Progress

Global Health Cluster Task Teams
Progress

Capacity Development Task Team (CDTT)
Capacity Development Task Team

UPDATES

- CDTT Strategy and HCC Competency Framework finalized
- Training material revised/finalized for Joint HCC-IMO training from November
- Initial conversations with WHO successful in receiving buy in for professional development programme
- Concept note for mentoring programme produced
- Intercluster/network coordination
- Impact/outcome indicators to be developed

Training:
- 2 HCC/IMO trainings in 2017
- E-learning platform being developed
- French translation
Remote Management Task Team
Remote Management Task Team

UPDATES

• Literature Review finalized by UNICEF team

• Data Collection for Best Practices:
  – Field data collection in South Sudan, Jordan, Turkey (consulting team)
  – Technical Innovations for Remote Management

• HCC feedback – definitions off, triggers, risk (fraud, duty of care)

• Expert panel in June 6-8 (2 days) to discuss data collected and determine recommendations

GOAL:
Best Practice Guideline for Inaccessible Conflict Programming
REPORT TO THE PARTNER MEETING

Cash Task Team
Initial discussion paper June 2016  
Creation cash TT at GHC meeting  
Workshop 3-4 November 2016  

Workplan:  
– Initial position paper and framework  
– Documenting practices  
– Research agenda and promoting operational research  
– Seek capacity for support (CashCap?)  
– Practical paper for HCCs to engage with CWG
REPORT TO THE PARTNER MEETING

EPHSTask Team
Creation EPHS TT at GHC meeting 2016
Desk review EPHS in protracted crises
First meeting yesterday: ToR and Workplan:
– Clarify purpose of EPHS: common reference
– Content of a package
– Feasible analysis: health sector capacities,
– Adapt the package to different contexts
– Costing, main cost drivers and current costs
– Implementation and monitoring of progress, quality
– Work with selected countries, build on ongoing work
Public Health Information Services Task Team: Update

Olivier le Polain
Task Team members

- Francesco Checchi (London School of Hygiene and Tropical Medicine)
- Jessica Dell (iMMAP)
- Emma Diggle (Save the Children)
- Vivienne Forsythe (WHO/GHCU – independent consultant)
- Richard Garfield (US Centers for Disease Control)
- Chris Haskew (WHO/HQ/WHE/HIM)
- Olivier le Polain (Public Health England)
- Allen Maina (UNHCR)
- Samuel Petragallo (WHO/HQ/WHE/HIM)
- Jonathan Polonsky (WHO/HQ/WHE/HIM)
- Abdihamid Warsame (Save the Children)
- Niluka Wijekoon-Kannangarage (WHO/HQ/WHE/HIM)
Work plan

• Overall aim to strengthen Public Health Information Services (PHIS) in activated health cluster

• Work plan set for around three main outcomes
  (1) Access to PHIS guidance and too
  (2) Increase capacity for PHIS at health cluster level
  (3) Strengthening of PHIS standards implementation in the field
Update on Outcome 1: Improve access to guidelines and tools

1) PHIS Standards

• PHIS Standardised produced and (about to be) signed off

  Addressing the following main questions:
  – Which Public Health Information Services are expected from an activated HC?
  – Which specific methods, tools and software applications are available?
  – How quickly and at what frequency of update should services be delivered?
  – What staffing and other resources are required?
  – Which PHIS technical competencies cluster staff should display?
Standards for Public Health Information Services in Activated Health Clusters and Other Humanitarian Health Coordination Mechanisms

Table 1: PHEC services expected of NGOs, and breakdown of responsibilities for service delivery, by phase. Roles accountable for each:

<table>
<thead>
<tr>
<th>Service</th>
<th>Local Adaptation</th>
<th>Setup</th>
<th>Data Collection</th>
<th>Analysis</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Situation Analysis (PHSA)</td>
<td>IWO, HCC</td>
<td>F/O</td>
<td>IMO, GHS, UOA, HCC partners</td>
<td>F/O</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Rapid Assessment</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO (with OCHA)</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Humanitarian Emergency Settings Perceived Needs (HESPERS)</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Early Warning Alert and Response System (EWARS)</td>
<td>IWO, HCC, PHO</td>
<td>IMO</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Population mortality estimation</td>
<td>IWO, HCC, PHO, Epidemiologist</td>
<td>IMO</td>
<td>IMO, HCC, PHO, Epidemiologist</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Monitoring violence against Health (MVA)</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>WHO, WHO (MS)</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Partners List</td>
<td>n/a</td>
<td>IMO</td>
<td>IMO</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Health Resources and Availability</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Health Management Information System (HeRAMS)</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO partners</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Vaccination coverage estimation</td>
<td>IWO, HCC, PHO, Epidemiologist</td>
<td>IMO</td>
<td>IMO, HCC, PHO, Epidemiologist</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Operational Indicator Monitoring</td>
<td>IWO, HCC, PHO, HCC partners</td>
<td>IMO</td>
<td>IMO</td>
<td>IMO</td>
<td>IMO, HCC, PHO</td>
</tr>
<tr>
<td>Health Cluster Bulletin</td>
<td>IWO, HCC, PHO</td>
<td>n/a</td>
<td>IMO</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Ad hoc infographics</td>
<td>n/a</td>
<td>IMO</td>
<td>IMO</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Operational Indicator Monitoring

Figure 2: Schematic of evolution of and sources for the public health situation Analysis

- Secondary data review
- Rapid assessment and/or HESPERS
- Evidence from previous similar crises & literature

Public Health Situation Analysis (Initial - 48h)

Public Health Situation Analysis (full - day 14)

Ongoing update as more information is being gathered for the minimum monthly during the acute phase or quarterly during a protracted phase.
## 2) Toolkit

<table>
<thead>
<tr>
<th>Sub-Section Name</th>
<th>Type</th>
<th>Format</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHISO Introduction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHC PHISO Standards Quick Reference</td>
<td>Guidance</td>
<td>Text document</td>
</tr>
<tr>
<td><strong>GENERAL PHIS Capacity Development</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM Workplan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM Workplan Template and Priorities Worksheet</td>
<td>Template</td>
<td>Text document</td>
</tr>
<tr>
<td>IM Strategic Workplan Development Guidance</td>
<td>Guidance</td>
<td>Text document</td>
</tr>
<tr>
<td>Demonstration of IM Capabilities with Required Inputs</td>
<td>Guidance</td>
<td>PPT Slides</td>
</tr>
<tr>
<td>IM Required and Optional Product List</td>
<td>Guidance</td>
<td>Infographic</td>
</tr>
<tr>
<td><strong>General Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microsoft Access Training</td>
<td>Training</td>
<td>TBD</td>
</tr>
<tr>
<td>Microsoft Excel Training</td>
<td>Training</td>
<td>TBD</td>
</tr>
<tr>
<td>Introduction to GIS: QGIS</td>
<td>Training</td>
<td>TBD</td>
</tr>
<tr>
<td>Data Visualization</td>
<td>Training</td>
<td>TBD</td>
</tr>
<tr>
<td>Multi-Criteria Analysis</td>
<td>Training</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Other Resources</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Spatial Datasets</td>
<td>Database</td>
<td>SHP, CSV</td>
</tr>
<tr>
<td><strong>PHISO Service Specific Tools</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Health Situation Analysis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Data Sources and Potential Uses</td>
<td>Guidance</td>
<td>Text document</td>
</tr>
<tr>
<td>Public Health Situation Analysis</td>
<td>Guidance</td>
<td>Text document</td>
</tr>
<tr>
<td>Situation Report</td>
<td>Template</td>
<td>Text document</td>
</tr>
<tr>
<td><strong>EWARS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EWARS Tool</td>
<td>Tool</td>
<td>Link Only</td>
</tr>
<tr>
<td>EWARS Tool Guidance</td>
<td>Guidance</td>
<td>TBD</td>
</tr>
<tr>
<td>EWARS Dashboard Temporary Option: Web App</td>
<td>Guidance</td>
<td>Text document</td>
</tr>
<tr>
<td>EWARS Analysis Temporary Option: Threshold Tool</td>
<td>Tool</td>
<td>Excel</td>
</tr>
<tr>
<td><strong>HeRAMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospitals, BHS, and RHU HERAMS Assessments</td>
<td>Tool</td>
<td>Link Only</td>
</tr>
<tr>
<td>Health Services Checklist</td>
<td>Tool</td>
<td>PDF</td>
</tr>
<tr>
<td><strong>HeRAMS Manual</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HeRAMS on PRIME</td>
<td>Tool</td>
<td>Link Only</td>
</tr>
<tr>
<td><strong>HeRAMS Analysis Temporary Option: Vulnerability/Gap</strong></td>
<td>Tool</td>
<td>Excel</td>
</tr>
<tr>
<td><strong>Infographics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infographics / Charts (Basic)</td>
<td>Template</td>
<td>Excel</td>
</tr>
<tr>
<td>Infographics / Charts (Advanced)</td>
<td>Template</td>
<td>Publisher</td>
</tr>
</tbody>
</table>
Update on outcome 2: Capacity building

• Technical PHIS competencies
  – Baseline: pre-requisite
  – Common: to strengthen/develop
  – Service specific: to strengthen/develop

• Joint Health Cluster Coordination Training (Jordan, Nov 2016)
## Competencies

<table>
<thead>
<tr>
<th>Code</th>
<th>Baseline competency</th>
<th>IMO</th>
<th>Epid</th>
</tr>
</thead>
</table>
| B1   | Apply strong understanding of database structures to build and maintain high-quality, robust databases, while proficiently using major data management applications, including Microsoft Excel and Microsoft Access. CV evidence:  
  ▪ Undergraduate or post-graduate degree in a discipline driven by quantitative data (e.g. statistics, software engineering, geography); or  
  ▪ Previous experience as main developer and manager of at least one large dataset                                                                                                                                   | Y   | Y    |

<table>
<thead>
<tr>
<th>Code</th>
<th>Competency</th>
<th>HCC</th>
<th>PHO</th>
<th>IMO</th>
<th>Epid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Basic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td>Understand the humanitarian aid architecture, the cluster approach and inter-cluster coordination of public health information.</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>C6</td>
<td>Able to design a survey or assessment questionnaire, applying good practices for question formulation and layout.</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
**Outcome 3: Improved implementation of PHIS standards: Roll out of PHIS Standards**

**Objectives**

- Ensure that the PHIS standards are incorporated into the IM work plan in all active health clusters by December 2017.

- Ensure appropriate and efficient use of IM data collection systems to generate actionable information across all activated clusters.

- Strengthen specific technical capacity in areas where needs have been identified, based on the mapping of skills against the PHIS competency framework.
Modalities of support

• Support the implementation/strengthening of PHIS standards in country

• Remote support

• Mentoring/Coaching

• Training

• Increase IM capacity in country – staffing up.
Planning for the roll out

• Map country capacity
• Toolkit material ready to support the roll out
• Set up of PHIS communication platform
• Develop specific ToRs and continuous support strategy
• Develop specific M&E framework
Capacity mapping

Percentage of Clusters Reporting Implementation of Services

Countries N= 14

- Health Partners List
- 3W/4W Matrix
- Health Cluster Bulletin
- PHSA
- EWARS / EWARN
- Infographics
- HeRAMS
- RA / MIRA

Legend:
- Yes
- No
- Don't Know
Qualitative feedback

- Need for better software and tools
- Support with analysis
- Lack of staff/dedicated IMO
- Need for better communication and peer feedback
- Not all PHIS requirements can be standardised
The GHC PHIS Forum

Announcements
News & Events

General PHIS forum
General Discussion

How to get email notification
Moving forward

- Update guidance, review and publish service specific guidelines, update toolkit
- Improve and evaluate applications and tools to support PHIS
- Create of a learning programme, working closely with the capacity development task team
- Roll out of the PHIS Standards
- Resource activated clusters for PHIS
Acknowledgments

- GHCU
- PHIS Task Team members
- CD TT and joint training team
- Reviewers of the PHIS standards
- Funders
  - ECHO
  - OFDA
  - US CDC
- In-kind contributions from various organisations including CDC, PHE, Save the Children, UNHCR, WHO