

## Minutes

### National Health Cluster Coordination Meeting

Wednesday, 23 January 2018

Nova Hotel, Erbil

**Participants:** Al-Ameen, ASB,BCF, CARE, Caritas, CJTF-OIR, Cordaid, DAMA, Dary Human, EMEREGENCY, GRM, Handicap International, Heevie, IMC, IOM, IRCS, MdM, Medair, MENTOR, Maltaser International, MSF-Belgium, MSF-France, MSF-Spain, PUI, QRCS, Relief international, UNFPA, UNICEF, UPP, WAHA, WHO, WVI

Agenda ([Health Cluster presentation attached here](#))

- Introduction and review of action points
- Humanitarian Response Plan 2019 – chapeau
- Iraqi Humanitarian Fund (IHF) – consortium approach
- Quality of health care phase II result (Comparison)
- Integrating GBV in health cluster programming
- Study: Strengthening global capacity for emergency health action
- North East Syria - scenarios
- Programs updates
  - EWARN
  - Pharmaceuticals
- Sub-cluster updates
  - Ninawa
  - Sulaymaniyah
  - Dohuk
- Working group update
  - Reproductive health
  - MHPSS
  - Nutrition
  - Physical rehabilitation
- AoB
  - Cluster Coordination Performance Monitoring (CCPM)

- **Introduction and review of action points**

Introduction of Luther Atinya, MHPSS Working Group Co-Lead from IMC who will co-lead the The federal Ministry of Health (MoH) opened the meeting with appreciation of the effort and the assistance provided by the cluster to the IDPs in out of camps in the affected governorates.

The MoH emphasized on the importance of the support for the re-stabilization phase in terms of support to infrastructure of the primary health centers and hospitals. MoH also mentioned the need to open new treatment center for psychological support for GBV victims.

- *MoH requested partners to share proposals with International Health Department (IHD) focusing on MHPSS and GBV*

- **Action points from last meeting**

- A Gender Based Violence (GBV) workshop will be conducted on 16-17 January for the clusters coordinators, co-coordinators and cluster GBV focal points. The workshop venue is in **Dedeman Hotel, Erbil.**

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- UNFPA has conducted Part 1 of the training workshop on GBV mainstreaming for GBV focal persons on 30 January
- Part 2 of the training is focusing on service providers.  
The training package is comprised of two parts.
  - Part 2a, which works as an induction and orientation
  - Part 2b takes target clusters' participants to a more practical, interactive and action and processes -oriented training package that improves participants knowledge, understanding and the application of the Guidelines in mainstreaming GBV interventions across HPC cycle into the target sectors.
- Please find linked [Here](#) meeting agenda for your reference
- The **Quality of health care (QoC)** assessment phase II was conducted in December 2018. A comparison between Phase 1 and 2 has been done. 47% of the camps have improved their quality since June, 19 % of the camps had no change while 34% of camps quality has showed a deterioration.
  - Next week, the official letter will be shared with MoH Baghdad.
  - There has been a discussion in Dohuk about whether or not the MoH will provide the same quality of services after humanitarian partners exit from providing support. This issue will be coordinated with the developmental actors; however, this does not guarantee that the quality will remain the same and this rests, ultimately with the MoH.
- The **Humanitarian Response Plan (HRP)** 2019 process has reached its final stage. The Humanitarian Needs Overview has been published online (link in the presentation). The HRP final document will be shared by OHCA through the clusters in the coming weeks. Currently the HRP 2019 stands at USD 691 million. HRP 2018 was funded 89% while USD 569 million was funded outside the HRP. The Strategic and Cluster objectives were presented once more to the partners (details in the meeting presentation).
  - *Partners are encouraged to reach out to their HQs and donors to allocate unidentified funding accordingly to their relevant projects on FTS.*
  - *OCHA is requesting clusters to categorize their indicators as cash-based versus in-kind. The Cluster has already put together a suggestion, based on partner projects on the HPC.*  
**Action Point:** *This will be shared with the partners, whose feedback is expected by Saturday 26<sup>th</sup> January. If no feedback is received, it will be assumed that the list has been endorsed.*
  - *Partners are also requested to reach out to the DoH in the governorates where they are active in order to coordinate the handover of services. This needs to be done well in advance in order to ensure a smooth handover without repercussions such as gaps in services or inability of the DoH to take over. In addition, a proper coordination with the RRP needs to be conducted.*  
**Action Point:** *In the interest of preparedness, the Cluster is to share a matrix with partners to update their project closures, which will then be shared with the MoH in Baghdad.*
- The **issue of difficulties in transporting supplies** between Federal Iraq and KRG has been discussed with the MoH in Baghdad. IHD Dr. Mohammed Jaber have mentioned that any bottle-necking is to be addressed directly to them, with the Cluster in copy. Ministry of Health and Ministry of Finance would need to collaborate and sort out this

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issue. Meanwhile, the Coordination Office is to meet Dr. Mohammed Jaber next week regarding the issue. Feedback is to come to the partners subsequent to this.

- Cluster Coordination Performance Monitoring (CCPM) is to be conducted during January. Similar to last year, partners will be asked to fill the online template when shared by the cluster.

- **Iraq Humanitarian Fund (IHF) – consortium approach**

The Cluster Coordinator explained the Consortium/Multi Partner Proposals approach as guided by Pooled Fund colleagues in OCHA. This approach can be achieved either under the umbrella of UN agencies (WHO/UNICEF/UNFPA) who can channel the fund to local NGOs, or headed by an INGO, who will need to make MoUs with local NGOs at their HQ levels.

- Due to the consortium approach and unavailability of due diligences between INGOs to lead consortia, it was deemed suitable to channel the money through agencies leading the different areas of interventions (PHC, RH, MNCH/nutrition) to the implementing partners.
- WHO stated that they will not take the role of heading consortia in the future. Partners are requested to find mechanisms to request funding through IHF.
- Under the Grand Bargain, there is a push to have more involvement of local NGOs; partners were reminded to create collaboration with local NGOs.

**Action Point:**

- Cluster to share the Grand Bargain with the partners.
- The Cluster to send a separate email regarding whether partners can/cannot develop consortia/multi-partner projects or not. If not, the cause should be stated by the partner in response to the Cluster email, which will be compiled and shared with OCHA.
- Cluster to hold a meeting with partners on this issue where details on the consortium/multi-partner approach are to be discussed. Partners are requested to inform their Grants Managers and Country Directors about this.

- **Integrating GBV in health cluster programming**

There is a need to integrate GBV mainstreaming in humanitarian health projects under the HRP 2019, given the transition phase. Details in the meeting presentation.

- WHO has a project in 6 countries, the goal of which is to enhance the role of the Health Cluster to manage and prevent GBV.
- WHO conducted a workshop in November on first line support and basic life support to GBV survivors. Another workshop is planned for early February.

**Action Point:** Cluster to send 2 questions (advocacy and priorities) to the partners; replies are requested by next week in preparation for the workshop in the first week of February.

- **Study: Strengthening global capacity for emergency health action**

A team from Avenir Analytics, with support from WHO, is conducting a study on “Strengthening Global Capacity for Emergency Health Action”.

The methodology of the study will be through conducting one-on-one interviews with focal persons from UN, INGO, LNGO, MoH and DOHs. The discussion will focus on three aspects:

- Response capacity
- Workforce, Organisational structure

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- Partnerships.

Further details in the presentation linked [Here](#)

The objective of the study is to clarify critical emergency health response gaps and actions being taken by international and national health actors, specialised agencies and training institutes to address any perceived imbalance between humanitarian health response capacity supply and demand, and to make recommendations to inform future action and investment by key stakeholders.

Partners were thanked for taking part in the study interviews. The final report is expected to be published in March/April 2019.

- **North-East Syria Planning Assumptions by OCHA:**  
OCHA has briefed the participants on the scenarios of displacement of refugees to northern of Iraq. The numbers were shared as below
  - Scenario I up to 5,000 people could be displaced
  - Scenario II up to 100,000 people could be displaced
  - Scenario III up to 150,000 people could be displacedIf displacement occurs, it is to be managed under the 3RP led by UNHCR. Further details mentioned in the presentation.
  - *Partners requested further information on the location that will host the displacement and the capacity to respond.*
  - *UNHCR is taking the lead in this regard. Health partners will mainly be monitoring the situation and if required, mobile clinics could be deployed.*
- **Program updates** (Details in the meeting presentation)
  - **Pharmaceuticals:** The Coalition Office to put the Cluster in contact with a focal person in the Prime Minister's office who could potentially negotiate with the Customs department on facilitating movement of supplies within the governorate and between governorates.
- **Sub-cluster updates** (Details in the meeting presentation)  
Funds are being rolled out from Baghdad to the KRI region; this means that the handover would be easier.
- **Working group updates** (Details in the meeting presentation)
  - **Nutrition:** If UNICEF is to take-over addressing MAM cases, WFP will be required to officially withdraw providing support. Then, as, Provider of Last Resort, UNICEF will take-over this service.
  - **RH:** Dr. Layth (Coordination office) to discuss the issue of staffing in Mosul General Hospital with the hospital management and DoH.  
**Action Point:**
    - RH Working Group should be initiate at Erbil level – UNFPA
    - Dr Laith will discuss the issue of RH staff for General Hospital Mosul
  - **Physical Rehab:** All partners providing physical rehabilitation services need to report to Activity Info as there were some partners missing.  
The Physical Rehab Working Group meeting is held on the first Sunday of each month



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- **AoB**

The Iraq Health Cluster will be conducting the Cluster Coordination Performance Monitoring (CCPM) assessment for the year 2018. The tool will be shared with MoH and partners in the last week of January, 2019. Partners will have 2 weeks to fill and submit online.

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