the way of working. While level 4 describes the optimal performance for each function, in most cases it would require additional resources (staff and/or funding) and an optimal collaboration from all stakeholders working in the health sector to achieve it.

3. When there are health clusters at sub-national level, the level of progress in implementation is often not the same in each location. It is proposed that the tool is filled out by all partners both of the national Health Cluster as well as by all partners of the sub-national Health Cluster. The analysis can then be done separately for each location, and aggregated to a national analysis if considered useful.

Putting the tool into practice:
1. The country health Cluster Coordinator disseminates the tool to all health cluster partners in country, including those at sub-national level where appropriate.
2. Each partner provides feedback by filling out the tool:
   - For each (sub) function: provide the score that closest reflects the performance on the scale of 1-4, or if the performance fall between two levels, add 0.5 to the closest lowest score, and explain in the comments what still needs further improvement as per the description of the next highest level. (so if the perceived performance is between level 2 and 3, the score is 2.5, and in the comments explain which elements of level 3 are not yet implemented as described)
   - Add in the boxes additional comments and proposed actions for further improvement.
3. Each partners then submits the feedback to the HCC, who will do the analysis:
   - For each (sub) function, calculate the average, and the distribution of the scores (for example, average score is 2, with 5 people scoring 1, 10 people scoring 2 and 5 people scoring 3)
   - Compile for each (sub) function the additional comment and proposed actions for improvement.
   - Share this result with all partners as in step 1.
4. The HCC puts the topic on the agenda of the next Health Cluster meeting, or organize a separate special meeting or workshop to discuss the results.
   - At the end of this meeting, partners agree on specific comments, and joint actions for improvement as needed related to each (sub) function
   - These findings are added to the overall scoring.
   - This document then serves as the final report and again disseminated to all partners in country, and to the GHC partners.

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1 An IT platform will be made available in 2011 that will facilitate the automated first analysis of the responses.