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| |  | | --- | | **Cluster Coordination Performance Monitoring 1May2014** | | |  |
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| |  |  | | --- | --- | | **Table 2 Performance status** |  | | OVERALL RESULTS | Performance status | |  | Green = **Good** | |  | Yellow = **Satisfactory**, needs minor improvements | |  | Orange = **Unsatisfactory**, needs major improvements | |  | Red = **Weak** | | **1.Supporting service delivery** |  | | 1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities |  | | 1.2 Develop mechanisms to eliminate duplication of service delivery |  | | **2. Informing strategic decision-making of the HC/HCT for the humanitarian response** |  | | 2.1 Needs assessment and gap analysis (across other sectors and within the sector) |  | | 2.2 Analysis to identify and address (emerging) gaps, obstacles, duplication, and cross-cutting issues. |  | | 2.3 Prioritization, grounded in response analysis |  | | **3. Planning and strategy development** |  | | 3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities |  | | 3.2 Application and adherence to existing standards and guidelines |  | | 3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations |  | | **4. Advocacy** |  | | 4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action |  | | 4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population |  | | **5. Monitoring and reporting** |  | | **6. Contingency planning/preparedness** |  | | **7. Accountability to affected population** |  | |  | | |  |

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| |  |  | | --- | --- | | **Table 3  Scoring by question (the higher the percentage, the better the performance of this activity)** | | | **1. Supporting service delivery (all values in %)** | **All values in %** | | **1.1 Provide a platform to ensure that service delivery is driven by the agreed strategic priorities** |  | | List of partners regularly updated |  | | Regular cluster meetings organised |  | | Attendance of cluster partners to cluster meetings |  | | Level of decision making power of staff attending cluster meetings |  | | Conditions for optimal participation of national and international stakeholders |  | | Writing of minutes of cluster meetings with action points |  | | Usefulness of cluster meetings for discussing needs, gaps and priorities |  | | Useful strategic decision taken within the cluster |  | | Attendance of cluster coordinator to HCT and ICC meetings |  | | Support/engagement of cluster with national coordination mechanisms |  | | **1.2 Develop mechanisms to eliminate duplication of service delivery** |  | | Mapping of partner geographic presence and programme activities updated as needed |  | | Inputs of health partners into mapping of partner geographic presence and programme activities |  | | Involvement of partners into analysis of gaps and overlaps based on mapping |  | | Analysis of gaps and overlaps based on mapping useful for decision-making |  | |  | |   RESULTS PER SECTOR (SEVEN SECTORS) |  |

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| |  |  | | --- | --- | | **2. Informing strategic decision-making of the HC/HCT for the humanitarian response** | | | **2.1 Needs assessment and gap analysis (across other sectors and within the sector)** |  | | Use of cluster agreed tools and guidance for needs assessments |  | | Involvement of partners in joint needs assessments |  | | Sharing by partners of their assessment reports |  | | **2.2 Needs assessment and gap analysis (across other sectors and within the sector)** |  | | Analyses of situations done together with cluster partners |  | | Analyses of situations identified risk |  | | Analyses of situations identified needs |  | | Analyses of situations identified gaps in response |  | | Analyses of situations identified capacity in response |  | | Analyses of situations identified constraints to respond |  | | Age (cross-cutting issue) considered in analyses |  | | Gender (cross-cutting issue) considered in analyses |  | | Diversity – other than age and gender- (cross-cutting issue) considered in analyses |  | | Human rights (cross-cutting issue) considered in analyses |  | | Protection, including gender-based violence (cross-cutting issue) considered in analyses |  | | Environment (cross-cutting issue) considered in analyses |  | | HIV/AIDS (cross-cutting issue) considered in analyses |  | | Disability (cross-cutting issue) considered in analyses |  | | **2.3 Prioritization, grounded in response analysis** |  | | Joint analyses supporting response planning |  | |  | | |  |

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| |  |  | | --- | --- | | **3. Planning and strategy development** | | | **3.1 Develop sectoral plans, objectives and indicators directly supporting realization of the HC/HCT strategic priorities** |  | | Strategic plan developed |  | | Partners involved in the development of strategic plan |  | | Sectoral strategic plan includes objectives, activities and indicators |  | | Sectoral strategic plan reviewed against host government strategy |  | | Age (cross-cutting issue) considered in strategic plan |  | | Gender (cross-cutting issue) considered in strategic plan |  | | Diversity – other than age and gender- (cross-cutting issue) considered in strategic plan |  | | Human rights (cross-cutting issue) considered in strategic plan |  | | Protection, including gender-based violence (cross-cutting issue) considered in strategic plan |  | | Environment (cross-cutting issue) considered in strategic plan |  | | HIV/AIDS (cross-cutting issue) considered in strategic plan |  | | Disability (cross-cutting issue) considered in strategic plan |  | | Strategic plan shows synergies from with other sectors |  | | Strategic plan guided response from partners |  | | Deactivation criteria and phasing out strategy formulated together with partners |  | | **3.2 Application and adherence to existing standards and guidelines** |  | | National and international standards and guidance identified and adapted as required |  | | Technical standards and guidance agreed upon and used by partners |  | | **3.3 Clarify funding requirements, prioritization, and cluster contributions to HC’s overall humanitarian funding considerations** |  | | Prioritisation of proposals against the strategic plan jointly determined with partners based on agreed transparent criteria |  | | Prioritisation of proposals against strategic plan reflected interest of partners |  | | Cluster supported and facilitated access to funding sources by partners |  | | Regular reporting on funding status |  | |  | | |  |

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| |  |  | | --- | --- | | **4. Advocacy** | | | **4.1 Identify advocacy concerns to contribute to HC and HCT messaging and action** |  | | Issues requiring advocacy identified and discussed together with partners |  | | **4.2 Undertaking advocacy activities on behalf of cluster participants and the affected population** |  | | Advocacy activities agreed upon and undertaken with partners |  | |  | | |  |

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| |  |  | | --- | --- | | **5. Monitoring and reporting** |  | | Programme monitoring formats agreed upon and used by cluster partners |  | | Reports shared by partners taken into account in cluster reports |  | | Regular publication of progress reports based on agreed indicators for monitoring humanitarian response |  | | Regular publication of cluster bulletins |  | | Changes in needs, risk and gaps highlighted in cluster reports and used for decision-making |  | | Monitoring and response of the cluster taking into account the needs, contributions and capacities of women, girls, men and boys |  | |  | | |  |

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| |  |  | | --- | --- | | **6. Contingency planning/preparedness** |  | | National contingency plans identified and shared |  | | Partners contributed to risk assessments and analysis |  | | Partners involved in development of preparedness plan |  | | Partners committed staff and/or resources towards preparedness plans |  | | Early warning reports shared with partners |  | |  | | |  |

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| |  |  | | --- | --- | | **7. Accountability to affected population** |  | | Mechanisms to consult and involve population in decision-making agreed upon and used by partners |  | | Mechanisms to  receive, investigate and act upon complaints on the assistance received agreed upon and used by partners |  | |  | | |  |

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