

# Terms of Reference

## Fiji Health & Nutrition Cluster

### 1 Introduction

The following Terms of Reference (TORs) have been adopted to guide the operations of the Fiji Health and Nutrition Cluster (HnN C) in providing effective and efficient service to the Government and people of Fiji before, during and after natural disasters. The TOR is intended to be a dynamic tool to inform the operations of the Cluster, with regular updates to ensure ongoing relevance.

### 2 Background

The Fiji National Clusters were adopted in late December 2012 during the response to TC Evan with the support of the Pacific Humanitarian Team (PHT). There are eight Clusters: WASH (Water, Sanitation & Hygiene), Shelter, Education, Health & Nutrition, Logistics, Safety & Protection, Food Security & Livelihoods, Public Works & Utilities.

The Fiji National Disaster Management Office (NDMO) sits at the “core” of the Cluster system as illustrated in Figure 1 to provide overall coordination and to facilitate central planning and funding issues.

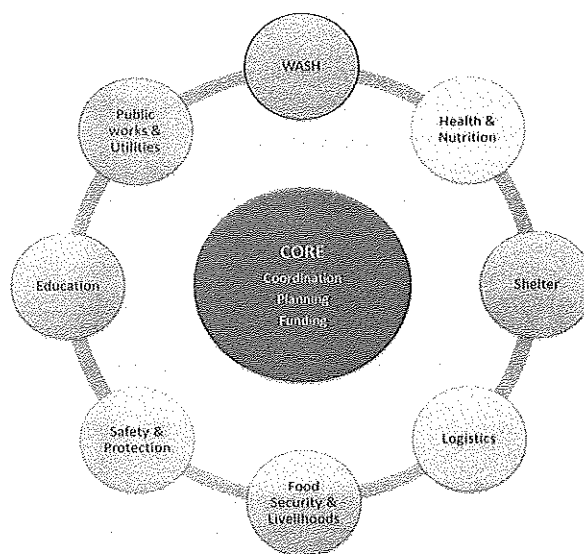


Figure 1: Fiji National Clusters

The Cluster System is now operational at the National Level. Procedures to implement the System at Divisional and Provincial/District Levels are yet to be developed. However, Figure 2 provides some guidance. Each of the nominated Lead Agencies for the Clusters has a representative at Divisional Level (the Logistics Cluster appears to be the only exception). The proposal is that Lead Agency representatives will be appointed to the Divisional Emergency Operations Centre (DivEOC) team to represent each Cluster. Cluster Lead Agency representation at District/Provincial Level varies widely and Cluster Partnerships will be required at this Level.

A major advantage of this system will be the resulting multiple lines of communication between the three levels of Government (National, Divisional and District/Provincial) to facilitate improved implementation outcomes.

The Clusters are expected to operate continuously, with ongoing accountability not only for the response to emergencies but also (more importantly) for preparedness and early recovery.

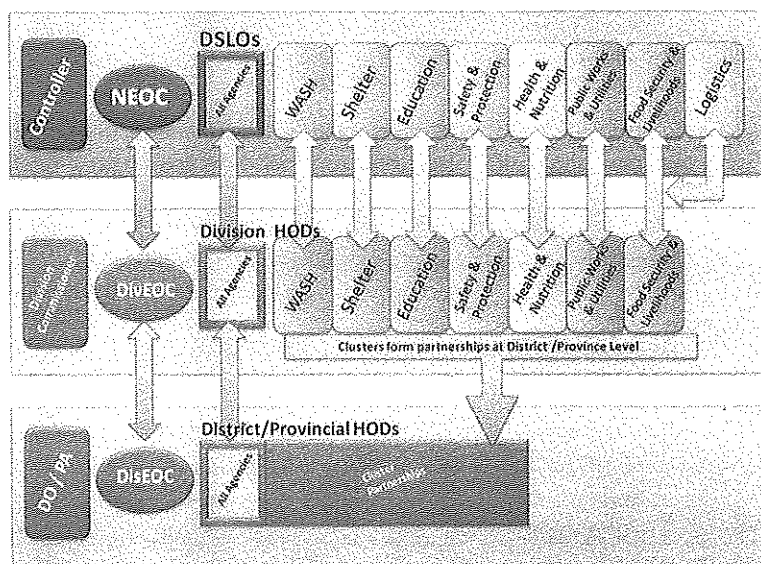


Figure 2: Clusters at Divisional and District Levels

### 3 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 Objectives

The objective of the HnN Cluster is to plan and implement proportionate, appropriate and timely health and nutrition responses in humanitarian crisis situations which will address both the immediate needs of the affected populations. This will be achieved through providing predictable, systematic and country-driven services, and includes the need to:

1. Increase participation of cluster partners and donors / Strengthen Coordination with non HnN Cluster partner health providers / MoH thematic groups;
2. Conduct HnN Cluster Contingency planning / develop plan to predict, prevent and respond to new emergencies / deterioration of the current humanitarian situation;
3. Develop HnN Cluster strategy and action plan to respond to the priority emergency health and nutrition hazards and risks;
4. Define geographical and thematic Structure of the cluster, roles of the partners / update HnN Cluster ToR;
5. Develop and operationalize HnN Cluster advocacy strategy to inform humanitarian community, donors, relevant authorities about priority health issues and strengthen resource mobilization for the health sector with the aim to have identified problems tackled/solved;
6. Develop and operationalize systems for monitoring HnN Cluster joint response/ Develop systems for aggregating and analysing cluster partner data;
7. Define and agree on Health and Nutrition sector priorities and standards;
8. Capacity Building in project design and management;
9. Facilitate effective sharing of information amongst agencies and organizations, including local organizations and local government partners involved in health and nutrition response efforts, preparedness and recovery;
10. Ensure adequate health and nutrition contingency and preparedness planning and support Cluster members to provide timely response during emergencies;
11. Ensure coordination of the emergency health and nutrition programmes and activities amongst the partners engaged in emergency response including non-members and local partners;
12. Address disruption in the provision of existing government services during emergencies and liaise accordingly with government partners;
13. Ensure early recovery planning as well as prevention and risk reduction concerns are addressed and incorporated where possible at all stages of emergency planning and response; and
14. Liaise and coordinate with other Clusters as required.

### 5 Humanitarian Principles

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

- (i) **Humanity:** Human suffering will be addressed by the HnN Cluster 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.
- (ii) **Neutrality:** HnN Cluster Partner Agencies provide assistance without engaging in hostilities or taking sides in controversies of a political, religious or ideological nature.

- (iii) **Impartiality:** HnN Cluster 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 as well as to the most vulnerable groups/areas.

## 6 Principles of Partnership

To uphold spirit of collaboration, strengthen participation communication within (and outside) the cluster, 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 HnN Cluster 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:** HnN Cluster 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 HnN Cluster 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, HnN Cluster partners, particularly UN and International NGO-s will strive to make it an integral part in emergency response.

## 7 Role of the Lead and Co-Lead Agencies and Cluster Partners

### 7.1 Cluster Lead Agency (CLA)

The Lead Agency for the Health and Nutrition Cluster is the Ministry of Health.

As the Lead Agency the Ministry Health is accountable for the performance of the National HnN Cluster. The Ministry is to ensure that:

- Key Partners are included in the work of the Cluster
- There is appropriate coordination within the Cluster and with the other National Clusters and other national and international agencies
- Any cross-cutting issues are addressed
- There is effective needs assessment and analysis
- Adequate contingency and preparedness planning is carried out in line with the Fiji National Health Emergencies and Disaster Management Plan (HEADMAP)
- Appropriate standards are in place together with necessary arrangements for monitoring and reporting
- There is suitable advocacy for the objectives and activities of the Cluster
- Arrangements are in place for any necessary resource mobilisation, and
- Appropriate training and capacity building is carried out to ensure that Cluster activities are well-informed and relevant.

## 7.2 Co-Lead Agency

A Co-Lead Agencies for the HnN Cluster are the World Health Organization for health and the UNICEF for nutrition

## 7.3 Key Partners

Key Partners for the Cluster are expected to also support the Lead in facilitating the Cluster objectives and activities and to meet on a regular basis to share information and set priority activities of the Cluster. Currently identified Key Partners for the Cluster are listed in Table 1.

Cluster partners are expected to subscribe to the overall aim of the cluster 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; and
- respect and adhere to agreed principles, policies and standards, and implement activities in line with agreed priorities and objectives.

However, it is up to individual organizations to determine their levels of participation. The cluster approach does not require that humanitarian actors be held accountable to the HCC or CLA. Individual organizations can only be held accountable to the CLA when they have made specific commitments.

## 7.4 Health and Nutrition Cluster Coordinator (HnNCC)

The coordinator is expected to:

- Enable cluster partners to be more effective by working together, in coalition, than they could individually, and to maximize the benefit for the target population of the cluster partners' individual inputs and efforts.
- Provide leadership to and work on behalf of the Cluster as a whole, facilitating all cluster activities and maintaining a strategic vision.
- Ensure that needs, risks, capacities and opportunities are assessed and understood as best possible at all stages of the humanitarian response, and that information is shared.
- Generate the widest possible consensus on priorities and a health response strategy to the crisis that addresses the priority needs and risks in the sector, incorporates appropriate strategies, and promotes appropriate standards.
- Work with cluster members collectively and individually to identify gaps in response and try to ensure that available resources are directed to addressing priority problems and that assistance and services are provided equitably and impartially to different areas population groups on the basis of need.
- Ensure the effective integration of cross-cutting issues into the cluster's activities and strategies.
- Ensure coordination with other clusters in all activities relevant to public health. The role is to "facilitate" and "lead", not to direct. The HCC should not be the emergency health programme manager of the CLA.

Table 1: Lead, Co-Lead and Key Partners

Agencies
<b>Government Lead</b>
Ministry of Health
<b>Co-Lead</b>
WHO
UNICEF
<b>Key Partners</b>
National Food and Nutrition Centre
Water Authority of Fiji (WAF),
NDMO
Secretariat of Pacific Community (SPC)
Fiji Health sector Support Program (FHSSP)
Donor Partners: AusAID, NZAid, JICA, Others
Grant Management Unit (GMU)
Fiji Red Cross
ADRA
UNFPA
UNDP
UNOCHA
Empower Pacific
PCIDRR
FCDP

## 8 Activities

### 8.1 Core

The National HnN Cluster carries out the following activities in order to achieve its objectives. The Cluster:

- Formalises existing coordination mechanisms among humanitarian actors, and local and national authorities.
- Strengthens partnerships between UN Agencies, the Red Cross Movement, international organisations, national and international NGOs, donor partners and national authorities.
- Provides a platform for exchanging information and making decisions to improve strategic coordination and prioritisation.
- Collects, analyses and disseminates information within the Cluster, across other Clusters and to stakeholders.
- Provides operational advice, best practices and troubleshooting assistance to Cluster Key Partners and other stakeholders.
- Represents the HnN Cluster in other Cluster meetings and high-level events and provides relevant input and support.
- Identifies and mobilises resources (ie financial, HR, assets) for services provided by the Cluster or other Key Partners.
- Ensures adequate preparedness through capacity building and contingency planning.
- Defines priorities, work plan, specific terms of reference, duration and exit strategies.
- Monitors and evaluates its performance against the work plan/ identified benchmarks.

### 8.2 Functional<sup>1</sup>

#### *At the onset of a crisis*

- Establish basic initial health resource availability and mapping system (i-HeRAMS) immediately at the onset of a crisis. Expand this to a full-HeRAMS as soon as possible.
- Work with the nutrition, WASH and other clusters and the MoH (and with relevant cross-cutting issues advisors, as necessary) to undertake a joint initial rapid assessment (IRA) in the first 10 to 15 days and produce a joint, initial analysis of priority problems, risks and gaps.
- Establish, with the MoH whenever possible, an early warning and response system (EWARS)
- Establish arrangements, with the MoH whenever possible, to monitor the situation and produce regular reports on the health situation and service usage.

#### *Later and during an ongoing crisis*

- Keep up-to-date the health resource availability and mapping system (HeRAMS)
- Collaborate in detailed health sector/sub-sector assessments or sample surveys focusing on aspects identified by the IRA as being important and needing more in-depth assessment. These may be led by the MoH, individual cluster members or other competent bodies.
- Jointly monitor the situation on an ongoing basis.
- Organize joint rapid assessments (using the IRA or similar) following any significant change in the situation or when a previously inaccessible area becomes accessible.
- Collaborate in multi-agency, inter-sectoral "post-disaster" and "postconflict" needs assessments – PDNAs and PCNAs – led by UNDP and the World Bank once the situation has stabilized, focusing on damage and related recovery and reconstruction needs. These assessments should benefit from information already available from the IRA and in HeRAMS as well as the additional, more detailed and up-to-date information available to cluster partners.

<sup>1</sup> This section is based on Health Cluster Guide of WHO, 2009

- Where a Cluster already exists at the onset of a sudden-onset crisis, it may jointly compile a "best-guess" situation analysis based on preliminary assessment/reconnaissance findings in the first 1 to 2 days. It can usefully be summarized in a "preliminary working scenario" that provides the basis for response actions by all parties in the first few days and the design of the IRA.

## 9 HnN Cluster Mode of Operation

### Chair

- The HnN Cluster shall be chaired by the Permanent Secretary for Health
- The PSH may delegate the Deputy Secretaries to Chair the meetings

### Secretariat

- Secretariat support will be provided by the DSLO for MoH
- The secretariat will prepare and distribute invitations and agenda and provide minutes of the health and 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.
- Unless the HnN Cluster decides otherwise, the Secretariat will serve as Cluster Coordinator.

### Frequency of meetings and mode of operation

- Working language of the cluster is English.
- Meetings will be held on at least once every three months and 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 HnN Cluster meetings will be circulated within 48 hours after the meeting.
- The quorum for the HnN shall be at least 4 persons

### Amendments to the TOR

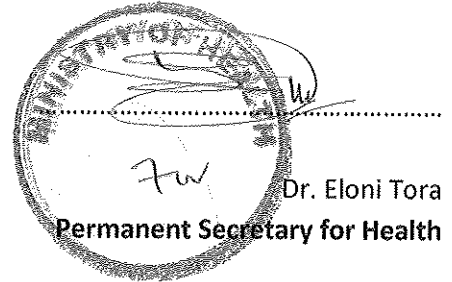
These Terms of Reference will be periodically reviewed, particularly if there is a change in the situation on the ground, with a view to their modification or amendment. For more details on this ToR and Health and Nutrition Cluster structure and functions please contact Health and Nutrition Cluster Coordinator.

## 10 Key Documents

- Cluster Work Plan
- Cluster Contact Lists
- Health Cluster Guide, WHO 2009  
([http://whqlibdoc.who.int/hq/2009/WHO\\_HAC\\_MAN\\_2009.7\\_eng.pdf](http://whqlibdoc.who.int/hq/2009/WHO_HAC_MAN_2009.7_eng.pdf))

## 11 Lead Agency Endorsement

The above terms of reference has been vetted and endorsed by:

  
Dr. Eloni Tora  
Permanent Secretary for Health

Dated: 07 / 01 / 14