

## Minutes of Health Cluster Coordination Meeting – Baghdad

Thursday 21 February 2019

**Participants:** AMAR ICF, Caritas, Cordaid, DAMA, Dary Human, DoH Anbar, DoH Kirkuk, Earth for children, ECHO, Handicap International, HCT, ICRC, IHAO, IMC, IOM, MSF-Belgium, MSF-France, MSF-Spain, OCHA, OIR/MLT, Tajdid, UIMS, UNFPA, UNICEF, USAID/OFDA, WFP, WHO

**Agenda:** ([Presentation attached here](#))

- Introduction and review of action points
- Iraqi Humanitarian Fund (IHF) – Consortium/Grand Bargain
- Cluster Coordination Performance Monitoring (CCPM)
- Quality of health care phase II result (Comparison)
- Strengthen Global Capacity for Emergency Health Avenir Analytics (Harvard) interview
- Programs updates
  - EPI/Immunization
- Sub-cluster updates
  - Ninewa/ Sulimaniyah/ Duhok/ Anbar/ Kirkuk
- Working group update
  - Reproductive health (reactivation)
  - MHPSS
  - Nutrition
    - WFP update
  - Physical rehabilitation
- AoB
  - Delivery on Demand (WAHA) - TBC

In order to save time, the slides were discussed in summary; for details, please refer to the meeting presentation.

**Action Points from last meeting:**

Since there is a focus on cross-cutting issues (MHPSS/GBV) during 2019, details of projects including such components should be shared with the IHD (MoH). Such projects will be shared with the DoH of the relevant governorate for technical purposes. This is due to some partners are by-passing DoH directorates and going to PHCs directly.

The Cash/In-Kind indicators have been shared with OCHA; all cluster indicators have been classified as in-kind.

The Cholera Preparedness plan will be shared with all partners and uploaded to the HR.info

The main issue regarding the transport of supplies between KRI and Federal Iraq was customs checkpoints. This has now been abolished. If there is any persisting issue, partners are requested to revert to the Cluster.

Project closures matrix has not been shared with the partners as yet because there is a new Activity Info template that partners will be trained on. Subsequently this will be shared and partners are requested to keep the cluster and DoH informed of their planned closure at least 90 days prior to closure.

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UNFPA used to conduct monthly/quarterly meetings of the RH Working Group. However, in Baghdad, there has been low turnout to the meetings, which was the reason for the stoppage of the regular meetings.

**Action Point:** Partners to share their contacts with the RH Working Group to commit to attend RH WG meetings

- **Iraqi Humanitarian Fund (IHF) – Consortium/Grand Bargain**

- In the last Health Cluster meeting (23rd January 2019), it was decided to have a separate meeting to discuss the Grand Bargain and the way forward in terms of localization as well as the consortium/multi-partner approach to obtain funding for humanitarian health partners.
- The division of the 7% PSC was also one of the issues.
- Drawing up of MoUs between NGOs at their HQ levels was another time-consuming issue that was discussed as well.
- The requirement for capacity building was also discussed to be in line with the transition phase. However, since the Pooled Fund is an emergency allocation, they do not have a sizeable funding component for capacity building.
- The overall feeling was that there is unwillingness/lack of capacity on the part of the partners to form consortia, particularly with the short duration of pooled funds.
- There is a recommendation that all international NGOs/donors conduct due diligence of local partners whom they plan to partner with as soon as possible.

**Action Point:** Minutes of the Ad hoc meeting to be shared along with these minutes as well as uploaded to [www.humanitarianresponse.info](http://www.humanitarianresponse.info)

- **Cluster Coordination Performance Monitoring (CCPM)**

- This tool does not point fingers at a Cluster Coordinator/ Co-Lead or any partner's performance. It measures whether the overall cluster has delivered against the core functions (please see attached presentation).
- The criteria for registration of the focal person to fill in the survey is in the attached presentation.
- All stakeholders (UN/NGOs/donors/observers/government) are requested to fill the survey.

- **Quality of health care phase II result (Comparison)**

- 1<sup>st</sup> phase was done in mid-year 2018 (55 camps). In the 2<sup>nd</sup> phase in December, 47 camps were assessed since the remaining camps were either decommissioned or consolidated.
- The survey was conducted on 5 domains (see attached presentation).
- The survey was conducted by IRCS since they are an institution that does not run any PHCCs in any camp and to avoid bias.
- In the first phase, there was no naming of partners; however, the agreement was to share the names of partners supporting camps in the results of Phase 2.

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- There were camps which improved, some which had no changes and some that deteriorated.
- The results which showed deterioration were shared separately with the relevant partner and the sub-cluster coordinator of the area in order to compare results. Some of the camps that were handed over to DoH either showed no change or deteriorated. This issue will be raised to OCHA in order to be taken as a point of consideration in the transition and handover.
- The results will be shared with H.E the Minister, the cluster mailing list and then uploaded onto [www.humanitarianresponse.info](http://www.humanitarianresponse.info)
- **Strengthen Global Capacity for Emergency Health Avenir Analytics (Harvard) interview**
  - The Global Health Cluster (GHC) in coordination with Avenir Analytics is conducting a study entitled: *Strengthening Global Capacity for Emergency Health*.
  - To clarify critical emergency health gaps and actions being taken by international and national health actors, specialized agencies and training institutes to address the current imbalance between health response capacity supply and demand and make recommendations to address these gaps.
  - Iraq and Congo were targeted but, due to the security situation in Congo, Iraq has only been interviewed so far, which is a pilot study.
- **Programs updates**
  - EPI/Immunization**
    - ✓ Please see meeting presentation for details
    - ✓ 41% of children from the sample taken were unvaccinated because the vaccination team did not reach them. This is alarming and WHO/UNICEF will investigate this immediately with IRCS and compare this with WHO's result database; corrective measures will be taken.
    - ✓ Last year there was an outbreak of measles with over 500 confirmed cases. Due to shortage of vaccines and resources the vaccination campaign was conducted in 2 phases.
      - The first round was conducted in September 2018, targeting highest risk governorates. The 2<sup>nd</sup> round will be conducted in March.
    - ✓ The suspected AFP case in Sallamiya 2 IDP camp, that is supported by PU-I is being investigated. Results to be shared once they are out.
  - EWARN**
    - ✓ Any disease graph that shows an increasing trend is reported to the MoH in addition to being addressed by the rapid response mechanism.
    - ✓ The EWARN dashboard is being developed and is expected to be online in the first week of March. Partners will be able to see the disease trends.

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- **Sub-cluster updates**  
**Ninewah/Sulaymaniyah/Dohuk/Anbar/Kirkuk/Salah Al Din**

### Ninewah

- ✓ Although it is beyond the mandate of the humanitarian partners to ensure sufficient secondary health services are available, this point has been included for information and to be raised with the DoH.
- ✓ The contact information of any DoH staff being supported by humanitarian partners must be shared with the DoH as agreed in several cluster and bi-lateral meetings with partners.

### Sulaymaniyah

- ✓ Only 2 camps in Sulaymaniyah will have a population of 11,000 individuals; these will be supported by a cluster partner. In general, the plan under HRP 2019 is that any camp with a population of 5,000 individuals and above will be supported by static PHCC. Anything lesser than that will be either supported by mobile services or through supported public PHCCs in the vicinity.
- ✓ The first round of the deworming campaign was conducted in Arbat and Ashti camps between 2<sup>nd</sup> and 17<sup>th</sup> of February in response to the soil-transmitted helminth infections.
- ✓ The issue of charging IDPs fees for secondary healthcare services at hospitals and in return areas despite providing free services to them in the camps (Kirkuk) has been raised to the DoH and MoH in Baghdad,
- ✓ Nazrawah camp (Kirkuk) has been closed; in the remaining camps there are 11,000 IDPs as a whole.
- ✓ UIMS to provide 9 incubators and a generator to Maternity Hospital”. Dr Zeyad mentioned that its funded by the Japanese and it will be for Hawija hospital. The agreement will be signed on 3 March at the Japanese embassy in Baghdad.

### Anbar

- ✓ WHO has provided medical equipment to West Anbar which will be distributed shortly.
- ✓ Many organizations are expressing interest in working in West Anbar; the DoH would like more attention in other locations in Anbar. Meanwhile, DoH is deploying personnel to health facilities in West Anbar, while there are agencies who are willing to support incentives for personnel.

**Action Point:** DoH to inform the cluster if there are any partners who bypass them and insist on providing services in a facility that the DoH does not consider as in need.

- ✓ There are agencies who are employing DoH staff full time with their NGOs; this is not acceptable according to the DoH. Agencies are asked to hire government staff part-time.
- ✓ An agency approached the health facility without approaching the DoH; this is not acceptable.

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- **Working group updates:** Please see meeting presentation.

### **Landscape analysis**

- ✓ The rates of undernutrition in Iraq are quite low. However, Iraq is facing micro-nutrient deficiencies. This was the cause for conducting the WFP/FAO assessment to:
  - Review and summarize the situation of wheat flour fortification in Iraq.
  - Inform decision-makers and stakeholders about the current scenario
  - Optimize discussions to reintroduce wheat flour fortification as one of the nutrition interventions in Iraq

### **MHPSS**

- ✓ There is work on harmonizing the training materials, to avoid haphazard training of service providers by partners.
- ✓ The focus is to strengthen this working group, since it is a cross-cutting issue that has been emphasized upon in the HRP 2019.

- **AoB**

Cluster website: <http://www.humanitarianresponse.info/operations/iraq/health-cluster>