



## TERMS OF REFERENCE FOR HEALTH CLUSTER TECHNICAL ADVISORY COMMITTEE [TAC]<sup>1</sup>

The Health Cluster for Somalia is supporting health service delivery to ensure the availability of high quality and effective healthcare provision for displaced, host and vulnerable populations affected by emergencies. The Health Cluster in Somalia has a membership in excess of 100 international and national partners. This requires continuous and coordinated mechanisms at the Federal, State and local levels, in Somalia; also in Nairobi where a large number of partners are based.

The TAC is the highest level Committee providing strategic guidance and oversight of the work of the Cluster. It also serves the function of Health Cluster Review Committee (CRC).

### A. Purpose of TAC

To improve the humanitarian health response to best meet the needs of affected populations in Somalia.

### B. Specific Objectives of TAC:

1. To ensure that the efforts of the Health Cluster are **responsive and adaptive** to changes in the health and humanitarian context and to recommend appropriate interventions according to any changes in context or needs.
2. To support the development and regular updating of the **Health Cluster's strategy and plans, also its Contingency Plan**
3. To ensure necessary **technical guidelines and standards** relevant to the emergency response are available and that the health response is guided by evidence based, best practice standards.
4. To provide **oversight and guidance** of the working of the Health Cluster and to promote linkages with other Clusters, especially WASH and Nutrition, and others as needed.
5. To oversee the preparation of the Health Cluster's input to the **Humanitarian Response Plan** as well as mid-year reviews.
6. To ensure **sharing of information** and dissemination of the work of the Cluster with a specific focus on **advocacy** for the health needs of affected populations, alongside **resource mobilization** from available funding sources.
7. On behalf of the wider Health Cluster, to participate in the process of **selection of proposals and recommendation of health projects** to SHF and to participate in the

---

<sup>1</sup> The Technical Advisory Committee (TAC) will also serve as the Health Cluster Review Committee (CRC)



preparation of the health plan for inclusion in wider the Humanitarian Response Plan (HRP).

**C. Activities of the TAC. In order to achieve its objectives, the TAC will:**

**1. Responsiveness and adaptive:** TAC members will work to ensure

- a. that gaps, overlaps and challenges highlighted or reported through assessments, coordination meetings and partner reports are brought to the attention of the TAC, discussed
- b. and that plans of action are agreed to address identified gaps, overlaps and challenges facing the response

**2. Health Cluster's strategy and operational plan, also its Contingency Plan:** the TAC is responsible for:

- a. ensuring that a process is in place for the regular updating of the Cluster's strategy and plan, also contingency planning
- b. specifically including ensuring update-to-date forecasting and an uninterrupted pipeline and supply chain for essential health commodities
- c. oversight of the preparation of these strategies and plans and their endorsement through a process of wider consultation with all membership of the Health Cluster and for ensuring that they are up-to-date, complementing national health policies and plans, also at a local level, useful and relevant for the use of health agencies, other Clusters and donors.

**3. Technical guidelines and standards** Provide technical advice to Health Cluster partners, and capacity building where feasible through the development of guidelines and protocols for emergency public health interventions, especially to guide responses to epidemic disease outbreaks. Technical guidance is to be based upon existing WHO guidance, taking into account existing Somali health policy, guidelines and protocols whenever available. The TAC will achieve this through

- a. the establishment of 'Technical Working Groups' as required, holding such groups accountable to Terms of Reference agreed by the TAC;
- b. ensuring proper representation within such groups.
- c. ensuring timely output; transparent reporting.
- d. closing such groups when tasks accomplished

**4. Oversight and guidance:**

- a. Regularly review Health Cluster performance



- b. Draft monitoring formats for health services provision and quality evaluation that are consistent with international and available national standards
  - c. Development monitoring and evaluation tools for the Health Cluster.
- 5. Humanitarian Response Plan** Discuss the HRP draft with stakeholders, and present final draft to OCHA and partners
- 6. Information sharing and advocacy**
  - a. Raise any relevant and urgent public health issues that are pivotal for the population and not being addressed through existing forums or structures.
  - b. Formulate and agree advocacy positions on different issues on behalf of the Cluster partners, and advocate to the Humanitarian Country Team (HCT) as necessary.
  - c. Advocate for the health needs of the population to other stakeholders, including donors.
- 7. Selection of proposals and recommendation of health projects**
  - a. Function as the Cluster Review Committee (CRC) for the health cluster in line with detailed guidelines provided in Annex 1.
  - b. Support the CAP through the development, review, and update of the health cluster component of the CAP document, technically advice the cluster on targets and indicators for the CAP, also sort and select projects submitted to the health cluster for the CAP.

#### **D. Membership and composition of TAC**

All organisations identified as Cluster partners (having active health programs/facilities in Somalia and regularly reporting to the Cluster) are eligible for membership of the TAC and are able to nominate one technical person to the TAC. One technical person from each eligible health cluster partner organization can be nominated for TAC. Membership to TAC is granted to individuals rather than organizations. Only experts with technical capacity to work against the TORs will be selected to the TAC. A typical member shall have the ability for strategic thinking, qualifications in public health with extensive field work in health, excellent knowledge of the Somali context, and the ability to develop guidelines and technical documents.

The Chair of the TAC will be the Health Cluster Coordinator and the Deputy Chair will be the Health Cluster Co-Chair. The TAC membership will be composed of:

- Cluster Coordinator
- Cluster Co-Chair
- 4 UN – WHO, UNICEF, UNFPA, IOM (Technical experts)



- 3 INGO (Technical experts)
- 3 LNGO (Technical experts)

TAC members shall attend TAC meetings and work towards the TORs of the TAC. Failure to attend 80% of the meeting may lead to the disqualification of the expert and the TAC can call for replacement.

### **Cluster members' role in the TAC**

Health cluster meetings across Somalia and in Nairobi will provide information, updates, request and recommendations to support the work of the TAC. Documents developed by TAC will be shared with Cluster Meetings in advance then during cluster meetings. The work of the TAC will be presented for comment and approval.

#### **Special invitees**

- MoHs/DOH
- Red Crescent/ICRC/MSF
- Regional Focal Points for the health cluster
- Donors
- OCHA
- Other Clusters (Nutrition, WASH, Protection)

### **Selection**

A rigorous selection process will be used to form the most proficient group of technical experts to guide the health cluster response in Somalia

#### 1. Nominations

Eligible health cluster partners' organizations shall send their expression of interest to nominate one technical expert to join the Health Cluster Technical Advisory Committee TAC. Send your expression of interest explaining:

- a) **CV of the technical expert**
- b) **Covering letter:** explaining the strategic vision of the expert for the Health Cluster Somalia and why they should be selected to join the Health Cluster TAC
- c) **Letter signed by the expert and signed and stamped by the organization** ensuring commitment and ability to provide time and efforts for the work of TAC.



## 2. Selection process

The Health Cluster executive, (Chair, Co-chair with Cluster Officer), will examine the expressions of interest sent by organizations for TAC membership. The Cluster Coordinator will establish a list of all eligible candidates.

The Cluster members will elect members for the CRC from amongst those who are shortlisted by the Cluster. The Cluster will invite all cluster members/partners to cast three votes (one for each group: LNGO, INGO, UN). Each organization that is a cluster member/partner can cast their three votes once. The Cluster coordinator and Co-Chair do not vote. The vote is confidential. The cluster coordinators will publish the results, which will then constitute the TAC.

Current TAC members are eligible to remain on the TAC for multiple terms but must be re-elected annually. Expressions of interest to continue should be made via their home organization.

## 3. Invitation to membership of the TAC at the discretion of the wider TAC

In the event that the elected members of the TAC consider that there are grounds for including other Cluster members within the TAC as permanently appointed members, through a unanimous decision of the TAC non-elected members may be invited to join the TAC. Grounds for extending an invitation to TAC membership will include gaps in representation of existing elected members from particular geographical areas where the Cluster works as well as the specific need to expand representation, if an emergency arises in a specific area without existing partner representation.

### **Decision making**

The TAC will seek to find a consensus on debatable issues. If this is not possible, the members will vote, and decide by simple majority. Members are to refrain from the discussion of and vote on their own agency's activities.

### **Meeting frequency**

The TAC will meet regularly, preferably on a monthly basis in a location suiting the majority of members, and as much as needed during an emergency such as drought or outbreaks. The decision of the meeting frequency in case of emergencies will be a joint decision of the members of the TAC members.

### **Tenure**

The tenure for TAC members is one year. Membership is renewable, and there is no limit on the number of times that membership can be renewed.



### **Disqualification of members**

An organization does not have the right to replace their representative after the nomination process is completed. The TAC reserves the right to replace members in full consultation with cluster members (see disqualification of members below).

TAC can disqualify members based on:

1. Failure to attend 80% of meetings in the last 6 months
2. Technical incapacity of members
3. The members home organisation ceasing operations in Somalia.

Decision of disqualification of a member will be effected only when 50% of the TAC members and the cluster coordinator agree. The TAC can recommend a member from a list of experts who have expressed interest of the membership of TAC during the previous selection process. Health Sub national cluster meetings shall approve the new nomination before it is effective.



## ANNEX 1: From OCHA CHF Somalia Guideline (dated 9 Sept 2011)

### *Cluster Coordinators, Co-chairs and Cluster Review Committees*

- With regards to standard allocations, cluster coordinators are responsible for recommending the allocation of funding to projects within their cluster. Together with the co-chair, they compile a list of projects to be reviewed by the cluster review committee (detailed guidelines for cluster review committees are below). Cluster chairs are responsible for the inclusiveness and transparency of this process. The list of projects selected by the CRC is submitted to the HC and to the Funding Coordination Unit at OCHA for review and to ensure that it is in line with all CHF requirements.
- Clusters contribute to monitoring and evaluation by developing three to five key indicators per cluster, by including CHF projects in their cluster portfolio, by analyzing project reports, by participating in inter-agency project visits, and by providing sampling criteria for the selection of projects for evaluation.

### *Guidelines for Cluster Review Committees*

- **Objective:** Cluster review committees are established in each cluster to review proposals to the CAP and the CHF, and decide whether to include proposals in the CAP and prioritize projects for the CHF. Cluster review committees provide technical advice on proposals, they are not representative bodies.
- **Decision making:** CRC members review a scoring system to prioritize projects, which is prepared by the cluster coordinator. They try to find a consensus. If this is not possible, the members vote, and decide by simple majority. Members refrain from the discussion of and vote on their own agency's projects.
- **Tenure:** The tenure for CRC members is one year. Membership is renewable, and there is no limit on the number of times that membership can be renewed.
- **Composition and Size:** Cluster review committees are composed of experts from national NGOs, international NGOs and UN agencies, plus the cluster coordinator and co-chair. The three groups (local and international NGOs, UN agencies) are represented equitably. The size of the CRC may vary according to the size of the cluster, from 5 members (1 LNGO, 1 INGO, 1 UN, cluster coordinator, co-chair) to 11 members (3 LNGO, 3 INGO, 3 UN, cluster coordinator, co-chair), and is determined by cluster coordinators. If there are fewer organizations of one group in a cluster than seats for that group in the CRC, not all seats are used and the size of the CRC is reduced accordingly. For instance, if there is only one UN agency in a cluster with many member organizations, there may be one UN agency but more than one local and international NGO on the CRC.



- **Criteria:** Organizations included in the 3W matrix (or that meet other cluster membership criteria) are considered cluster members. Only cluster members can be part of a CRC. The individual nominated by the organization shall have the relevant technical expertise, and shall be available for at least six months. The organization nominating a staff member shall have a presence in Somalia. Consultation with field-based staff is possible, by email or other means. Organizations but not individuals may be members of more than one CRC. Individuals may not be nominated for more than one CRC.
- **Selection Process:** CRC members are elected by the cluster members. Cluster coordinators invite interested organizations to nominate one staff member and one alternate. Cluster coordinators establish a list of all eligible candidates. They invite all cluster members to cast three votes (one for each group: LNGO, INGO, UN). Each organization that is a cluster member can cast their three votes once. Cluster coordinators and co-chairs do not vote. The vote is secret. Cluster coordinators publish the results and constitute the CRC.