



HUMANITARIAN HEALTH AND NUTRITION TRACKING SERVICE

A proposal submitted to the forthcoming meeting of the IASC Working Group
Geneva, 5-7 July 2006

EXECUTIVE SUMMARY

This project proposal has been developed in response to the request made by the Emergency Relief Coordinator and the resolution of the 58th World Health Assembly. The work leading to this proposal, which has been supported by the donor community, also addresses the one of the priorities of the work plans of the IASC Health and Nutrition Clusters.

Human survival, health and nutritional outcomes are the key dimensions by which the severity of a crisis and the success of humanitarian assistance may be judged. Data on nutrition¹ and mortality yield vital information that can be used to measure human suffering and monitor and evaluate the effect of subsequent humanitarian interventions. In addition to providing objective and impartial evidence that can be used to draw national and international attention to crises, including those that are neglected because of lack of such evidence, the data can be used to provide impartial and objective evidence on the basis of which resources to humanitarian crises are allocated. However, sufficient attention is not always given to these data. This is partly because of the multitude of different, sometimes conflicting data generated by different humanitarian agencies. In addition, many surveys are carried out without the necessary expertise, leading to invalid or imprecise results.

To address this problem, a "Humanitarian Health and Nutrition Tracking Service" (HNTS) is proposed as a common data service initiative for the entire humanitarian community. The establishment of such a common service will be an important step towards the overall reform of the international humanitarian system. The HNTS will support efforts to improve humanitarian health and nutritional outcomes, by measuring key indicators², and thus monitoring the severity of the crisis and measuring the impact of the overall response. The HNTS will also allow the Humanitarian Coordinators to negotiate the space for surveys to be carried out in the politically charged context of a complex emergency. For those

The HNTS will have a **phased and incremental** approach, targeting first the countries that have been identified as priority by the Health and Nutrition clusters, building on existing initiatives in this area, focusing on the expansion of the limited technical capacity currently available in the area of field epidemiology in emergencies and piloting the new components³ of the service.

The project proposal seeks funding over three years to set up global capacity and systematic arrangements to provide impartial, credible and timely information and analysis for a core set of indicators on mortality and nutritional status of populations of humanitarian concern, by adopting a step-wise approach. The following outputs are envisaged:

- Country-based tracking arrangements for specific crises;
- Standards and technical guidelines for the collection, analysis and interpretation of data on mortality, nutrition and coverage of key health services;
- Technical and programmatic capacities to assist country-based tracking, distributed across the different regions;
- Systematic compilation, analysis and dissemination of evidence to inform humanitarian policy makers, programme managers, politicians, the media and the general public.

Based on the above, there will be a strong emphasis on developing an approach to data collection and quality assurance at country level. National capacity to conduct quality assessment, monitoring and evaluation will be improved and expanded. Humanitarian managers will be able to direct, focus, coordinate, and prioritize their assistance and protection efforts in line with validated needs, trends and gaps. For those involved in humanitarian assessment and monitoring, there will be greater

¹ *Nutrition* is used through the document to mean *nutritional status*

² Crude Mortality Rate, Under 5 Mortality Rate, prevalence of Acute malnutrition, for which a consensus was reached within the SMART initiative, and service coverage indicators (see proceedings of the Workshop: Tracking health performance and humanitarian outcomes; WHO on behalf of IASC, 1-2 December 2005)

³ Such as the Help Desk function

efficiency and synergy of effort. Humanitarian policy-makers and funding agencies will, therefore, have impartial evidence they can use as the basis for making allocative decisions.

Most efforts will be focused at country-level, to ensure that the tracking service is need-driven and as close as possible to the points of humanitarian delivery. The HNTS will capitalize on existing knowledge, capacities, and initiatives and build synergies among them. It will explore and assure linkages with existing surveillance systems. There will thus be a strong emphasis on building country and regional/sub-regional capacities, through coordination and expansion of training activities, institutional development, dissemination of best practice guidelines, standardization of data collection and other approaches, with the intent to upgrade the quality of information systems and expand the pool of technical human resources required for this work and ensure the link to decision making for an appropriate response.

At global level, the HNTS will provide a common framework and guiding principles and will focus on technical guidance/validation, coordination, facilitation of ongoing activities in this area. It will also provide technical expertise that countries can call on to support their tracking efforts.

Impartiality and objectivity are essential when collecting, analysing and publishing data. This calls for built-in mechanisms to ensure endorsement by independent technical experts. The initiative is envisaged as a partnership of institutions and experts, activated by the concerned IASC country team and coordinated by a secretariat. The specific targets for the first year are:

- *implementation of the HNTS in two ongoing humanitarian crises in which the IASC Cluster approach is applied and specific technical and programmatic support to three other countries in crisis;*
- *the establishment of an expert technical panel for laying the normative foundation for the health and nutrition tracking service*
- *a core set of mortality , nutrition and coverage indicators and methodological guidelines for the collection, analysis and interpretation of relevant data endorsed by IASC partners;*
- *a review mechanism for data generated at country level established;*
- *a "Help desk" to support country tracking arrangements;*
- *partnerships to provide an initial pool of experts for field deployment and to train people in selected countries to expand the technical capacity base;*
- *support and backstopping for country tracking activities and programme management from the central level.*

The products and services will be provided by different agencies and institutions selected on the basis of their experience, capacity, and mandates within a common managerial framework of agreed mutual commitments.

A small Technical Secretariat will be established to manage the programme according to the decisions of the Steering Committee, and will be hosted by WHO. It will comprise professional staff recruited in a competitive process or seconded by partner agencies, to provide routine services to the project and ensure follow up and implementation of decisions made by the Steering Committee. The Technical secretariat will report administratively to WHO and technically and operationally to the Steering Committee.

It is proposed that a Steering Committee be established to oversee the work of the secretariat. Permanent members will include: six UN system agencies (FAO, OCHA, UNICEF, WFP, WHO and UNHCR) and one representative each from the IASC Health and Nutrition Clusters. Rotating members will include: five NGO representatives nominated by the major NGO networks/consortia

and three bilateral partners. The Red Cross/Crescent movement, CDC and the UN Standing Committee on Nutrition will also be invited as standing observers.

This proposal seeks funds for three years of programme implementation, for a total of around US\$ 8.9 million, of which 60% will target countries in crisis and the remaining 40% will establish and sustain global capacity in support of field tracking activities. Once funded, the implementation of the project will be initiated as soon as possible in 2006, by establishing the Steering Committee and the Technical Secretariat.

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ACRONYMS AND ABBREVIATIONS

CAP	Consolidated Appeal Process
CARE	Cooperative for Assistance and Relief Everywhere
CDC	Centers for Disease Control and Prevention
CHAP	Common Humanitarian Framework
CMR	Crude Mortality Rate
CRED/CEDAT	Centre for Research on the Epidemiology of Disasters/Complex Emergency Database
CRS	Catholic Relief Services
DHS	Demographic and Health Survey
ECB	Emergency Capacity Building
ECOSOC	UN Economic and Social Council
ENA	Emergency Needs Assessment (WFP)
ERC	Emergency Relief Coordinator
EU	European Union
FAO	Food and Agriculture Organization
FEWS	Famine Early Warning System (USAID)
FIVIMS	Food Insecurity and Vulnerability Information and Mapping System
FSAU	Food Security Analysis Unit (FAO)
GIEWS	Global Information and Early Warning System
HC	Humanitarian Coordinator
HIC	Humanitarian Information Centre
HNTS	Health and Nutrition tracking Service
IASC	Inter-Agency Standing Committee
IRC	International Rescue Committee
MICS	Multiple Indicators Cluster Survey (UNICEF)
NAF	Needs Analysis Framework
NGO	Non Governmental Organization
NICS	Nutrition Information in Crisis Situations
OCHA	(UN) Office for the Coordination of Humanitarian Affairs
OECD/DAC	Organization for Economic Co-operation and Development/Development Assistance Committee
SC	Steering Committee
SCF	Save the Children Fund
SCN	Standing Committee on Nutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
TS	Technical Secretariat
UN	United Nations
UNHCR	UN High Commission for Refugees
UNICEF	UN Children's Fund
USAID	United States Agency for International Development
VAM	Vulnerability Analysis and Mapping (WFP)
WFP	World Food Programme
WHO	World Health Organization

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1. PROGRAMME BACKGROUND AND RATIONALE

In 2005, the *Humanitarian Response Review*, commissioned by the Emergency Relief Coordinator concluded that major improvements were needed in the capacity, predictability, effectiveness, and accountability of international humanitarian action, including the filling of gaps and the establishment of measures and systems to assess needs, performance and impact.

The IASC, ECOSOC, and the UN General Assembly debated these conclusions and advocated a package of measures to strengthen the international humanitarian system⁴. A key recommendation was the setting up of IASC "clusters" to improve the predictability and accountability of humanitarian action. The 2005 UK Presidency of the G8 and the EU were also very active in promoting humanitarian system reform, as were donors in general, through OECD/DAC and the Good Humanitarian Donorship Initiative.

Similarly, reviews of recent crises such as the tsunami of December 2004 and the South Asia earthquake of October 2005 concluded there was an urgent need to apply the wealth of technical knowledge and experience already available especially in the field of health statistics, in order to monitor and measure progress and identify gaps in humanitarian assistance.

Currently it is difficult to show that humanitarian agencies are achieving results in terms of saving lives, reducing suffering, and meeting people's expectations for a good standard of humanitarian services. In addition, advocacy efforts and the allocation of resources for crises have been criticized as not being as objective and impartial as required by the principles of humanitarian action.

In development settings, measuring the impact of health actions through morbidity, mortality and other health and socio-economic indicators is standard practice. WHO and its partners have been conducting this work for decades and are still improving their tools and systems. Adapting these evidence-based tools to humanitarian settings is not only overdue but vital to the success of well-targeted and cost-effective interventions.

In May 2005 the 58th World Health Assembly⁵ unequivocally demanded "*timely and reliable assessments of suffering and threats to survival, using morbidity and mortality data*". A similar and more specific request was recently made by the 59th World Health Assembly in May 2006. However, there are no commonly agreed systems by which the severity of needs⁶ in crises around the world can be measured and compared and used as the basis for resource allocation decisions. As lamented by the Humanitarian Response Review: "*there is no consensus on the concept of a 'unique' set of benchmarks against which the 'international system' can be held accountable*" and that "*...priority should be given to a limited number of process and impact benchmarks...*"

Not all crises are equal in terms of the availability of information and analysis. On the one hand, there are *forgotten* - or, more accurately, *neglected* crises, about which little is known until it is too late (e.g. Niger). On the other hand, there are emergencies (e.g. Darfur) where a significant amount of information is collected even if somewhat belatedly, but whose interpretation poses challenges to humanitarian managers. Both situations carry an undue price in terms of human suffering and lives lost. Arguably, human suffering cannot be reduced to cold statistics. However, failure to measure how many people are dying and how many are suffering, renders those affected by calamity simply invisible and prevents the crisis from reaching the political and humanitarian agenda.

National and international humanitarian agencies have their own information systems. These systems reflect different perspectives and capacities, serve a variety of needs, and are not always connected or compatible. Data are derived from various sources using non-standardized methods, refer to uncertain denominators, and cannot be easily collated to establish baselines, track and compare trends or

⁴ See, for example, the latest UNGA Resolution (A/60/L.38) dated 12 December 2005 on the "Strengthening of the coordination of humanitarian and relief assistance...".

⁵ World Health Assembly (2005) Resolution 58.1

⁶ James Darcy and Charles-Antoine Hofmann (2003). *According to need? Needs assessment and decision-making in the humanitarian sector*. Humanitarian Practice Network, Overseas Development Institute.

support evidence-based decisions. In addition, most information systems are designed for stable contexts. Classic indicators, like maternal mortality, are poorly suited for fast-changing and unstable environments. Hence, in emergencies, mortality and morbidity statistics, often the first numbers brought to public attention, are heavily fragmented, poorly comparable, and can rarely be compared to pre-crisis baseline data. Furthermore, while valuable data are collected at the level of individual projects or on the outputs of particular interventions, there is rarely sufficient or consistent evidence to show that humanitarian outcomes are improving or deteriorating at the level of the crisis as a whole.

Other significant gaps relate to the ownership and handling of information. Not all actors are willing to share data since this may expose them to scrutiny and criticism. There is also the difficulty of quality control and validation of data from the field. The strengthening of country-based health information and surveillance systems remains a neglected area that requires urgent attention. In practice, humanitarian actors, including international and national workers, host governments and donors, seldom know whether, and to what extent, their actions affect the survival, livelihoods, and dignity of those affected by a crisis. For example, as recently as January 2006, OCHA flagged the quality and availability of information as a key challenge in the South Asia earthquake relief operation, mentioning, *inter-alia*, the lack of denominator and baseline data.

Policy makers and programmers need a consolidated, authoritative and objective overview of the situation. This requires a common technical reference framework as well as institutional arrangements, structured procedures and dedicated capacities and resources that can be accessed at both country and global levels.

Nutrition, mortality and other health data, including those related to service coverage (disaggregated by gender, age, ethnicity), are an important foundation for the monitoring of humanitarian trends and responses. Supplemented by other information on the determinants of the crisis -e.g. on water and sanitation, food security, etc- these can define the context of the crisis, provide early warning and improve insights into the risks faced by populations, and so inform a coherent and timely response by those with a role in humanitarian assistance and protection. Once generated, mortality, nutrition and coverage data must be validated and effectively communicated to interested parties, according to pre-defined protocols and mechanisms. Such mechanisms often do not exist and lead to incorrect claims and inefficient use of resources. There is a need to integrate validation mechanisms in the data audit trail and data publishing process.

International NGOs were among the first to conduct mortality surveys on a large and strategic scale⁷. At global and regional levels, there are more than 50 electronic data bases, virtual networks, initiatives and systems for data collection, forecasting, early warning and assessments in crises, as well as setting standards in humanitarian relief. They reflect a wide range of perspectives and serve a variety of needs and clients. They can be broadly classified as contributing to: setting standards; developing methods; proposing analytic frameworks; conducting surveillance and surveys; compiling databases; collating and publishing data and analysis, and establishing or improving national information systems. Examples include the following:

- From the Sphere Project: a set of minimum standards and performance indicators (including in the areas of food security, health care, nutrition and mortality) that are the result of an inclusive and long consensus-building process.
- The OCHA Needs Analysis Framework (NAF) links needs assessment to planning and resource mobilization by providing a tool for structuring and analysing information on needs. The NAF serves as the basis for the formulation of the Common Humanitarian Action Plan (CHAP) and the Consolidated Appeal Process (CAP). It has a cross-sectoral focus and is consistent with Sphere-based standards and indicators.
- The major drive of SMART has been to catalyse consensus on the use of the Crude Mortality Rate (CMR) and under-five acute malnutrition rate as the most vital public health indicators of the severity of a humanitarian crisis. SMART encouraged the development of best-practice

⁷ For example, IRC in the Democratic Republic of Congo in 2001. CARE, CRS, IRC, Mercy Corps, Oxfam-GB, SCF-USA and WVI have been co-operating in an Emergency Capacity Building (ECB) Project.

methodologies for collecting mortality and under nutrition data as well as assessing food security in a standardized way.

- The UN Standing Committee on Nutrition (SCN) issues regular reports on nutrition information in crisis situations (NICS) that analyse key outcome indicators for humanitarian populations over time. NICS collects information from a wide network of UN and NGOs. There is also the USAID-funded Famine Early Warning System Network (FEWS-NET).
- The inter-agency initiative on Food Insecurity and Vulnerability Information and Mapping System (FIVIMS) has national and global components. At country level, it seeks to contribute to the reduction of food insecurity and vulnerability through improving data quality, integration, exchange, and utilization. Globally, it has a common database and information exchange network, and is attempting to define common standards, methods, and tools. Vulnerability Analysis and Mapping (VAM) and Emergency Needs Assessment (ENA) of WFP are other well-established approaches.
- Examples of well-established surveys and surveillance include UNICEF's Multiple Indicators Cluster Surveys (MICS), Demographic and Health Surveys (DHS), and communicable disease surveillance arrangements for conditions of public health importance. These are often not adequately disaggregated for assessing the health and nutritional status of populations of humanitarian concern. FAO has a Global Information and Early Warning System (GIEWS) and associated on-line work station, which provides alerts on food crises and food security data and helps to measure the size of food deficits requiring exceptional external assistance. WHO has a Global Database on Child Growth and Malnutrition covering 180 countries and a Crises Watch List covering 34 countries. In 2005, WHO established a Programme on Health Statistics dedicated to enhancing the quality of data and estimates on mortality, morbidity, disability, health levels, risk factors, health service coverage and health systems.
- In many crises, the Humanitarian Information Centre (HIC) can provide useful country-level platforms for information exchange and dissemination.
- In terms of field based monitoring tools, the Somalia Food Security Analysis Unit (FSAU) managed by FAO has developed a useful "Integrated Food Security and Humanitarian Phase Classification System" (IPC), which has been adopted to monitoring the severity of food insecurity in the Greater Horn of Africa.

The Darfur crisis first prompted WHO to implement, together with its partners, a mortality survey on sound and technical standards in order to verify conflicting data put forward by multiple sources. A second survey by WFP and CDC was also undertaken. The survey findings prompted a far-reaching technical and political debate, nationally and internationally. A survey carried out by WHO and partners in Uganda was again followed by a large debate on the interpretation of its findings.

The various Darfur surveys prompted a senior inter-agency meeting of humanitarian agencies in Geneva in November 2004, chaired by the Deputy Emergency Relief Co-ordinator. Meeting participants asked for "*reliable quantitative information on food security, nutrition, health and mortality patterns (and rates) to be obtained as early as possible, and updated in a systematic fashion at regular intervals*" as part of crisis management.

The IASC concurred, and the Emergency Relief Coordinator asked WHO, as the leading agency in health, to organize a consultation with key stakeholders in order to review areas of consensus and identify major outstanding technical and policy questions for debate. The idea gained momentum when WHO was designated lead agency for the health cluster.

At the consultation⁸, organized by WHO in December 2005, some 80 experts and representatives from about 40 international organizations, NGOs, governments and academic institutions reviewed existing work on the collection and use of mortality, nutrition, and other health coverage/performance data, examined the possibility of applying selected indicators to humanitarian and crisis situations, and advised on the next steps for establishing a Tracking Service.

⁸ See the final *Report of a Workshop on Tracking Health Performance and Humanitarian Outcomes*, Geneva, 1-2 December 2005, IASC/WHO.

Based on a follow up meeting organized by WHO at the beginning of 2006, the present project proposal was developed. In March 2006, the IASC Health Cluster recommended the creation of a project advisory board comprising main stakeholders from the Health and the Nutrition Clusters in order to formulate a consolidated approach and ensure a shared vision.

A preliminary project proposal was discussed by representatives of donors and IASC agencies (OCHA, UNICEF, WFP and WHO) who met at WHO headquarters in Geneva on 25 April 2006. The participants of the group recommended further revision by a technical inter-agency group. Once the proposal is finalized and formally endorsed, it will be submitted for funding. Subject to agreements and resources, elements of the Tracking Service could be initiated during the last quarter of 2006. Based on this recommendation, an inter-agency technical group including NGOs and donor representatives met in Geneva in June 2006 under the leadership of the IASC Health and Nutrition Clusters to finalise the current proposal before submission to the IASC Working Group.

In May 2006, the World Health Assembly passed a resolution⁹ that requests the Director General "...to establish and maintain, in collaboration with relevant organizations of the United Nations system and partners a tracking service that will monitor and assess mortality rates in humanitarian emergencies...".

2. PROGRAMME GOALS

The **goal** of the programme is to contribute to the improvement of humanitarian performance and outcomes. Its **purpose** is to establish systematic arrangements to provide impartial, credible, and timely information, analysis and dissemination on a core set of mortality, nutrition and coverage indicators related to populations of humanitarian concern.

The HNTS will have the following inter-connected outputs:

- Country-based tracking arrangements for specific crises;
- Standards and technical guidelines for the collection, analysis and interpretation of data on mortality, nutrition and coverage of key health services;
- Increased global capacity to assist country-based tracking, distributed across the different regions, and
- Systematic compilation and analysis of evidence for humanitarian policy makers, and programme managers.

The HNTS cannot resolve political, policy, and management dilemmas that require leadership, dialogue and negotiation elsewhere. The key stakeholders of HNTS are populations of concern, local and national health and other relevant authorities and nongovernmental and other organizations. Not all the diverse perspectives and expectations of national stakeholders and international humanitarian actors can be accommodated into an effective HNTS. Choices will have to be made on what is feasible, affordable, and critical in terms of agreed objectives.

2.1. Benefits and impact

The **benefits** of the programme will accrue at several levels, nationally and internationally. Humanitarian policy-makers and funding bodies will have an impartial evidence base for making resource allocation decisions. Humanitarian managers will be enabled to direct, focus, coordinate and prioritize their assistance and protection efforts in line with validated needs, trends and gaps, including in relation to performance and coverage. For experts and institutions involved in humanitarian assessment and monitoring, there will be greater efficiency and synergy of effort, with potentially substantial efficiency gains. In addition, NGOs and other agencies and institutions will benefit from the common services provided by the HNTS at country and central level, in terms of guidelines, training, help desk, peer review. As a result, it is expected that an increasing number of agencies will be encouraged to collaborate in surveys and surveillance systems and share the

⁹ WHA59.22 of 27 May 2006, Emergency preparedness and response, Fifty-ninth World Health Assembly

information. Furthermore, national capacity to conduct quality assessment and monitoring will be improved and expanded.

As a result of the above, populations of humanitarian concern are expected to benefit from more timely and appropriate levels of assistance, greater equity across different crises and different population groups within the same crisis. The fulfilment of these benefits will however depend on whether HNTS outputs can be successfully harnessed alongside other reform efforts to enhance the performance and accountability of the different elements of the humanitarian system.

2.2. Core indicators for tracking

At a minimum, the Service will be designed to track the following core indicators:

- Crude mortality rate
- Under 5 mortality rate
- Prevalence of acute malnutrition (wasting) among children under five years
- Indicators of humanitarian coverage/performance (to be developed further by the programme's Technical Secretariat and Steering Committee – see below).

2.3. Timeframe

The timeframe of this proposal is three years, starting from the date on which the programme Steering Committee first assembles.

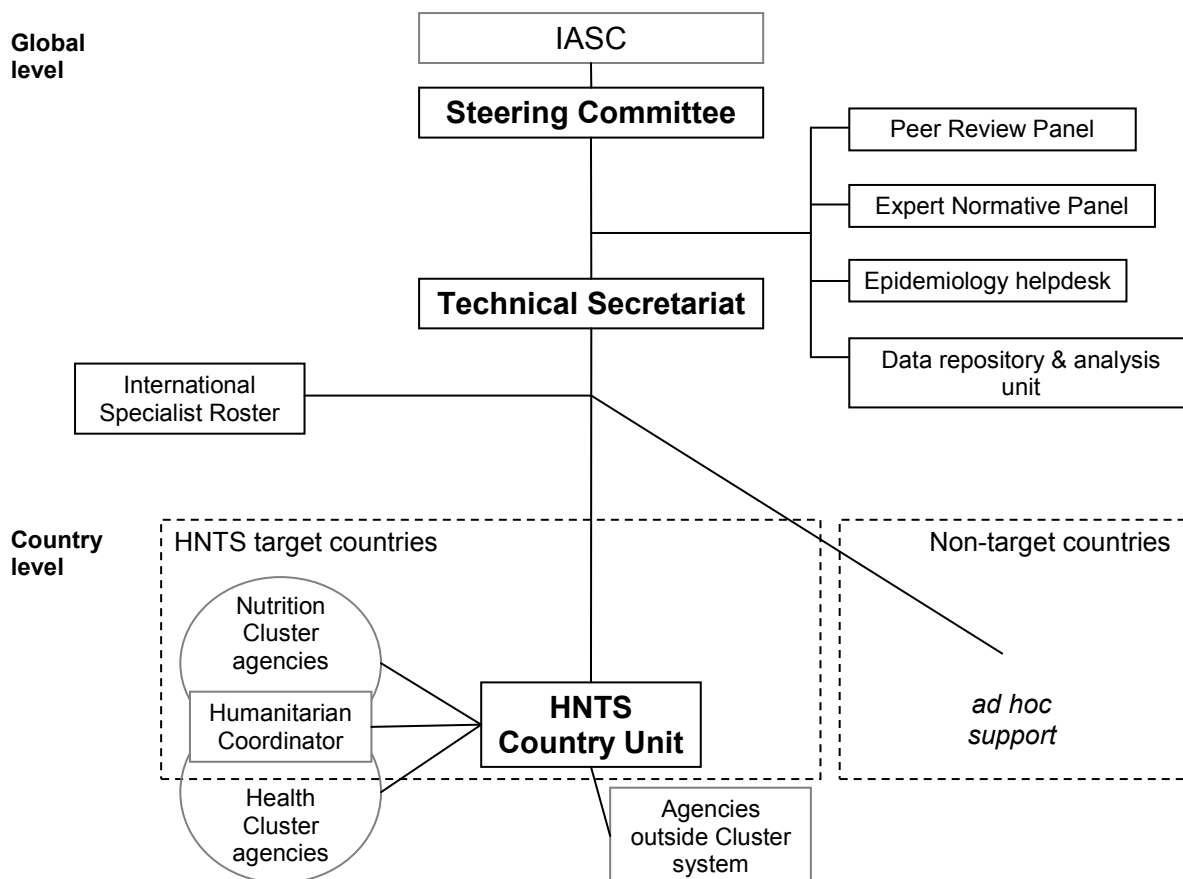
2.4. Target population

Three different levels of programme broad targets are proposed:

- **Full HNTS implementation.** During the timeframe, the programme aims to deliver all outputs (i.e. implement the full HNTS package) in **six target countries** affected by crises. HNTS implementation will proceed in a staggered fashion: two countries in year one, two in year two, and two in year three. By the end of the three year timeframe, the programme aims to cover all populations affected by crises within these countries. The six target countries and the order in which they will be selected for HNTS implementation, will be determined by the Steering Committee (see below) when it is formed, in consultation with the IASC and the Technical Secretariat Coordinator. The decision will be based on opportunity and maximum benefit considerations. IASC Clusters' priority countries will be considered preferentially for HNTS implementation.
- **Ad hoc HNTS technical support.** The programme aims to provide, on an ad hoc basis, a variety of HNTS services/components (though less than the full package) to populations affected by crises in up to **ten additional countries**, including new, acute emergencies. The services will vary, according to the needs and the existing capacity at field level, from short assessment missions to help identify health information management priorities to specific technical assistance (e.g. design of a mortality or nutritional survey, etc).
- **Global benefits.** The programme's global outputs on standards and technical guidelines, capacity building and evidence analysis target, by their nature, the affected populations in **all countries in crisis** worldwide.

2.5. Structure of the HNTS

The following diagram shows the proposed structure of the HNTS at global and country level:



3. COUNTRY-LEVEL ACTIVITIES

3.1 Tracking activities in countries targeted for HNTS implementation

In each of the countries targeted for HNTS implementation, a HNTS Country Unit shall be established. As a first step, a brief but detailed **in-country assessment** of specific needs and capacities will be conducted with Technical Secretariat¹⁰ support, so as to optimize the Country Unit set-up. The assessment will map any ongoing tracking activities by government, UN agencies and NGOs, existing capacities (such as proficiency of local statistics offices, presence of trained epidemiologists in the humanitarian community, etc), methods in use for data collection, and ways in which any findings produced are disseminated and included in local or international databases.

3.1.1 Functions and activities

Each HNTS Country Unit will perform the following inter-related functions and partly overlapping activities:

a. Collate, manage and analyse existing data. Activities include:

- Create a dynamic, open network of collaboration among all agencies (government, academia, UN, Red Cross, NGOs, civil society, etc.) who perform health tracking activities among populations affected by ongoing crises within the country, and/or report data on the core tracking indicators. This includes government and agencies that do not participate in the Cluster approach.

¹⁰ One of the central bodies foreseen, see below

- Establish procedures and tools (ex. data entry screens, mapping software) for data capture, entry/abstraction and management, adapting the standardized procedures and tools devised by Technical Secretariat. This includes running a standardized, simple quality checklist so as to detect biases and limitations of reported data. Note that data entry merely concerns key summary findings of surveys/surveillance.
 - Equip the HTNS Country Unit office with required hardware (ex. computers) and software (ex. Statistical analysis packages).
 - Produce regular reports providing a crisis-wide view of tracking indicator trends, informed by analysis of contextual information (ex. humanitarian access; violent incidents; food distribution frequency; etc.).
- b. Coordinate within-country tracking activities.** Activities include:
- Identify spatio-temporal gaps in coverage of tracking (i.e. sections of affected populations for whom no data on tracking indicators are available), based on analysis of available data.
 - Regularly meet with the network of tracking agencies so as to promote coordinated tracking activities, thereby preventing duplication of work and maximizing resource utilization.
 - Advocate for additional data collection so as to fill these gaps.
- c. Build in-country capacity for tracking.** Activities include:
- Train between 7 and 10 people per country over three years, based on a standard curriculum developed by the Technical Secretariat, on all aspects of survey and surveillance system implementation in the domains of mortality, nutrition and coverage/performance, as well as on data reporting and communication. Technical Secretariat staff and International Specialist Roster members may be asked to directly assist with these training sessions. Training recipients will be based permanently or semi-permanently in country, and will have prior training in epidemiology or statistics; they will include local academics, national UN and NGO staff, and government employees. It is expected that these staff will then become focal points for tracking activities within their organizations, and stimulate continuity of tracking beyond this proposal's timeframe.
 - Advise agencies involved in tracking activities on methodological issues. While not extensive as the epidemiology helpdesk service at Technical Secretariat, the HNTS Country Unit will, on request, review proposed methodologies and advise agencies on any aspect of data collection and analysis. However, assistance for very high-profile surveys or surveillance systems will be deferred to the Technical Secretariat.
- d. Promote standardization of methods.** Activities include:
- Run quality checklist on data (see Function 1).
 - Sensitize agencies involved in the within-country tracking network about the importance of methodological standardization, and disseminate guidelines and tools developed or recommended by the Technical Secretariat.
- e. Training in recommended methods (see Function 3)**
- f. Help ensure data is used for action.** Activities include:
- After the peer review of surveys' results (central-level activities), ensure timely and wide dissemination of tracking reports to all stakeholders.
 - Engage governments, UN agencies, NGOs and donors so as to ensure recognition of alarming tracking findings, and their use in improving the humanitarian response. Note that the UN Humanitarian Coordinator and Health and Nutrition Cluster leads within the country are expected to assume leadership for this function so as to bolster the voice of the HNTS Country Unit, with methodological support, whenever relevant, from the central HNTS peer review panel.
 - Ensure that the analysis of data and their interpretation and the dissemination of results is unencumbered by political considerations.

3.1.2 Resources for tracking activities

This proposal includes funding for the establishment and support of HNTS Country Units (see composition below), as well as a small contingency fund to support unforeseen activities such as ad hoc surveys and improvement of surveillance systems. Resources for actual tracking activities

(surveys or surveillance) will however primarily come from Consolidated, Flash or other funding appeals. For example, a Cluster-participating NGO might conduct a nutritional survey based on previously earmarked CAP funding; the HNTS Country Unit's intervention could then consist of making sure the CAP process makes sufficient provision for the NGO's tracking activities; validating the survey protocol; helping NGO staff to set up the survey or analyse findings; and/or incorporating survey data in crisis-wide analyses. Under special circumstances of particular international concern, it is also expected that the Emergency Relief Coordinator and the IASC will request the activation of the HNTS, with resources being provided accordingly.

3.1.3 Human resources

In each country HNTS unit core staff shall consist of two full-time epidemiologists (of whom at least one international, or both in complex emergencies to ensure impartiality) with training and considerable experience in assessment of mortality, nutritional status and health needs in emergencies, as well as statistical analysis. Support staff shall include one administrative and logistics manager, one IT officer, and one driver. These support staff will be drawn from existing Health and/or Nutrition Cluster structures and member agencies, as long as a sufficient portion of their time can be devoted to HNTS work. One staff member (core or support) will have training in public health information management and relations with the press.

3.1.4 Institutional location of the HNTS unit in the country

No single pre-determined positioning of the HNTS Country Unit is envisaged. Target countries are likely to differ amongst themselves according to state of advancement of the Cluster approach roll-out, presence of a Humanitarian Information Centre (HIC), capacity of government and its likely degree of objectivity, possibility of involvement of local academia, etc. Generally, two main scenarios are (i) an ongoing crisis with Cluster roll-out well under way, and (ii) an acute emergency with little pre-existing humanitarian structures. Where possible, the HNTS Country Unit will be housed within the HIC. Alternatively, it may be positioned in the Health Emergency Information Centre, OCHA or other agency offices, or within national statistics offices if government is clearly an impartial stakeholder in the crisis. In all instances, the strictly inter-agency nature of the Unit will be stressed from the start, to ensure independence and impartiality, with the HNTS unit reporting to the HC. In practical terms, the decision of where to house the HNTS unit will have to be taken very quickly.

In order to ensure transparency and rapidity of information flow, tracking outputs (reports of surveys and surveillance, compilation of findings from different studies, etc.) will be posted on the web by the HNTS Country Unit itself (provided they meet quality criteria and are approved by the External Peer Review Group if necessary), and disseminated via an established e-mail list (including government, UN, NGOs, donors, civil society organizations, etc.).

3.2 Activities in non-target countries

No permanent HNTS structures will be established in countries not targeted for HNTS implementation during the timeframe of this proposal. However, the HNTS will be able to offer ad hoc technical support in up to **ten other countries in crisis**, including new emergencies arising during the programmatic timeframe. The following resources will be used to support tracking activities in these crises:

- Steering Committee-initiated mobilization of global stakeholders and resources for tracking.
- Technical Secretariat resources: on-site support by expert epidemiologists, remote epidemiological helpdesk, possible crisis-wide analysis based on data repository.
- International Roster of trained tracking specialists: to be deployed upon request by Technical Secretariat, and based upon crisis-specific funding (for example, Flash or Consolidated appeals, Central Emergency Revolving Fund, specific agency funds, etc.).
- Small contingency fund to perform ad hoc unforeseen tracking activities.

Ad hoc support may take the form of on-site visits to help agencies set up surveys or surveillance systems, or direct Technical Secretariat organization and coordination of tracking activities.

4. CENTRAL-LEVEL ACTIVITIES

4.1 Roster of experts to support field tracking activities

For purpose of sustainability, a **priority** that the HNTS needs to address is to expand the pool of hands-on epidemiologists, nutritionists and health information managers with field experience in emergencies. Experience in Darfur and in northern Uganda revealed the paucity of expert human resources needed to carry out this specialised work. Wider roll-out of the HNTS at country level will not be possible without substantially strengthening field capacity.

Accordingly, the HNTS will work with the network of participating agencies (UN, NGOs, academic institutions, etc) to identify technical experts from around the world who have the necessary skills and experience and who are available for HNTS work at field level. They will be selected on the basis of epidemiological, nutritional and information management skills as well as their demonstrated ability to work in crisis settings.

It can be anticipated that it will be possible to identify only a small number of experts, and that a strong investment is needed in training and mentoring staff in order to incrementally expand the initial pool. Training will be carried out by the respective agencies and/or academic institutions that have already programmes in this area. The Technical Secretariat of the HNTS will promote the standardization of curricula and the sharing of training materials. Funds have been allocated to launch an accelerated programme of training focusing on survey design and conduct, and data analysis, to quickly develop the pool of experts.

The HNTS Secretariat (see below) will set up and manage a roster of these experts. This roster will be used for rapid access by in-country HNTS managers who may need assistance with assessing and managing local health information systems, setting up new emergency health information systems and/or databases, designing and helping in the conduct of surveys, supporting data collection and analysis, and assisting in the preparation of various information products. The HNTS secretariat will facilitate the matching of skills with requirements, while the contracting of experts for specific technical assistance will be the responsibility of the IASC Clusters' member agencies at country level. In special circumstances, the staff of the Technical Secretariat may be requested by the Steering Committee¹¹ of the HNTS to temporarily fill strategic gaps at country level, until the appropriate experts are identified from the roster and deployed to the field.

4.2 Setting standards for data collection, analysis and dissemination

The **second priority** concerns common standards for data collection, analysis and dissemination. There is a reasonable consensus and common understanding among UN Agencies, Governments and NGOs on core data and indicators and methods to collect and analyze them. There have already been attempts to standardize tools; however, there is no formal system-wide endorsement of a basic package of technical guidance. Furthermore, often field conditions in crises make data collection difficult, for example due to the lack of security or the inadequate logistics. There is therefore the need to identify practical and acceptable mechanisms for problem solving along standards that can guide data collection, analysis, interpretation, compilation, synthesis and dissemination. These standards will lead to ensuring quality control and consistency in methods used, so as to enable standardization and valid comparisons across different situations.

This sub-component of the programme will focus on outstanding technical issues and manage a process for the endorsement by the IASC members of the technical foundations for the HNTS, i.e. core indicators, methods, tools, guidelines. The Steering Committee will ensure that the development this component of the HNTS will be closely linked and coordinated with the work concurrently carried out by the Health and Nutrition IASC Clusters in the area of assessment and information

¹¹ For the role and composition of both bodies, see p.

management. This will require regular technical meetings and between the technical Secretariat and the relevant IASC working groups.

To accomplish this normative task, the Technical Secretariat, under the Steering Committee' guidance, will establish, and support the functioning of an *international expert panel* that will meet regularly to:

- review and endorse all methodological aspects relevant to the HNTS, including the list of minimum indicators for coverage and performance of key health services, benchmarks and triggers,
- provide technical guidance to partners on data collection and analysis for leading health crises and emergencies, with focus on acceptable tools for data collection and a checklist of standards for surveys and surveillance systems,
- promote the use of best practices in this area and supplement these, where required, with guidelines on strategic and technical issues¹², and
- promote the harmonization of training curricula focusing on relevant aspects of the HNTS,
- identify a research agenda, and
- establish taskforces to deal with specific outstanding technical issues.

The *international expert panel* will consist of leading technical expertise in the field, including a core group of members, but will also be dynamic and convene special meetings and expert task forces as needed with flexible membership. The latter may include guidance on how to attest the quality and transparency of emergency-related data, what metadata and quality attributes need to be documented to establish an explicit data audit and how to expand and standardize the publication of primary data and their data collection modes.

Technical guidance products will be submitted for endorsement by the IASC members, through the Steering Committee of the HNTS as they emerge, and will be linked with a peer review mechanism (see below). The final package will be available in multimedia and on-line, and will be kept up to date.

4.3 Improving the quality of HNTS information

Improving the quality of the information produced by the HNTS -in terms of collection, processing, analysis and interpretation- is a priority. This will be achieved through two related mechanisms:

- a a systematic **peer review** of the protocols and findings of major surveys carried out in the framework of the HNTS, and
- b a "**Helpdesk**" facility, easily accessible from the field.

The peer review component will manage an impartial and transparent process to assess the available reports of major surveys. The agencies involved in data collection will be encouraged to share their reports to allow independent peer review of quality and validity¹³, thus enabling users –e.g. Humanitarian Coordinators, UN and NGOs, donors- to judge the weight they should ascribe to their findings and conclusions. The peer review panel will consist of academics and professionals with work experience in emergencies. The panel should have a wide representation and include statisticians and demographers in addition to epidemiologists and nutritionists and should be flexible enough to include expert with a special knowledge of the context, whenever this is considered relevant to the interpretation of findings. It is expected that the size will be between 5 and 10 professionals who will participate upon invitation from the Steering Committee. The chair of the panel will be appointed by the same Steering Committee.

The experts' "Helpdesk" will answer methodological queries from agencies, providing timely answers (for example, on choosing the right indicators for specific circumstances, designing surveys/studies, solving practical field problems, reviewing methods and results of population surveys, interpreting results, identifying technical documentation, guidelines, and resources, reconciling multiple sources

¹² how to plan surveys so that the findings are best representative of the populations affected; how to choose between surveys and surveillance; how to project findings to affected populations; how to analyze data about sub-populations; how to interpret the findings, etc

¹³ using procedures similar to the one now in place for the publication of health statistics at WHO.

of data around mortality and nutrition, as well as linking with additional relevant experts). It can be also requested to review surveys protocols, but it may decide for strategic surveys to defer the protocol to the Peer Review Panel. It will be easily accessible by email or phone to in-country HNTS implementers.

Experts of the agencies supporting the HNTS will provide the helpdesk function, on a rotation and voluntary basis, with managerial support provided by the Technical Secretariat. Each agency represented in the Steering Committee and with adequate technical capacity will propose a number of experts to the Technical Secretariat for fulfilling this task. The operating procedures for both the Peer review and Helpdesk facilities will be developed by the Technical Secretariat and endorsed by the Steering Committee. Depending on the workload, it may be necessary to outsource this function to external agencies.

The technical expert group integrating the external peer review and the Helpdesk facilities will provide a critical information and analysis function. To achieve this, the technical group will have to be perceived as unequivocally independent and impartial.

The peer review and helpdesk functions will be coordinated and supported by the HNTS secretariat, possibly with subsidiary arrangements with experts in other institutions, under a service-level agreement to ensure that queries from the field are given a prompt feedback. Specific logging procedures will be established to track "help desk" activities. A library/log of country queries and answers will be maintained to assist development of further Health Tracking Service guidance.

The HNTS Secretariat will regularly convene the experts, at least once a year, with the aim of reviewing the procedures of both peer review and helpdesk facilities and make the necessary adjustments.

4.4 Ensuring wide dissemination of relevant HNTS information

The HNTS Secretariat will promote and facilitate a wide dissemination of the results of surveys conducted in major crises, unencumbered by political considerations. The emphasis will be on transparency, consistency and comparability of statistics and on the harmonization and validation mechanisms across agencies and between countries. Therefore, building on the work of compilation and analysis of mortality and nutrition data already carried out by various institutions¹⁴, the Secretariat will promote the production of baseline profiles of countries and populations of humanitarian concern in accordance with a standardized format and trend analysis reports, as well as tailored reports for specific users at country level or globally. These analyses will feed back into humanitarian response. Users of information and analytic products will include agencies of the international humanitarian system at global, regional, and country levels, Humanitarian Information Centres, the Consolidated Appeals process, Parliaments, donors, and the media.

This sub-component may evolve with time in the establishment of a public Central Data Repository/Clearinghouse that will give free, easy access to relevant HNTS primary and secondary data. The modality, institutional arrangement and resource requirements of this sub-component require, however, a broad technical consultation with both information producers and institutions already partially fulfilling this function. The Secretariat will, therefore, organize such a consultation in the first year of implementation of the programme such consultation.

¹⁴ CRED/CEDAT, NICS, World Health Statistics, WHO's Event Management System, and WHO Child Growth and Malnutrition databases, FAO/FSAU IPC

5. GOVERNANCE AND MANAGEMENT OF THE HNTS AT CENTRAL LEVEL

5.1 The Technical Secretariat

The HNTS Technical Secretariat will manage the programme, according to the decisions of the Steering Committee. It is an independent body that will be hosted by WHO, with an open inter-agency partnership providing specific inputs within a common managerial framework

Under the guidance of the Steering Committee (see below) the secretariat will coordinate the various task teams (expert panels, external peer-review, etc), support the partner agencies and institutions, mobilize the required resources, assist in the preparation of relevant information products and contribute to their dissemination and, whenever required, fill strategic gaps at country level.

The staffing will consist of a technical manager (at P6 level), an epidemiologist¹⁵ (P5), a programme officer (P3) and an administrative and financial support staff (GS5). These posts will be open to all qualified candidates (including applicants external to the UN). The staff will be selected by a panel of the Steering Committee through a competitive process. Participating agencies will be encouraged to second staff, who will be selected through the above competitive process.

The Technical Manager will report operationally and technically to the co-chairpersons of the Steering Committee and administratively to the Director of the Health Action in Crises Department in WHO.

The Technical Secretariat's terms of reference will be to:

- Develop standard operating procedures for the HNTS;
- support and coordinate all HNTS capacity building activities,
- promote coordination of, and foster partnership around the HNTS, by: ensuring liaison with partners (the IASC Secretariat, OCHA CAP unit, and with the relevant Clusters), maintaining updated knowledge of HNTS work around the world, coordinating the implementation of real time HNTS activities, overseeing the preparation of baseline profiles and updated status reports of situations of major humanitarian concern, generating ad hoc reports,
- manage the HNTS programme, by developing and implementing the *Work plan*, including monitoring and reporting on progress, organizing the meetings and processes of the various technical groups, establishing HNTS arrangements in crises,
- advise the Steering Committee when explicit attention and advocacy is necessary from the international community for "neglected crises" as identified through the work of the HNTS;
- fill strategic gaps at field level when there is the need for immediate HNTS action and suitable experts are not available.

5.2 The Steering Committee

A Steering Committee will be established to oversee the work of the secretariat. Permanent members will include: six UN system agencies (FAO, OCHA, UNICEF, WFP, WHO and UNHCR) and one representative each from the IASC Health and Nutrition Clusters. Rotating members will include: five NGO representatives nominated by the major NGO networks/consortia and three bilateral partners. The Red Cross/Crescent movement, CDC and the UN Standing Committee on Nutrition will be invited as standing observers. The Steering Committee will maintain close links with the policy discussions and practices of the relevant IASC Clusters.

The summary terms of reference of the Steering Committee, meeting three times a year, and more often as necessary, are to:

- Guide the work of the Secretariat, including the approval of its work plan and budget allocations,
- oversee the implementation progress, by reviewing both technical and financial reports,

¹⁵ If possible to be seconded by a participating agency

- resolve problems, including difficulties in interagency co-operation, and programming in the field;
- advocate for action to meet the health and nutritional needs of neglected populations in crisis,
- support Technical Secretariat efforts in mobilizing resources to initiate priority tracking services in new crises, and
- assure that the tracking service work is carried out transparently and independently and, at the request of the secretariat, reach an internal consensus on issues and/or data that generate controversies or remain unresolved, so that a common, evidence-based position can be provided to the IASC and the Emergency Relief Coordinator..

6. PROGRAMME IMPLEMENTATION

The programme will be implemented in a step-wise, incremental fashion and will be guided by realistic targets. The arrangements suggested in this proposal will provide an overarching umbrella to facilitate synergies among existing initiatives. It can be expected to draw in large measure from the Sphere project, the SMART process, the NAF, NGO field experience, WHO's Rapid Assessment Protocols and other technical standards, UNICEF's Rapid Assessment Tool, and the methodologies underpinning UNICEF/MICS, WFP/VAM and FAO/FSAU as far as monitoring performance, outcomes and determinants, respectively, are concerned.

The pool of technical and programmatic capacities will need to reflect in full the experience gained by field operators, and the interest and the expectations of users; thus it can be expected to draw from the human resources of participating agencies. It will also need to reflect the best in terms of training know-how by focusing on effective transmission of hands-on skills, and by securing the services of seasoned experts and institutions that have a reputable track-record in this area.

Country-based arrangements will need to be supported by direct assistance, with full credit given to existing initiatives, systems, and local data repositories. The Relief Web at global level and the HIC and other units at country level such as FAO' FSAU already offer inter-agency and inter-cluster platforms for dissemination and support to decision-making. The purpose behind the HIC explicitly includes strengthening national information systems and country work and the HNTS will add value in this direction.

Six-monthly progress reports will be provided to donors and the IASC in a standard, common format that will be developed during the inception phase. There will be an annual consultation with all stakeholders: service providers, users of the Service, and funders.

An independent Mid-term Review will be commissioned within one year from the start of the Programme and an external evaluation will be carried out during the last three months of Year 3 of the HNTS.

This proposal seeks funds for the first three years of programme implementation, for a total of US\$ 8.9 million, of which 60% will target countries in crisis and the remaining 40% will establish and sustain global capacity in support to field tracking activities.

7. RISKS AND ASSUMPTIONS

The principal risk is that political factors will constrain the HNTS roll-out in certain cases. This will be mitigated through linkages with the IASC and the ERC who would be expected to advocate on behalf of the work of the Service. Access due to insecurity could delay tracking work: standard UN security protocols will be followed. Nevertheless, this could delay service delivery in some circumstances.

The principal assumption is that mortality and nutritional status are indeed valid indicators of the scale of humanitarian need and that coverage of key health services can help interpret the context surrounding these outcomes. It is also assumed that donors will increase their commitments to Good Donorship and other harmonization and simplification principles, and will be guided in making resource allocation decisions by assessments of crisis severity and priorities generated by the HNTS.

A further assumption is that feasible solutions can be found for unresolved technical issues - even with best efforts. The commitment of various institutions - in the UN and beyond - to humanitarian system reform remains fragile and will influence the extent to which co-operation at global and country level is maintained to put the HNTS into practice in an optimal manner. The undertaking given by the main stakeholders will have to be that they will comply with common procedures, systems, and reporting requirements as agreed in the Advisory Committee.

8. BUDGET

Country-level HNTS

1	Establishment of TS in 6 on-going crises				
1.1	International staff	450,000	900,000	900,000	2,250,000
1.2	National staff	55,200	110,400	165,600	331,200
	<i>Sub-total staff for TS</i>	<i>505,200</i>	<i>1,010,400</i>	<i>1,065,600</i>	<i>2,581,200</i>
2	Technical and programmatic support to 10 countries	150,000	150,000	150,000	450,000
3	Contingency fund for unforeseen activities (surveys, etc)	100,000	150,000	250,000	500,000
4	Training				
4.1	45 experts to assist in TS	150,000	150,000	150,000	450,000
4.2	90 personnel in 10 countries	105,000	105,000	105,000	315,000
	<i>Sub-total training</i>	<i>255,000</i>	<i>255,000</i>	<i>255,000</i>	<i>765,000</i>
5	Equipment	80,000	120,000	150,000	350,000
	Sub-total for country-based HNTS	1,090,200	1,685,400	1,870,600	4,646,200

Central-level HNTS

6	Staff for Technical Secretariat				
6.1	Manager	240,000	240,000	240,000	720,000
6.2	Epidemiologist	-	-	-	-
6.3	Programme Officer	180,000	180,000	180,000	540,000
6.4	Administrative support	90,000	90,000	90,000	270,000
7	Travel & DSA	100,000	100,000	100,000	300,000
8	Equipment	30,000			30,000
9	Steering Committee	105,000	70,000	70,000	245,000
10	Peer-review	110,000	110,000	110,000	330,000
11	Expert Panel	155,000	155,000	155,000	465,000
12	Technical consultation on Central Data Repository	50,000			50,000
13	Databases management	50,000	50,000	50,000	150,000
14	Miscellaneous	30,000	30,000	30,000	90,000
15	Monitoring & Evaluation	30,000		50,000	80,000
	Sub-total for central level HNTS	1,140,000	1,025,000	1,025,000	3,270,000
TOTAL		2,230,200	2,710,400	2,895,600	7,916,200
	PSC (13%)	289,926	352,352	376,428	1,029,106
	GRAND-TOTAL	2,520,126	3,062,752	3,272,028	8,945,306

Notes

- 1.1 12 staff-months (P5) per country per year for two years; 1st year: 2 countries, 24 months; 2nd year: 2 additional countries & 24 additional months; 3rd year: the same as for 2nd year; total of $(12 \times 2) + (12 \times 4) + (12 \times 4) = 120$ staff-months
- 1.2 1st year 24 staff-months; 2nd year: 24 + 24 months; 3rd year: 24+24+24 months; total=144 staff-months
- 2 short missions of experts: average 10 per year
- 4.1 Hands-on training in field survey, 2 weeks training at \$10,000 per participant, 15 participants in each course, 1 course per year
- 4.2 training in information management, one week at 3,500 per participant, 15 participants in each course, 2 courses per year
- 5 computers, printers, photocopier machine, etc
- 6.1 12 months per year, D1 level
- 6.2 seconded by a participating agency; no cost
- 6.3 12 months per year, P4 level; a second Programme Officer may be needed subsequently
- 6.4 12 months per year, G5 level
- 7 for 6.1 & 6.2: 10 travels per year, average of \$10,000 per travel
- 8 computers, etc
- 10 3 meetings per year, average of \$30,000 per meeting + \$20,000 buffer for additional session
- 11 1 meeting per year, average \$50,000 per meeting; 3 Task Forces meetings, average \$35,000 per meeting
- 12 one consultation meeting at \$50,000
- 12 short-term consultants/staff
- 13 office costs, communication
- 15 consultants for review and evaluation