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HEALTH CLUSTER

2020 ANNUAL REPORT

FOREWORD

"The Health Cluster targeted 90.8 million people in 2020, representing the most vulnerable populations across the globe. In order to protect their health, improve their dignity and wellbeing the Health Cluster upheld the tenuous balance between rapidly responding to the COVID-19 pandemic, maintaining essential health care services and responding to new crises. We recognize and appreciate the indispensable role played by all partners and Health Cluster teams in ensuring those most in need had access to quality health services, in the face of immense operational challenges. We must capitalize on this shared experience to inform further improvements in Health Cluster response by strengthening our support for national and local actors to determine and deliver health action that meets their immediate needs and builds resilient health systems. This requires deepening existing collaborations and investing in new creative partnerships to ensure the Health Cluster has the capacity and resources to fulfill its mandate to bring timely, effective and appropriate action to minimize the health impact of humanitarian and public health emergencies."

Claire Beck (WVI) and Renee Van De Weerdt (WHO)
Strategic Advisory Group Co-Chairs

"The past year has been one of superlatives and uncertainty, bringing an unprecedented 34% increase in people targeted for Health Cluster assistance. Through it all, Health Cluster partners have risen to the challenge, demonstrating once again to be reliable, innovative and committed to working collectively to improve the lives of those most in need. The Global Health Cluster extends immense thanks to all partners and Health Cluster teams for their impactful work and dedication to the spirit of partnership."

Linda Doull
GHC Coordinator

The Health Cluster exists to provide **timely, predictable, appropriate and effective coordinated** actions to save lives and promote dignity in humanitarian and public health emergencies.

The aim of the Global Health Cluster is to accelerate collective action, **as locally as possible and as internationally as necessary**, to ensure crisis-affected communities receive immediate life-saving support and continued access to essential health services.

Country Health Clusters exist to **relieve suffering and save lives** in humanitarian emergencies, while advancing the well-being and dignity of affected populations.

At the country level, the cluster serves as a mechanism for partners to **harmonize efforts** and use available resources efficiently within the framework of agreed objectives, priorities and strategies, for the **benefit of the affected populations.**

Currently there are **30 Health Clusters and Sectors**, of which two are regional coordination mechanisms that targeted **90.8 million people**.

In a climate of **increasing needs and diminishing resources**, it is paramount that intensified efforts are made to address critical gaps in the Health Cluster response by strengthening partner capacities, collaborating with **new actors and diversifying services.**

An estimated **700 national** and **200 international partners** work collectively to implement a localized cluster response at the country level, including **57 partners** that engage strategically at the global level.

The Global Health Cluster also coordinates closely and jointly implements with the **Nutrition, WASH and Protection Clusters**.

COUNTRY HEALTH CLUSTER / SECTOR DASHBOARD

DECEMBER 2020

PEOPLE TARGETED
90.8 million

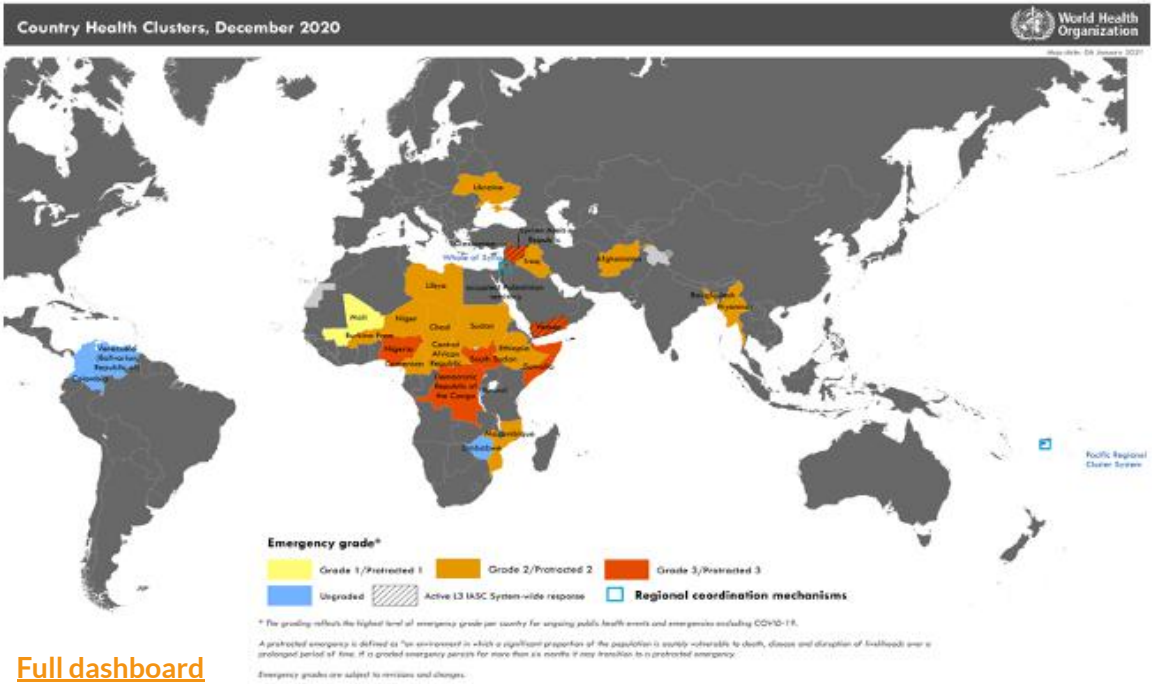
REQUESTED FUNDING
US$ 3.6 billion

FUNDED
US$ 1.1 billion
30%

CLUSTERS/SECTORS
28 national
2 regional
128 sub-hubs

STAFF
25 FT HCCs (83%)
17 FT IMOs (57%)

CO-COORDINATION
11 by MoH
15 by NGOs



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HEALTH CLUSTER

World Health Organization

STRATEGIC PRIORITIES

Five strategic priorities provide the structure to examine the accomplishments and areas of growth, guiding the work of the Health Cluster:

1. COORDINATION

Strengthen coordination for local, national, regional and global actors to prevent, prepare for, respond to, and recover from public health and humanitarian emergencies

2. MULTISECTORAL

Strengthen inter-cluster and multi-sector collaboration to achieve better health outcomes

3. INFORMATION MANAGEMENT

Strengthen our collective and respective health information management and use

4. QUALITY

Improve the quality of Health Cluster action

5. ADVOCACY

Strengthen Health Cluster advocacy at local, country, regional and global levels

1

Coordination

Different settings require contextually appropriate coordination mechanisms. When a Country Health Cluster is activated, its role is to ensure understanding of and effective interface between different existing and/or newly established coordination mechanisms. Recognizing the government's leadership role, the Health Cluster engages with relevant authorities to clarify how the cluster can support the national response to humanitarian health needs, strengthen national capacity to maintain essential health services and build a more resilient health system. The Health Cluster also actively engages with development actors to strengthen coordination, in line with the humanitarian-development nexus.

ADAPTIVE COORDINATION FOR COVID-19

The COVID-19 pandemic is the greatest threat to global public health and socio-economic stability in a lifetime. The global risk remains very high, but concerns are magnified in countries affected by humanitarian crises due to the large numbers of vulnerable people often living in sub-optimal conditions.

Since January, the Global Health Cluster has been participating in the partner coordination pillar of the WHO COVID-19 Incident Management Team and has contributed to the development and updates of the Strategic Preparedness and Response Plan (SPRP) and the Global Humanitarian Response Plan (GHRP). The three strategic priorities of the GHRP and the nine pillars of the SPRP guide the work of the Health Cluster in the COVID-19 response.

Partners effectively coordinate to prepare for and respond to COVID-19 in the Pacific

Humanitarian and development partners established a joint Incident Management Team (IMT) to support the 2019 Novel Coronavirus (COVID-19) preparedness and response efforts in the Pacific. This coordination mechanism successfully leveraged partners' capacities and resources, coordinating their actions to ensure that effective support was provided to national authorities and the affected population. Starting in January 2020, the joint IMT developed and implemented a six-month Pacific Action Plan for COVID-19 Preparedness and Response based on the eight pillars of the WHO Operational Planning Guidelines to Support Country Preparedness and Response. The joint IMT was created as an inclusive mechanism intended to grow and evolve based on the assessment of the needs to strengthen the COVID-19 preparedness and response.

Pacific Island Countries and areas (PICs) in need of expert guidance and resources to strengthen their COVID-19 preparedness and response have seen their requests answered in a timely manner. A Pacific toolkit for preparedness and response was produced and a related training package was developed. Furthermore, 15 technical specialists were successfully deployed to provide support to nine PICs. Working with partners such as the International Federation of the Red Cross and Red Crescent Societies (IFRC) and its national societies allowed the team to conduct thorough assessments of the general public's understanding of COVID-19. This knowledge was leveraged to strategically adapt risk communications messages and products based on current needs of the population. Furthermore, a regional risk communications plan was developed with products and material that can be adapted for country use.

"WHO has been very fortunate to work alongside our humanitarian and development partners to support COVID-19 preparedness and response leveraging each other's strengths to deliver support to the Pacific Island Countries and areas," said Sean Casey, Incident Manager. "We cannot afford to work in silos in any emergency and with the partners sitting down with us at the table everyday, we were able to deliver much faster and more effectively."

Read the full story

"The Health Cluster partners in the occupied Palestinian territory are responding to the disruptions in essential healthcare services as a result of the COVID-19 pandemic. The priorities include management of trauma-related cases, as injury is amongst the highest burden of disease for Gaza emergency departments, even at the peak of the COVID-19 outbreak. Partners completed over 16 000 emergency surgeries in Gaza and reached 125 000 people via mobile clinics in the West Bank. Partners are also supporting discussions to agree on standards for tele-rehabilitation services, to bring back key services disrupted during COVID-19 for people with disabilities and injuries."

HEALTH CLUSTER
OCCUPIED PALESTINIAN TERRITORY

Chipo Takawira
occupied Palestinian territory Health Cluster
Coordinator


© occupied Palestinian territory Health Cluster

"In extraordinarily difficult circumstances, the Libya Health Sector expanded its work, respecting principles of transparency, independence and impartiality, to an all-country and all-hazard emergency response to meet the needs of the most vulnerable population. The Health Sector was instrumental in preparing for a nine-pillar preparedness and response plan for COVID-19, advocating in particular for the ninth pillar to ensure essential health services are maintained during the pandemic."

HEALTH SECTOR LIBYA

Azret Kalmykov
Libya Health Sector
Coordinator

"In the 2020 Humanitarian Response Plan (HRP), 40 of the 65 Venezuela Health Cluster partners are included, a significant increase since the 12 partners included in 2019. Despite low funding, the targets for delivery of medicines, supplies and biomedical equipment to Integrated Health Network facilities was already achieved and only 16% of the prioritized hospitals were not reached. Interagency cooperation for the acquisition of supplies and medical equipment for the COVID-19 response was accomplished through the COVID-19 partner platform."

Dr María Muñoz
Venezuela Health
Cluster Coordinator

HEALTH CLUSTER
VENEZUELA

Responding to multiple emergencies in Sudan

The Sudan Health Cluster responded to the health needs of people across Sudan, where a protracted crisis and multiple new emergencies applied further pressure to an already fragile health system. In addition to the COVID-19 emergency, Sudan faced the reemergence of polio after previously being declared polio-free, malaria reached epidemic-level in 11 out of the 18 states of Sudan and the worst floods in its recorded history created the conditions for further water- and vector-borne disease outbreaks. These new events came on top of a protracted crises in Sudan due to civil wars and prolonged conflict that have generated population displacement and strained the already fragile health system. In the challenging funding climate, the Sudan Health Cluster utilized its limited resources to maintain continuity in essential health services.

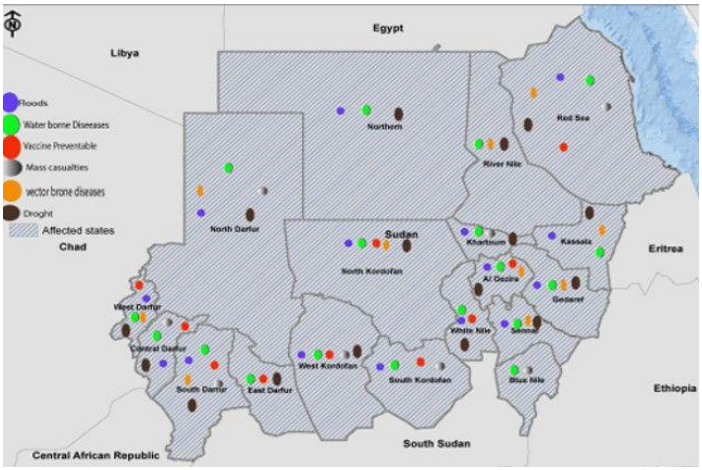
A coordinated response across partners is of paramount importance to leverage the strengths and available resources of each partner operating in Sudan effectively without any duplication of efforts. To address the COVID-19 emergency, the Health Cluster prioritized essential health care services to ensure that the decrease in service utilization does not result in further outbreaks or negative health outcomes. In response to the malaria outbreak and threat of a cholera outbreak, the Health Cluster pre-positioned supplies and has been operating via mobile clinics to reach areas that were inaccessible due to flooding. Lastly, the Health Cluster worked to coordinate partners' efforts contributing to national vaccination campaigns to combat the reemergence of polio and the reduction in routine immunizations for children under five years of age.

Read the full story

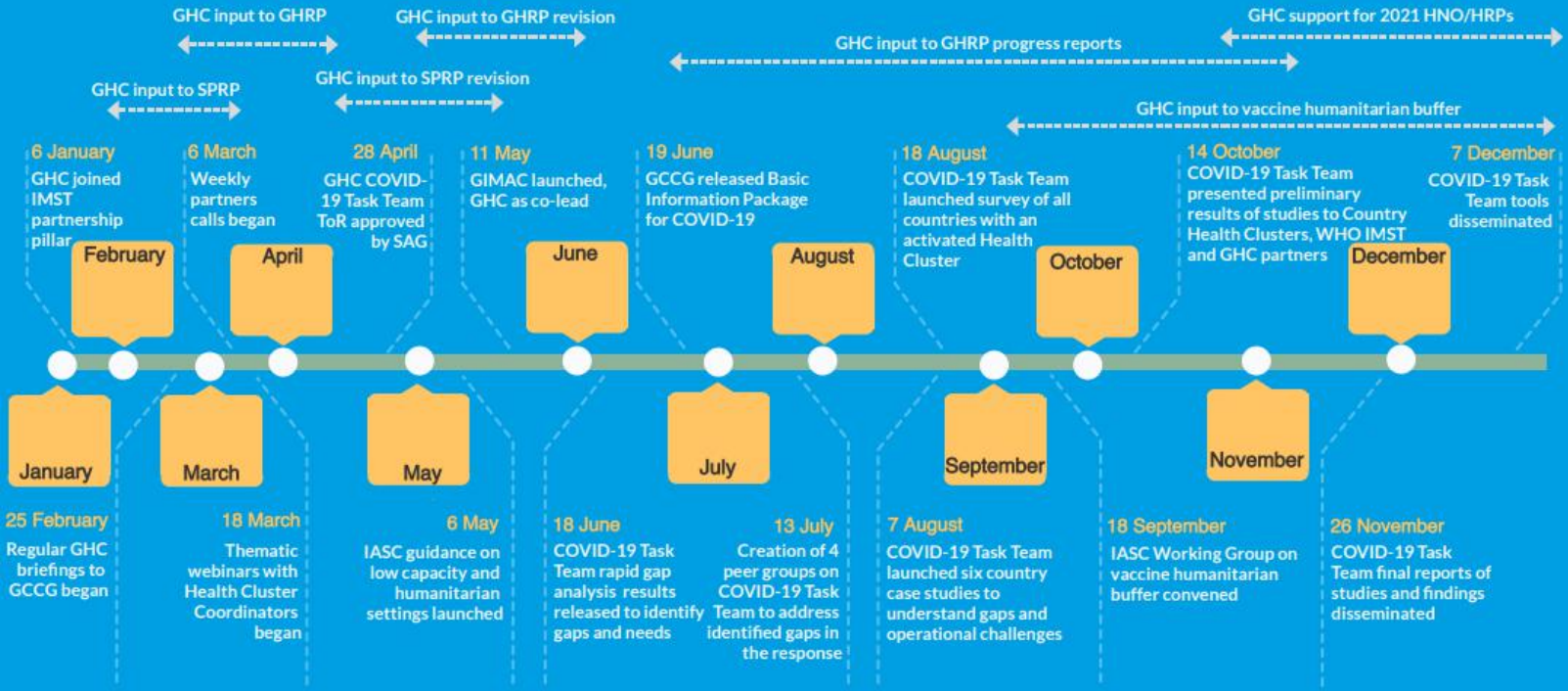
"Health Cluster partners supported up to 60% of basic service provision in some areas of Sudan, such as greater Darfur. Coordination was key to address multiple emergencies in a way that ensured the best possible coverage given limited resources."

HEALTH CLUSTER SUDAN

Kais Aldairi
Sudan Health Cluster
Coordinator



GLOBAL HEALTH CLUSTER
2020 COVID-19 RESPONSE



HEALTH CLUSTER CAPACITY DEVELOPMENT STRATEGY

The Health Cluster Capacity Development Strategy provides the basis for continuing to strengthen the learning and performance of current and potential members of Health Cluster teams, focal points, partners and other Health Cluster stakeholders, providing these personnel with opportunities for their continuous professional development. The aim is to provide a systematic and structured approach to high-quality, blended and impactful learning that responds to the expectation for Health Clusters to demonstrate effective health response leadership and coordination in all types of emergencies.

This strategy is in line with the recommendations from the Independent Oversight and Advisory Committee (IOAC) for the WHO Health Emergencies Programme report following the 73rd World Health Assembly on the need for greater empowerment of and strengthened capacity development for Health Cluster Coordinators and Information Management Officers.

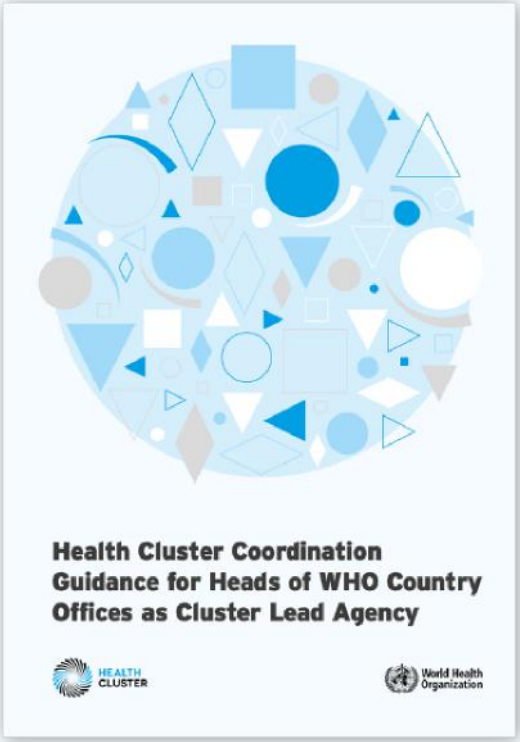
Read the Health Cluster Capacity Development Strategy 2020 - 2023

CAPACITY DEVELOPMENT CONSULTATION GROUP

The Capacity Development Consultation Group (CDCG) is a consultation forum for partners and stakeholders, providing ongoing review and input on the development and implementation of the Health Cluster Capacity Development Strategy 2020-2023 and the design of a blended Health Cluster Coordination Learning Programme, which has at its center a new simulation-based training package for Health Cluster Coordination Training at the global and regional levels. GOAL has been the partner co-chair of the CDCG since its inception in 2019.

"Involvement as Co-chair of the Capacity Development Consultation Group has helped to bring GOAL closer to the work of the Health Cluster in a tangible way and led to our participation in development of training materials. This not only highlighted the range of important learning resources we could access but also helps ensure the significant emergency health response experience of non-governmental organization (NGO) partners is leveraged to improve technical and coordination capacity of health cluster teams."

Marie Hallissey, **GOAL**
Co-Chair Capacity Development Consultation Group

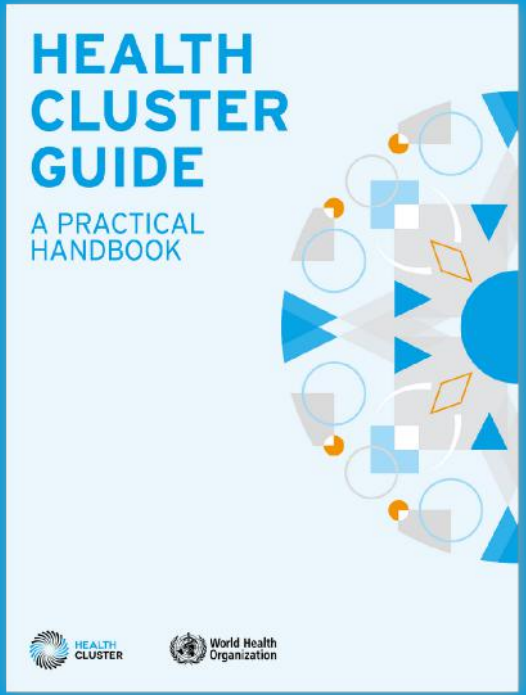


The Global Health Cluster published on 9 July 2020 the Health Cluster Coordination Guidance for Heads of WHO Country Offices as Cluster Lead Agency.

The purpose of this document is to provide Heads of WHO Country Offices (HWCOs) with a clear understanding of their responsibilities and accountabilities in the WHO's role as country-level Cluster Lead Agency (CLA) for health within the IASC. It has been translated into Arabic, French and Spanish.

The Global Health Cluster advocates for the role of a dedicated Health Cluster Coordinator (HCC) to be clarified with and empowered by the HWCO.

Access the guidance



The Global Health Cluster launched the second edition of the Health Cluster Guide on 4 September 2020. This guide provides practical advice on how WHO, Health Cluster Coordinators and partners can work together during a humanitarian crisis to achieve the aims of reducing avoidable mortality, morbidity and disability, and restoring the delivery of and equitable access to preventive and curative health care.

It highlights key principles of humanitarian health action and how coordination and joint efforts among health and other sector actors can increase the effectiveness and efficiency of health interventions and promote better health outcomes. The coordination principles and practice presented in Health Cluster Guide are equally valid for coordinators and members of health sector groups that seek to achieve effective health action in countries where the cluster approach has not been formally adopted.

Read the Health Cluster Guide

E-LEARNING

The e-learning course on Health Cluster coordination provides a general introduction of the work of the Health Cluster, including the framework of the Health Cluster's mandate, responsibilities, strategies, lines of accountability and principles in order to lead and coordinate effective, efficient, timely and predictable evidence-based humanitarian health interventions in acute and protracted emergencies. Over 700 staff from WHO enrolled in the course as of December 2020.

Access the course

" In the Democratic Republic of the Congo (DRC), all colleagues (Ministry of Health, national and international NGOs, WHO staff) involved with the cluster are encouraged to take this course. Due to the greater mastery of the core functions and commitments of the Health Cluster, including the module on the the Cluster Coordination Performance Monitoring (CCPM), the process went much smoother with stronger participation. The 2020 CCPM was conducted at the national and sub-national levels, with one hub reaching a 98% partner response rate."

Francis Djimtessem
DRC Health Cluster
Coordinator

HEALTH CLUSTER
DEMOCRATIC REPUBLIC OF THE CONGO

5 473

individuals completed and passed the course.

Of which 34% are students, 12% from international and national NGOs, 9% are staff of MoH and other ministries and 3% are WHO staff.

100%

of Health Cluster countries were represented by those completing the course.

Overall 142 countries represented.

Regular webinars were also held for the Health Cluster Coordinators to share challenges or gaps related to the COVID-19 response at the country level. The Global Health Cluster unit provided technical support, collaborated with subject matter experts and gathered good practices and lessons learned on the COVID-19 response in low-resource and humanitarian settings.

HEALTH CLUSTER COORDINATION SIMULATION

The Global Health Cluster in collaboration with the WHO Regional Office for the South-East Asia conducted a Health Cluster Coordination simulation-based training for countries in the region, held virtually on 2 – 6 November 2020, supported by Training in Aid.

Participants from Ministries of Health, national and international non-governmental organizations and WHO staff representing Bangladesh, Myanmar and Nepal, in addition to WHO staff from regional offices SEARO and AFRO Health Emergencies Programme and Emergency Medical Teams joined the training

"The training had strong participation from Myanmar, with Health Cluster partners, WHO staff and governmental agencies joining. We expect this training to enhance our coordination capacity by starting with a common understanding of our shared goals, principles and responsibilities at both national and sub-national levels."

Allison Gocotano
Myanmar Health Cluster
Coordinator

2

Multi-sectoral

The health status of a population is impacted by multiple factors far beyond the provision of preventative and curative health services. Additional factors directly impacting morbidity and mortality of the population specifically in humanitarian emergencies include: availability of water and sanitation, vector control, food security, nutrition services and protection. Adequate shelter and good camp management will also affect health status. Health interventions may be conducted through or in collaboration with schools, while logistic and telecommunications support will also significantly influence the effectiveness of the health response. Consequently, better health outcomes requires collective action from multiple clusters and sectors.

INTEGRATED FAMINE RISK REDUCTION

"The Health, Food Security, Nutrition and WASH clusters came together in Yemen to develop the Integrated Famine Risk Reduction operational guidance. One of the initial outputs was to generate timely and reliable information on the prevalence of malnutrition to support decision-making. The Nutrition Surveillance System was developed as a cost-effective, scalable and sustainable monitoring system covering 147 health facilities across 21 governorates to expand access to essential nutrition screenings and referrals through the health system. As a result, it is now known that 1 out of 5 children in Yemen are found to suffering from wasting. In 2020, 6776 children were treated by Health Cluster partners for health complications arising from severe acute malnutrition."

Dr Fawad Khan
Yemen Health Cluster
Coordinator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HEALTH CLUSTER YEMEN

HEALTH AND PROTECTION

Protection is an intrinsic part of the health response, which itself is a human right and is protected by international humanitarian law. Obligations of health partners to deliver services where populations can safely access care, in a safe environment, receive safe care in a timely manner and safely refer patients to other levels of care or sectors are fundamental tenants of both health and protection. The provision of health care should thus address the specific needs of affected populations, including children, women, older people, people living with disabilities, victims of explosive remnants of war / mines, those living with mental health conditions and survivors of gender-based violence. Ensuring that the Cluster remains “fit for purpose” for public health responses (i.e. to be adequately prepared for and to deliver health care to people in need, particularly vulnerable and at-risk groups) requires an integrated approach to coordination and service delivery with the Protection Cluster.

The Global Health and Protection Clusters undertook a project to clearly define the challenges, bottlenecks and opportunities related to integrated health and protection interventions into humanitarian efforts. Based on these results, a Joint Operational Framework (JOF) was developed to improve the integrated response between the two clusters. Following field testing, the final output of this project will provide operational guidance for Global Health and Protection Coordinators in cluster or cluster-like coordination platforms, including child protection, gender-based violence, mine action, mental health and psychosocial support and reproductive health coordinators or working group leads operating at national or sub-national levels.

"In the first quarter of 2020, the Health Cluster piloted an integrated Health and Mental Health and Psychosocial Support (MHPSS) project with Health Cluster partner, IOM. After monitoring its performance and gathering lessons learned, the Health Cluster trained all partners on mhGAP in the second quarter and all subsequent projects have fully integrated MHPSS."

Wilbert Shihaji
Ethiopia Health Cluster
Coordinator

HEALTH CLUSTER ETHIOPIA

© Ethiopia HC / Action Against Hunger

Coordinated Community Engagement in Afghanistan

The Afghanistan Health Cluster moved swiftly to put Risk Communication and Community Engagement (RCCE) coordination mechanisms in place to address the fears and misconceptions that were circulating around the country at the start of the COVID-19 outbreak. In March 2020, the RCCE Working Group was convened by the WHO as the lead of the Afghanistan Health Cluster and co-chaired by Norwegian Refugee Council, a key protection actor, in response to the COVID-19 pandemic and rising need for in-depth community engagement and clear communications. The gender in humanitarian action (GiHA) and the mental health and psychosocial support (MHPSS) sub-clusters also actively participate. Multisectoral engagement allows the critical COVID-19 health prevention and treatment information to be strengthened by gender, mental health and protection lenses, thus reducing duplication of efforts and ensuring strong cohesive messages, accompanied by guidance for frontline workers, from all actors. This inter-agency entity bridges the Protection and Health Clusters and reports directly to the Humanitarian Country Team.

To formalize the coordinated response, the RCCE working group developed the Collective Approach to RCCE on COVID-19. Members of the working group identified key feedback channels to gather input on the specific rumours, questions and fears that are commonly expressed in their communities. Key messages were then developed to address these in targeted community engagement activities.

Read the full story

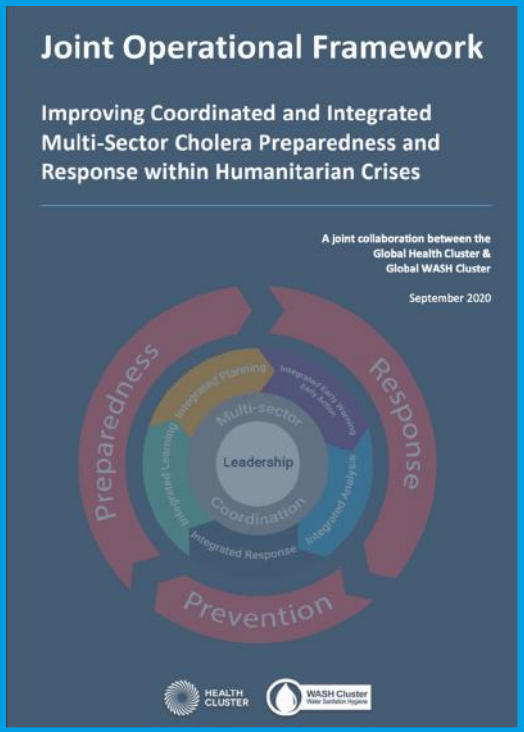
© Afghanistan HC / Catholic Relief Services

"Afghanistan is the first country health cluster to have a dedicated RCCE advisor. Community engagement has been a key pillar in the COVID-19 response and will continue to be going forward in other health responses for communicable and non-communicable diseases and reproductive health."

HEALTH CLUSTER AFGHANISTAN

David Lai
Afghanistan Health Cluster
Coordinator

HEALTH AND WATER SANITATION AND HYGIENE (WASH)



The Health Cluster and the Water Sanitation and Hygiene (WASH) Cluster have the shared objective of ensuring coherence in achieving common objectives, avoiding duplication of efforts and ensuring areas of greatest need are prioritized. Starting in 2019 both clusters undertook an extensive review process culminating in the development of the Joint Operational Framework.

The aim of the Joint Operational Framework is to bring together the Health and WASH Clusters, Humanitarian Country Teams, OCHA, the WHO and UNICEF country offices and others in facilitating and supporting national authorities to guide a timely and effective response to cholera through effective leadership and multi-sectoral coordination.

"The Mozambique Health and WASH Clusters coordinated and implemented the Oral Cholera Vaccine (OCV) campaign in September and October 2020 and supported the response to outbreak of cholera in Cabo Delgado. WHO and partners met with community leaders to support the response plan."

Beatrice Muraguri
Mozambique Health Cluster
Coordinator

HEALTH CLUSTER MOZAMBIQUE

Multi-sectoral Engagement in Nigeria

On 31 May 2020, the Operational Humanitarian Country Team (OHCT) in Nigeria released the Joint Support Framework to ensure a coordinated approach to managing the COVID-19 emergency across partners and sectors. This framework formalized the ongoing multi-sectoral work happening to address the protracted humanitarian crisis and leveraged these collaborations to deliver an effective response to the COVID-19 pandemic.

The Joint Support Framework prioritized preventing the spread of COVID-19 in IDP camps and camp-like settings. Despite the relatively few cases in IDP camps at the time, the density and conditions in camps could have created a high-risk setting for rapid spread, so there was a need to work proactively on prevention. The Health Sector came together with Camp Coordination and Camp Management (CCCM) Sector, Water Sanitation and Hygiene (WASH) Sector, and the Shelter Sector to build a response based on their complementary areas of expertise. The first outcome of this collaboration was the Decongestion Strategy targeting the over 400,000 individuals living in highly congested camps or sites. Nigeria Health Sector partners such as the Grassroot Initiative for Strengthening Community Resilience (GISCOR) deployed at Point of Entry surveillance locations to screen returnees and refugees prior to transfer to IDP camps.

To support the Joint Support Framework, IOM constructed a total of 112 units for Self-Quarantine Shelters for IPDs and host community members. In preparation for when COVID-19 cases eventually decline, there were initial discussions on how to repurpose these as reception centers or extensions of existing medical facilities.

Read the full story

© Nigeria HS / GISCOR

"One major priority is to address the misconceptions and stigma around COVID-19, both for patients and healthcare workers. This can only be achieved by leveraging our partnerships and building off existing structures in place."

Muhammad Shafiq
Nigeria Health Sector
Coordinator

HEALTH SECTOR NIGERIA

INFORMATION MANAGEMENT

3

Information Management

A key prerequisite for any effective humanitarian response is the availability of timely, reliable and robust information. In order to make sound decisions in a humanitarian health response, decision-makers need public health information to access and monitor the health status and risks faced by the affected population, the availability and actual functionality of health resources and the performance of the health system.

Thanks to the leadership of WHE Health Information Management Department and iMMAP, significant progress has been made on the primary objectives to improve the standardization, quality, timeliness of and access to public health and humanitarian information and to improve the use of information for operational decision-making and evidence-based advocacy.

INFORMATION MANAGEMENT TASK TEAM

The **Information Management Task Team** is charged with building capacity among Health Cluster Information Management Officers and partners to improve the standardization, quality, timeliness of and access to public health and humanitarian information according to agreed Public Health Information Services (PHIS) and other standards. By improving the use of information for operational decision-making and evidence-based advocacy, the Health Cluster improves the analysis of multi-sectoral and multi-source public health information services data and demonstrates the effectiveness and impact of the Health Cluster at country and global levels.

Ongoing engagement with the Information Management Working Group (IMWG) and the Joint Inter-Sectoral Analysis Framework (JIAF) Steering Committee focused the task team work towards developing guidance for the 2021 Humanitarian Needs Overviews. The Information Management Task Team and the COVID-19 Task Team worked jointly to ensure the incorporation of COVID-19 into the 2021 Humanitarian Needs Overview, with a focus on the number of people who will require COVID-19 support over the course of 2021 to support in advocating for sufficient funding and planned interventions. iMMAP has been the co-chair of the Information Management Task Team (IMTT) since 2019.

"As we review the status of the IMTT in 2020 it is remarkable to see the amount of work that has been accomplished by the collaborative efforts of the IMTT partners. However, much remains to be done and it is important that the partners and the co-chairs of the IMTT continue their efforts to strengthen Public Health Information Services (PHIS) Standards and information management capacity at country level in support of the implementation of GHC Strategic Priority Number 3: improve the standardization, quality and timeliness of humanitarian health information. We at iMMAP look forward to continuing the collective work of the IMTT in 2021."

Jon Carver, **iMMAP**
Representative in Geneva

iMMAP Information Management Support to Global and Country Health Clusters, Regional Coordination Mechanisms and Non-Cluster Support to Health Information Management

Year 2020

Total cumulative number of months of work provided to Health Information Management

300 Months of support

Cumulative number of months of work provided to Health Cluster Information Management

71%

Months of support

International National

Cumulative number of months of work provided to Non-Cluster Support to Health Information Management

29%

Months of support

Total cumulative USD estimated value of work provided to Health

$ 2,540,000

Total cumulative USD estimated value of work provided to Health Cluster

1,661,500

65%

Total cumulative USD estimated value of work provided to other Health-related Information Management

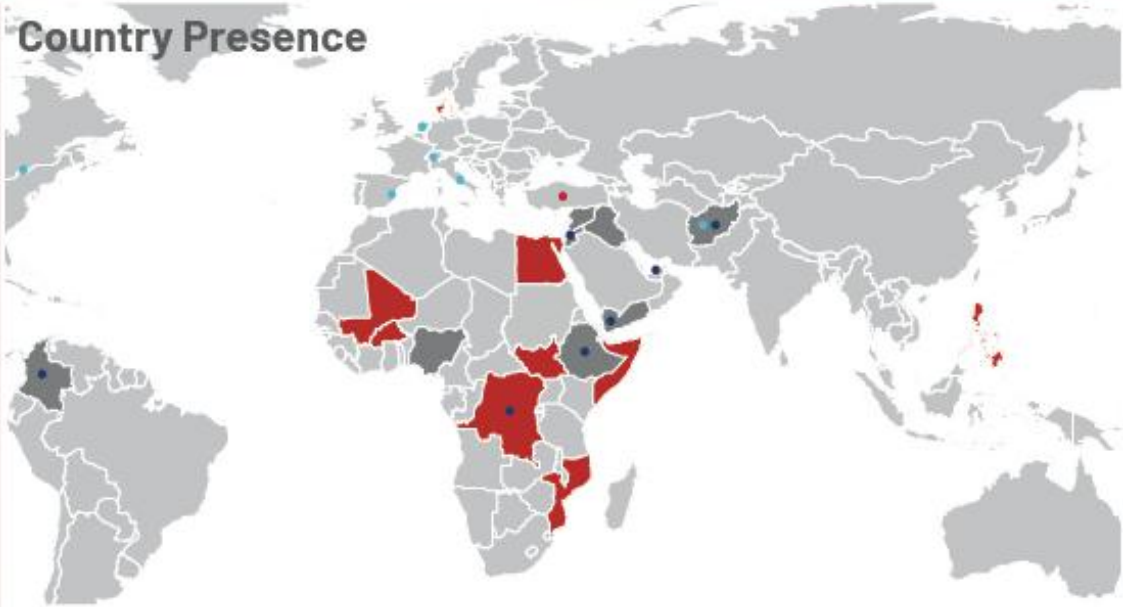
878,500

35%

Cumulative USD estimated value of work provided to Health Cluster - International

Cumulative USD estimated value of work provided to Non-Cluster Health - National

Country Presence



Global and Country Health Clusters, Regional Coordination Mechanisms

- Health Cluster/Regional Coordination IMO - Global Support
- Health Cluster Syria remote support
- Support from Country Programmes. Health Cluster IMO
- Global Health Cluster Support

Non-Cluster Support to Health Information Management

- Colombia - DRC - Ethiopia - MENA - Dubai - Yemen Afghanistan

Better Data, Better Decisions, Better Outcomes

MENA: Middle East and North Africa

PUBLIC HEALTH INFORMATION SERVICES STANDARDS

The Public Health Information Services (PHIS) Standards sets out 12 primary products that any activated Health Cluster should be expected to deliver in order to have real-time information on health status and threats for the affected populations, health resources and service availability, and health systems performance. Extensive guidance on methods and approaches are collated in the PHIS Toolkit, which is updated regularly with new guidance, such as the Health Cluster guidance for People in Need and corresponding People in Need calculator. The primary means for monitoring progress of the roll-out at country level of the PHIS standards is the PHIS Dashboard.

Global Health Cluster PHIS Dashboard (as of December 2020)

The following report outlines the status of each PHIS service for the reporting clusters. The current reporting system uses a 4-point code for each service. Roll over each service code to learn more on what each relevant level entails. The codes and definitions are in the process of being reviewed for a more advanced and informative system to be put in place moving forward. Regional level scores are calculated by adding up the scores for each reporting cluster in the region and dividing from the total possible score for that region (3 x the number of reporting clusters).

The Global Health Cluster provides this PHIS tracking service on behalf of all parties responsible for implementation of individual PHIS services.

Code 0 1 2 3 NA

Roll over each service code to learn more on what each relevant level entails.

Access the dashboard

PHIS Services by Region

Region	3W	EWARs	HC Bulletin	Health Partners List	HeRAMS	HIMS	Mortality Estimation	OIM	PHSA	RHA	SSA	VCE
AFRO												
Burkina Faso	2	0	3	2	3	0	0	0	0	0	3	0
Burundi	1	3	0	1	0	1	0	0	0	0	0	0
Cameroon	1	3	1	1	0	2	1	2	2	2	2	2
Central African Republic	3	3	3	2	3	2	1	1	2	3	3	2
Chad	1	3	1	1	3	1	1	1	1	3	1	1
Democratic Republic of the Congo	3	3	3	3	3	2	3	2	3	3	3	3
Ethiopia	3	3	3	3	3	2	1	2	1	3	1	2
Mali	1	3	1	1	3	0	1	2	3	3	3	0
Mozambique	2	3	2	2	3	2	1	2	2	3	1	2
Niger	2	3	2	2	0	3	1	2	3	0	1	3
Nigeria	3	3	3	3	3	3	1	3	2	2	3	3
South Sudan	2	3	2	2	3	2	1	3	2	3	2	2
AMRO												
Colombia	3	3	3	3	2	2	2	2	3	3	3	0
Venezuela	3	1	2	3	1	2	1	2	3	3	1	3
EMRO												
Afghanistan	3	3	3	3	0	2	1	3	2	3	3	2
Iraq	3	3	3	3	0	2	1	3	1	3	2	3
Libya	3	3	3	3	0	0	1	3	1	3	3	1
occupied Palestinian territory	3	3	3	2	3	3	3	2	1	3	3	2
Somalia	3	3	3	3	1	2	1	3	2	2	2	3
Sudan	2	3	2	2	3	3	1	3	1	0	2	3
Syria Damascus	3	3	3	3	3	0	1	3	1	3	3	0
Whole of Syria (Region)	3	3	1	4	3	4	4	3	0	3	3	4
Yemen	3	3	3	3	3	2	2	3	2	3	3	2
EURO												
Cross Border NE Syria	1	3	1	1	3	1	1	2	0	3	3	1
Cross Border Turkey	3	3	3	3	3	3	1	3	0	3	3	3
Ukraine	3	1	3	3	0	1	1	1	1	1	2	1
SEARO												
Cox's Bazar	3	3	3	3	1	3	2	2	2	0	0	3
Myanmar	2	3	3	1	0	3	0	1	0	0	1	3

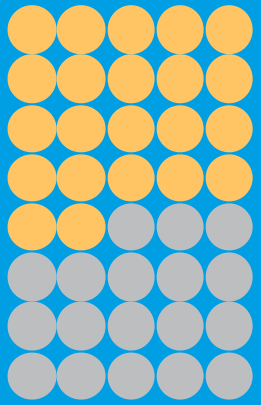
CLUSTER COORDINATION PERFORMANCE MONITORING

The Global Health Cluster supported the country-led Cluster Coordination Performance Monitoring (CCPM) process, an IASC mandated self-assessment of cluster performance against the six core cluster functions plus Accountability to Affected Populations (AAP). CCPM aims to take stock of what functional areas work well and what areas need improvement. It assists with strengthening transparency and raising awareness of support needed from the Humanitarian Country Team (HCT), Cluster Lead Agencies, Global Clusters or partners and gives an opportunity for self-reflection.

Read the 2019 CCPM summary report

"The Myanmar Health Cluster values the opportunity for self-reflection and enhanced transparency. In 2020, the CCPM was conducted at the national level and at all three sub-national hubs: Kachin State, Rakhine State and northern Shan State. Results of this year's exercise will be of great utility to understand how to best coordinate partners responding to the ongoing humanitarian health needs and those resulting from the COVID-19 pandemic simultaneously."

Allison Gocotano
Myanmar Health Cluster
Coordinator



17 Country Health Clusters have completed the CCPM for 2020, with

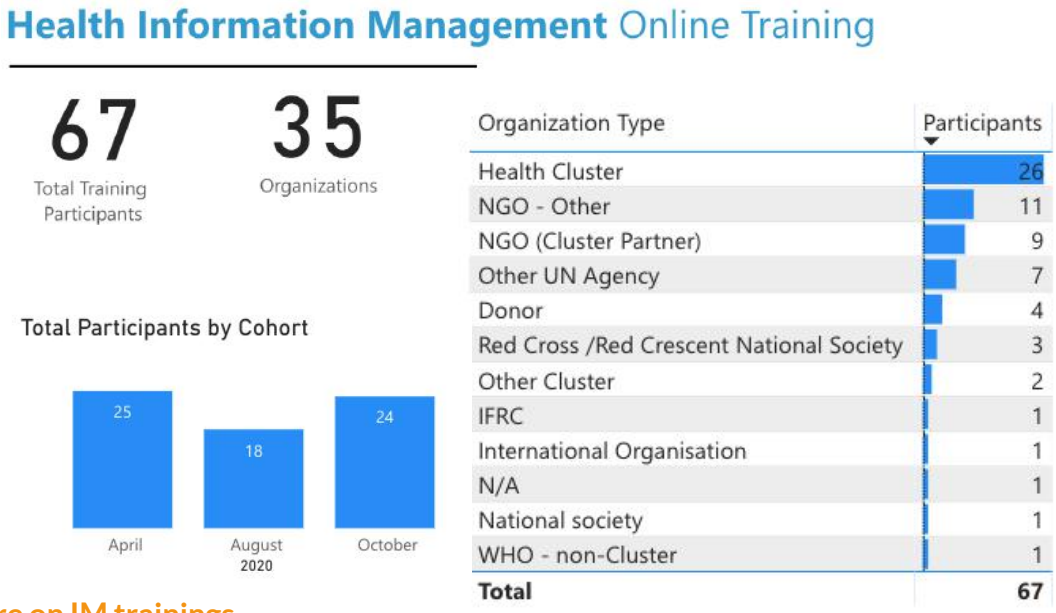
56%

of Health Clusters completing on time

INFORMATION MANAGEMENT TRAININGS

In the field, Health Cluster coordination staff, including Information Management Officers (IMOs), have generally been understaffed (with many clusters not having an IMO on staff), and can be further empowered to set their own priorities for day-to-day work based on the objective needs for public health information. The Health Cluster advocates for ongoing generation of information for real-time action through user-friendly systems that involve Health Cluster partners in both data collection and the interpretation of findings, as per the Public Health Information Systems Standards and associated toolkit.

In coordination with the ongoing work of the Capacity Development Coordination Group and its wider training strategy, the Global Health Cluster in partnership with iMMAP developed an online training in Health Information Management and implemented three waves of training in April, August and October 2020.



Organization Type	Participants
Health Cluster	26
NGO - Other	11
NGO (Cluster Partner)	9
Other UN Agency	7
Donor	4
Red Cross /Red Crescent National Society	3
Other Cluster	2
IFRC	1
International Organisation	1
N/A	1
National society	1
WHO - non-Cluster	1
Total	**67**

[Read more on IM trainings]

The Global Health Cluster unit supported Country Health Clusters to finalize their Humanitarian Needs Overviews by offering additional bilateral clinics for indicators, People in Need (PiN) calculations and support for the Joint Inter-Agency Framework (JIAF). The PiN calculator and related guidance were added to the PHIS toolkit.

GLOBAL INFORMATION MANAGEMENT, ASSESSMENT AND ANALYSIS CELL

In response to the COVID-19 pandemic, **the Global Information Management, Assessment and Analysis Cell (GIMAC)** is a time-bound initiative to coordinate, structure, collate, manage and analyze information related to COVID-19 in order to provide technical support services to prioritized countries and global decision-makers upon request. The WHO through the Health Cluster co-leads along with IOM, OCHA and UNHCR, collaborating with over 60 partners engaged in various work streams.

One of the biggest milestones for GIMAC was the agreement on a framework for all of the various sectors to use to help understand needs within the context of COVID-19. This framework was designed to be organic, allowing it to adapt and improve as each request is analyzed and GIMAC reflects on lessons learned. Through the Field Request Mechanism, GIMAC has responded to two field requests from Iraq and Ethiopia, with active participation from the Global Health Cluster and both Country Health Clusters in both the secondary data review and the joint analysis.

GIMAC
GLOBAL INFORMATION MANAGEMENT, ASSESSMENT & ANALYSIS CELL ON COVID-19

4

Quality

Improving the quality of humanitarian health response has been a continuous goal for the humanitarian community. Quality of care is also a key component of the right to health and access to quality health care services is critical to achieving Universal Health Coverage. Globally new momentum has gathered to address quality of care especially in fragile, conflict and vulnerable settings. In recognition of all these efforts and the need to assure quality of health care in humanitarian settings where the Cluster system is activated, the Health Cluster is working to improve the quality of its action.

QUALITY IMPROVEMENT TASK TEAM

Global Health Cluster partners have highlighted the need to collectively define what quality entails in a humanitarian operational environment. Having a mutual understanding of challenges faced but also existing good practice in quality assurance or improvement mechanisms is critical to build context-based capacity and improve humanitarian health responses. Therefore, the Global Health Cluster Quality Improvement Task Team provides a platform for cluster partners to develop a mutual understanding of quality improvement mechanisms and learn from each other's experiences. FHI 360 has been the co-chair of the Quality Improvement Task Team since 2020.

Read more about the Quality Improvement Task Team

"FHI 360's core capacities in science, social services, and institutional capacity building are well-suited to tackle the challenges in the humanitarian-development nexus. At the same time, we are profoundly aware that this work must be done with humility, respect for local knowledge and practices, and a genuine sense of partnership. We welcome this opportunity to collaborate with and learn from our sister organizations through the Global Health Cluster. We are all in this together."

fhi360
THE SCIENCE OF IMPROVING LIVES

Patrick C. Fine, **FHI 360**
Chief Executive Officer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In June 2020, the Quality Improvement Task Team published a position paper identifying minimum issues to consider when addressing quality of care in humanitarian settings. Developed with the input of 30 partner organizations, including a participatory workshop, it defines quality of care throughout the life course and identifies the seven domains of quality of care: people-centred, safe, equitable, effective, integrated, timely and efficient.

Read the position paper

CASH-BASED INTERVENTIONS TASK TEAM

The Global Health Cluster Cash-Based Interventions Task Team has been supported since 2018 through CashCap. Cash Transfer Programming (CTP) is a rapidly expanding modality for the delivery of humanitarian assistance. However, no single modality (cash, in-kind, support to service delivery or technical support) is sufficient for meeting humanitarian health objectives to improve public health outcomes and mitigate the impact of future emergencies. World Vision has been the co-chair of the Cash-based Interventions Task Team since 2017.

Read more about the Cash-Based Interventions Task Team

"My role as co-chair gave me a bigger picture of what is being done with cash interventions in health. I am not a specialist, so it gave me the opportunity to advocate within my organization for cash to be used in health alongside regular programming areas and to gather their inputs for guidance. Being part of the task team challenged me to consider how we develop evidence of impact with WHO and other partners, rather than focusing solely on my organization's work."

World Vision

Claire Beck, World Vision
Co-Chair Cash-Based Interventions Task Team


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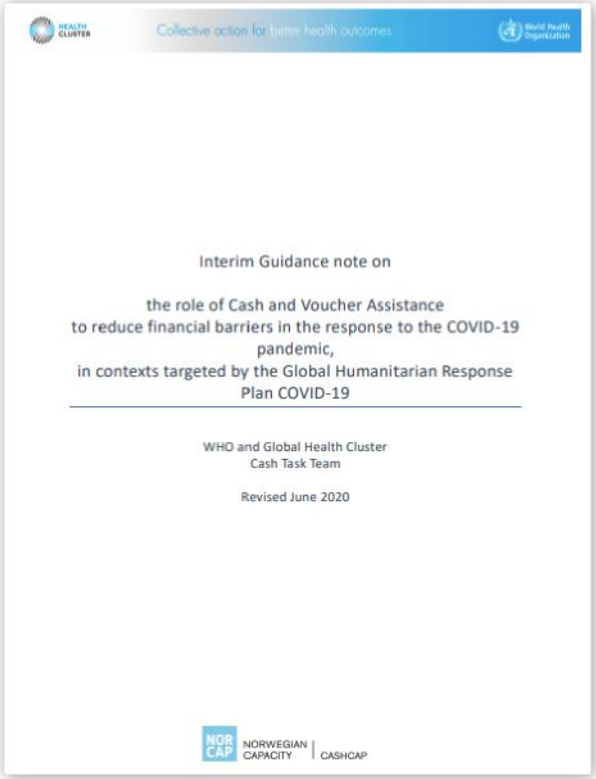


The Cash-Based Interventions Task Team developed the interim guidance note on the role of Cash and Voucher Assistance (CVA) to reduce financial barriers in the response to the COVID-19 pandemic to advocate for the suspension of user fees for essential health services by all providers during the duration of the crisis, in recognition that the response to COVID-19 (including treatment of patients) is a common good for health.

The paper explores different options to address direct and indirect health expenditures and where to consider CVA options. It also gives general guidance to other sectors on how to apply epidemic mitigation measures while maintaining critical functions, to ensure safe access to essential goods and services, and the potential role that multi-purpose cash assistance (MPC) can have.

Access the guidance note

Additional products from the Cash-Based Interventions Task Team

Technical note on the inclusion of health expenditures in the Minimum Expenditure Basket

Access the technical note

Evidence and feasibility of cash and voucher assistance for sexual and reproductive health services in humanitarian emergencies. Case Studies: Afghanistan and Yemen

Access the case studies

COVID-19 TASK TEAM

The Global Health Cluster **COVID-19 Task Team** was created in May 2020 to capture the key operational challenges that partners are facing in the field and to strengthen the coordination and effectiveness of Health Cluster preparedness and response. The task team established working groups to achieve these goals: Core Group 1, tasked with systematically capturing operational and technical gaps and challenges and Core Group 2, created to develop tools relevant for use in humanitarian settings, which includes four peer groups (case management; prioritization of essential health services; ethics in low-resource settings; and gender-based violence and health services).

Whilst a myriad of technical guidance from WHO and other agencies was developed, feedback from Health Clusters and partners highlighted the need to adapt and operationalize guidance relevant to humanitarian settings and low-resource and low-capacity contexts.

The first action of the COVID-19 Task Team was to conduct a **rapid gap analysis** to determine the most urgent gaps in guidance and support for the COVID-19 response and maintenance of essential health services.

To address the emerging technical needs, the following key messages and tools were developed by the peer groups:

- Tool on how to prioritize essential health services during the COVID-19 pandemic in humanitarian settings.

Access the guidance note

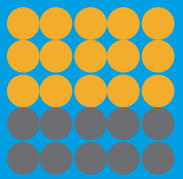
- Ethics: key questions to ask when facing dilemmas during COVID-19 in humanitarian settings.

Access the key messages

- A simplified tool to estimate the health workforce required for the COVID-19 response relevant to humanitarian settings.

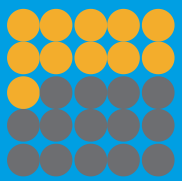
Access the tool

As a result of the COVID-19 pandemic



60%

of respondents identified a reduction in **vaccination campaigns**



44%

of respondents identified a reduction in treatment of **severe acute malnutrition**

40%

of respondents identified a reduction in **clinical management of rape**

Source: COVID-19 Task Team studies and findings

The COVID-19 Task Team conducted two studies simultaneously – an online survey for all country health clusters and key informant interviews in six country health clusters - to identify good practices and to better understand the technical and operational challenges faced by Health Clusters and partners in the COVID-19 response and in the efforts to maintain essential health services in humanitarian settings. Shared findings include the increased operational constraints being faced, significant resource scarcity and reported technical gaps. Requests were made for additional support for shared learning and context-appropriate guidance relevant for humanitarian settings where resources are scarce.

With the support of its partner, the Harvard Humanitarian Initiative, the GHC COVID-19 Task Team produced the report Health Cluster Study Findings: Key Informant Interviews from Six Countries. This report shares the findings from 64 key informant interviews conducted with health cluster partners in six countries in August 2020 (Cox's Bazar Bangladesh, Burkina Faso, Chad, Iraq, North East Nigeria and Yemen). It examines operational challenges and technical gaps being faced to provide COVID-19 response and essential health services as well as capturing good practice and localized solutions being implemented by health clusters and partners.

Read the key informant interviews findings

HARVARD HUMANITARIAN INITIATIVE

With the support of its partner, the USAID-funded READY Initiative, the GHC COVID-19 Task Team has produced the report: Health Cluster Survey Findings to share the results from a survey conducted in August 2020 where 196 health cluster partners in 27 cluster settings participated. The survey findings provide insight on the operational challenges and technical gaps in humanitarian settings in the context of the COVID-19 response.

Read the survey report

READY:
GLOBAL READINESS FOR
MAJOR DISEASE OUTBREAK RESPONSE

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5

Advocacy

The Health Cluster advocates for the protection of health care providers and users and for increasing access to and equity of health services across crisis-affected contexts. The Health Cluster aims to improve its capacity, visibility and effectiveness to support advocacy in crisis-affected contexts. By developing positions on priorities and participating in global-level events, the Health Cluster can contribute to efforts to advocate for these positions with a unified voice.

ADVOCACY THROUGH INFORMATION

WHO's Attacks on Health Care Initiative aims at ensuring that life-saving health services are provided to emergency-affected populations unhindered by any form of violence or obstruction. As part of this initiative, the WHO Surveillance System for Attacks (SSA) on health care is a global, standardized monitoring system to produce regular reports, identify trends and patterns and allow comparisons between regions and contexts. The Health Cluster partner network contributes to the SSA by leveraging local presence to support in data collection activities.

For example, over the past year in the occupied Palestinian territory, Health Cluster and Protection Cluster partners worked with the Right to Health Advocacy team of WHO to improve comprehensiveness and detail in documenting attacks and the utilization of incidents monitoring for strengthened protection and advocacy. Health attacks analysis and documentation was included in reports to UN bodies, including the World Health Assembly, UN General Assembly, and Human Rights Council, while also informing public advocacy and bilateral and multilateral diplomacy efforts. The Health Cluster, represented by WHO, participated in regular meetings of the Advocacy Working Group (AWG) of the Humanitarian Country Team.

Read more on Attacks on Health Care

Access the Surveillance System for Attacks (SSA)

"Severe restrictions on access affect health care teams, patients and companions, who are vulnerable to high levels of attacks in the context of ongoing occupation and escalations. The cessation of coordination between the Palestinian Authority and Israel between May and November 2020, due to proposed Israeli annexation in the West Bank, exacerbated these restrictions. Patients and their companions in the Gaza Strip were among the worst affected, without means to apply directly for Israeli-issued permits to reach other parts of the occupied Palestinian territory, including major referral institutions in East Jerusalem. Health Cluster and Protection Cluster partners worked to support patient and companion permit applications to Israeli authorities. To strengthen the coordination of these efforts, WHO as the Cluster Lead Agency established an integrated temporary mechanism for patients and companions from the Gaza Strip, which was implemented from 6 September 2020 to 23 November 2020. During this period, a total of 1 078 patient permit applications were submitted (71% approved), alongside 1 318 companion applications (43% approved) and the organization of 94 'back-to-back' transfers between Palestinian ambulances at Beit Hanoun/Erez checkpoint. The Advocacy Working Group coordinated diplomatic and public advocacy efforts to highlight the humanitarian impacts of the blockade and to promote unhindered access for patients and their companions."

Chipo Takawira,
occupied Palestinian territory Health Cluster Coordinator

HEALTH CLUSTER
OCCUPIED PALESTINIAN TERRITORY


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ACCESS TO AND EQUITY OF HEALTH SERVICES

As part of its advocacy strategy the Health Cluster has identified increased access to and equity of health services across crisis-affected contexts as a key change area. In these settings, there are often populations that are particularly marginalized or hard-to-reach and lack access to essential services. Gaps in access to particular services, such as those for Sexual and Reproductive Health and Gender-Based Violence, can persist without appropriate action. The Health Cluster has an important role to play in advocating to address gaps in the health response for essential services and ensure that populations are able to access a package of quality essential services, aligned to national heath systems, vulnerability and goals.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

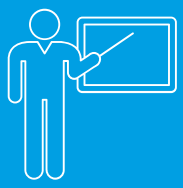
Women and girls of reproductive age in conflict-affected areas are at an increased risk of sexual violence and unintended pregnancies. Childbirth is fraught with danger – the rate of maternal death and injury in crises zones almost double the world average. But preventing unintended pregnancies remains challenging for too many women and girls. Key interventions to increase access to and use of Sexual and Reproductive Health (SRH) services are known, and many organizations working in crisis settings are implementing these with extremely limited resources and multiple challenges. There is therefore an urgent need to build capacity among Health Cluster partners, not only to respond during the onset of a crisis, but also to support the transition to ensure that comprehensive Sexual and Reproductive Health and Rights are addressed through the primary health care system for the longer-term. **Read more about Sexual and Reproductive Health.**

In 2018 the Ministry of Foreign Affairs of the Netherlands funded a project to build the capacity of Health Cluster partners to address unmet reproductive health needs of women and girls in Bangladesh (Cox's Bazar), the Democratic Republic of the Congo (Kasaï) and Yemen, led by the WHO through the Health Cluster and in collaboration with UNFPA.

Bangladesh (Cox's Bazar)	Democratic Republic of the Congo (Kasaï)	Yemen
781 IARH kits	**399 IARH kits**	**453 IARH kits**

Inter-Agency Emergency Reproductive Health kits (IARH) and other essential supplies procured, such as life-saving oxytocin and anti-pressure garments to stabilize postpartum hemorrhaging.

369 trained	**298 trained**	**252 trained**



doctors, nurses, midwives, community health worker supervisors and cluster partner staff on Basic Emergency Obstetric and Neonatal Care, family planning, post-abortion care, and community health promotion of sexual and reproductive health.

35 health facilities	**35 health facilities**	**23 health facilities**

in the process of being rehabilitated, have been assessed for rehabilitation or have been supported with equipment and furniture procurement such as air conditioners or refrigerators for cold chain storage.

Improving SRH services among refugees and internally displaced people

As part of the partnership with the Ministry of Foreign Affairs of the Netherlands, the Global Health Cluster worked with local research organizations to conduct a situation analysis in three countries of focus, which gathered information on the expressed needs of the target populations in order to design evidence-informed interventions. The situation analysis in Cox's Bazar was conducted in 10 randomly selected Rohingya refugee camps in Ukhiya and Tekhnaf upazila of Cox's Bazar district starting in July 2018. Based on the findings, the primary recommendations for improving demand for SRH services were centred around increased risk communication and community engagement (RCCE) work to reduce stigma, distrust and shift behaviours away from cultural practices with negative health outcomes. The study also identified several opportunities to leverage existing community assets. For example, the migration of Burmese doctors, trained birth attendants, traditional healers (Boiddyo) and herbalists (Kabiraz) from Myanmar to the camps and the existing high levels of trust placed in these figures was identified as an opportunity to enhance community-level referrals following adequate and periodic training.

As a result of this research, the Bangladesh Health Sector moved swiftly to address some of the primary concerns raised by stakeholders. The Bangladesh Health Sector conducted trainings in small batches, in line with social distancing recommendations, and online, reaching a total of 90 program managers at primary health centres or field hospitals, 109 clinicians, 89 community health-care worker supervisors, 68 home-based care providers and 38 midwives. Trainings primarily used the training-of-trainers (ToT) approach and covered topics such as treatment of birth complications, antenatal, delivery and postpartum emergency services in the COVID-19 context and home-based care for sexual and reproductive health services.

Read the full story

TRAINING IN ACTION

On 15 September 2020, Farhana* arrived at the Ukhiya Upazilla Health Complex, one of the Ministry of Health's referral hospitals for the Forcibly Displaced Myanmar Nationals (FDMN) and Rohingya refugee populations. She presented with severe post-abortion bleeding after two days of trying to manage symptoms at home, she was semi-conscious and already in shock. Dr. Tajnin Akter Jaman, an OB-GYN consultant working with IOM had recently attended the Health Cluster trainer of trainers programme on postpartum and post-abortion hemorrhaging course on the use of Non-pneumatic Anti-Shock Garments (NASG), which she promptly put to use. The recent training and NASG suit gave the doctor the opportunity to stabilize the patient while she addressed the cause of the bleeding and the patient recovered fully. The maternal mortality rate for Cox's Bazar is 179 per 100 000 live births, nearly two and a half times higher than the worldwide target. These trainings and the provision of NASG equipment address one of the primary causes of mortality: delay in seeking care and arriving to health facilities already in critical condition.

Dr. Tasnova Sadneed (WHO) conducting a supervision visit following NASG training

*patient named changed to protect confidentiality.

GENDER-BASED VIOLENCE

Over 35% of women globally will face sexual and/or intimate partner violence in their lifetime. During a humanitarian crisis or emergency, where levels of these and other forms of gender-based violence (GBV) increase. Response efforts to control the spread of COVID-19 in 2020, including extended quarantines, stay-at-home orders and mobility restrictions further compounded GBV risk by limiting options for survivors to distance themselves from perpetrators of violence and by impeding access to health and psychosocial support services.

In 2020, the Health Cluster completed the third year of a program to strengthen the capacity of health partners to coordinate and deliver health services for GBV survivors in 11 countries: Afghanistan, Bangladesh (Cox's Bazar), Burkina Faso, the Democratic Republic of the Congo (Kasaï), Iraq, Libya, Mali, Nigeria (northeast), Somalia, Sudan and Syria. Activities included advocacy with policy-makers to endorse guidelines and standards to address GBV, integration of the GBV response and risk mitigation considerations into the strategic and operational planning of the Health Cluster, engagement in multi-sectoral action to improve GBV service accessibility and promoting good practices in delivery of health services for GBV survivors. Furthermore, GBV in emergencies advisors at regional, global and country levels provided technical support.

Read more about Gender-Based Violence

Expanding access

Health Cluster partners have expanded access to health services for GBV survivors in 2020 by an estimated 7% in Afghanistan, 31% in Bangladesh, 10% in Iraq and 15% in Syria.

Building capacity

Over 4,000 health workers completed interagency trainings in the provision of first-line support, clinical management of rape and intimate partner violence, or mental health and psychosocial support for GBV survivors across the 11 countries in 2020.

Monitoring progress

There was a 25% increase from 2019 to 2020 in the number of Health Clusters supported by the programme that included a GBV-related indicator or sectoral objective in their 2020 Humanitarian Response Plan.

Responding to uptick in GBV in the context of the COVID-19 pandemic

The Iraq GBV sub-cluster conducted an online survey in 11 governorates between April and May 2020 to better understand GBV service utilization during the COVID-19 response. 65% of the service provision points surveyed reported an increase in one or more types of GBV. Of those reporting an increase, 94% were related to intimate partner and family member violence within their own household. The Iraq Information Centre (IIC) also received 40% more calls reporting GBV incidents, mainly of domestic violence, after the outbreak of COVID-19 compared to previous months, supporting the findings of the survey.

Partners responded to these new realities on the ground by building off of existing resources and programs in place. One Iraq Health Cluster partner, Dary NGO, integrated GBV services into the MHPSS programs in place in the Ibn Sina Mental Health Center in Mosul to support sustainable, accessible and non-stigmatized GBV services to survivors. The UNFPA-supported reproductive health facility in Anbar was one of the many Health Cluster partners that have developed service information materials for GBV survivors to support help-seeking for psychosocial care and other services currently available at women's centres and other points of care.

Read the full story

"Integrating GBV services within the health and mental health services yielded the best results in terms of reducing stigma and in providing culturally-appropriate evidence- and community-based services to the most vulnerable populations, particularly women. Building capacity of frontline healthcare providers in GBV trainings, including stigma prevention and reduction was very important in boosting accessibility of GBV services during the movement restrictions and curfew."

Dr Kamal Olleri
Iraq Health Cluster
Coordinator

HEALTH CLUSTER IRAQ

PROMOTING LOCALIZATION

"The Burkina Faso Health Cluster advocated for its partners to be qualified to work with WHO funding as direct implementing partners of key specific health intervention as per the WHO country office's strategic operational response plan. To date, eight NGOs, which includes two national NGOs, have been qualified to work with WHO for health emergency response. This pool of partners are implementing Health Cluster activities in six affected regions of the country. One of the partners, IEDA Relief (International Emergency and Development Aid) has been chosen as the implementing partner for a pilot project in cash transfer programming (CTP) under the Central Emergency Response Fund and the Canadian Humanitarian Assistance Fund, constituting the first Health CTP project in Burkina Faso."

Jerry-Jonas Mbasha
Burkina Faso Health Cluster
Coordinator

HEALTH CLUSTER
BURKINA FASO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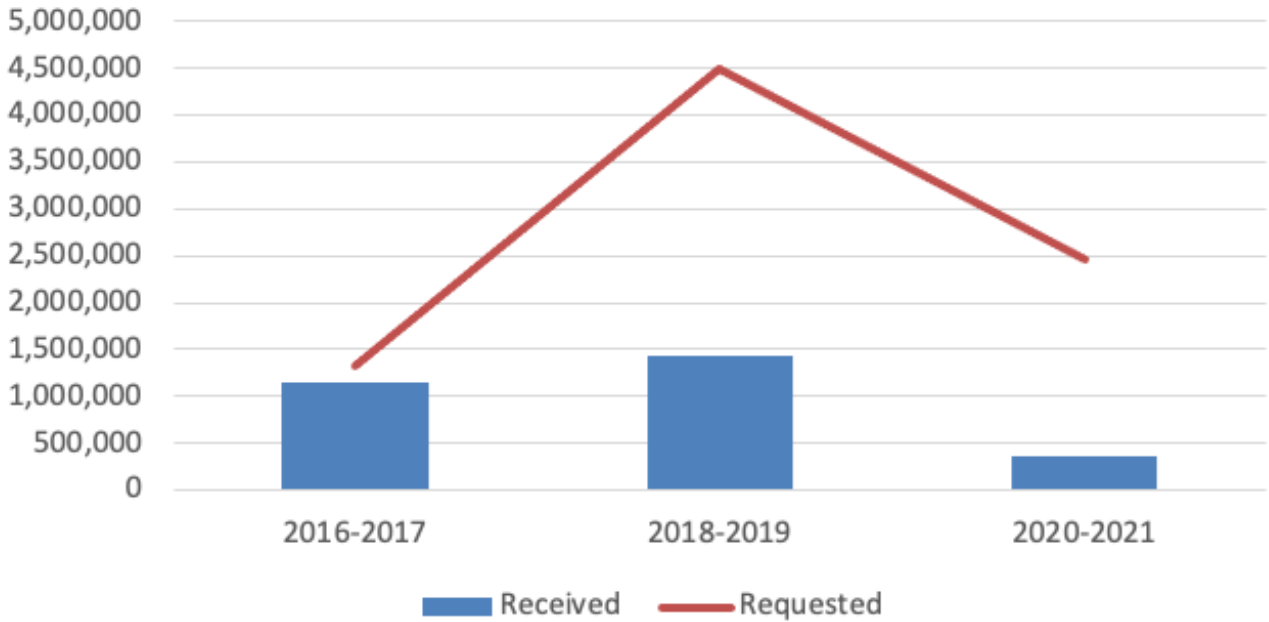
FINANCIAL OVERVIEW



*For the purpose of this graph, contributions to the GHC through partners (FHI360, 2020; iMMAP, 2018-2020) and to fund the sexual and reproductive health and rights project (the Ministry of Foreign Affairs of the Netherlands, 2018-2020, the gender-based violence project (Bureau of Population, Refugees, and Migration, 2018-2020) and the Health Cluster Support Project (ECHO, 2017-2018; OFDA and ECHO, 2015-2016) were excluded.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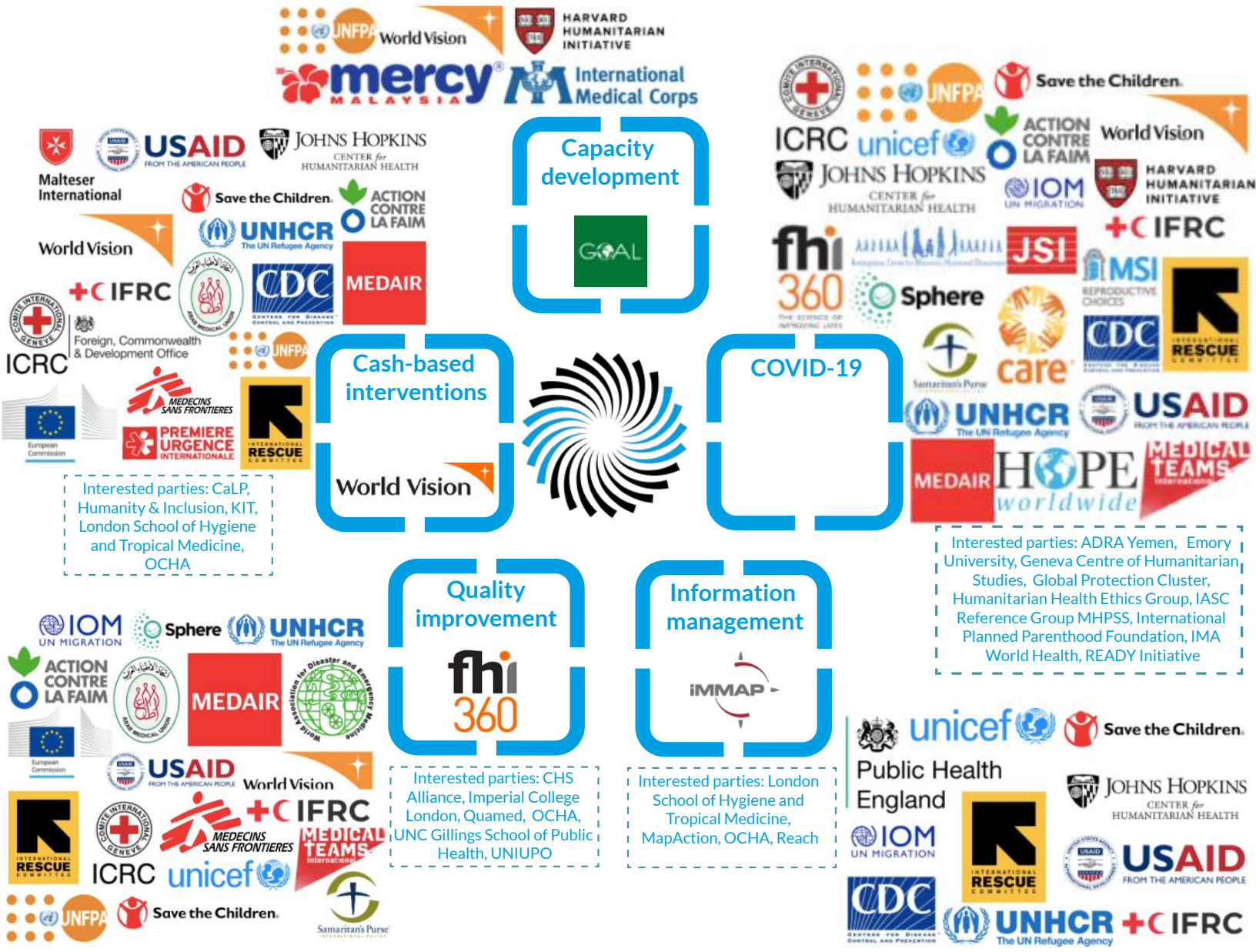
PARTNERSHIP

GLOBAL HEALTH CLUSTER TASK TEAM PARTNERS



STRATEGIC ADVISORY GROUP

FUNDING PARTNERS