



NATIONAL PARTNERS' CAPACITY SURVEY

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SCOPE

The GHC Partners' Capacity Survey is an annual exercise that captures information on partners' technical, operational and coordination capacities, including surge, at global and country level.

The result of this exercise will help to more effectively identify critical gaps in global health response capacity and inform future partner engagement for the Health Cluster.

Two phases:

- International level partners – NGOs, UN agencies, academia, donor, specialised agency (2018)
- **National level partners – national NGOs, local NGOs, national Red Cross / Red Crescent Societies (2019)**

PURPOSE

The information collected through the survey will:

- Document partners' presence and current capacity in areas affected by emergencies with public health consequences
- Identify critical gaps in national and global health response capacity
- Inform and secure surge capacity requirements from technical and operational partners and networks in response to emergencies with public health consequences
- Inform the creation of strategic partnerships with current and potential partners/donors to strengthen the health sector response and transition to ensure stronger collective health outcomes and the achievement of the sustainable development goals.

OBJECTIVES

- Map partners' geographical and sector presence
- Map partners' technical expertise
- Map partners' provision of health services
- Map partners' organizational surge capacity (scale up in other parts of the country)
- Map partners' capacity to surge for coordination team functions (sub-national health cluster coordinator, information manager)
- Collect information on the barriers to engagement

PROCESS AND TIMELINE

- Gather feedback on process from Health Cluster Coordinators, Regional Partnership Officers, GHC Strategic Advisory Group, WHE relevant departments (November 2018).
- Design analysis plan and questionnaire with above mentioned stakeholders (December 2018).
- Upload the questionnaire in DataForm (WHO hosted platform for survey) (January 2019).
- Pilot the questionnaire in English, translate it and pilot it in other 5 languages (French, Arabic, Russian, Spanish, Bengali) (February-March 2019)
- Launch the survey through Health Cluster Coordinators (mid-April/mid-May 2019).
- Validate data internally and with Health Cluster Coordinators (May-June 2019)
- Analyse data and develop report in collaboration with Health Cluster Coordinators, Regional Partnership Officers and GHC Strategic Advisory Group (June-July 2019).

METHODOLOGY AND RESPONSE RATE

- The survey was sent via an individual token to 698 partners in 25 clusters (a generic link was also used)
- The survey was open for one month; several reminders were sent via email and through Health Cluster Coordinators
- 256 organizations responded
- 37% response rate

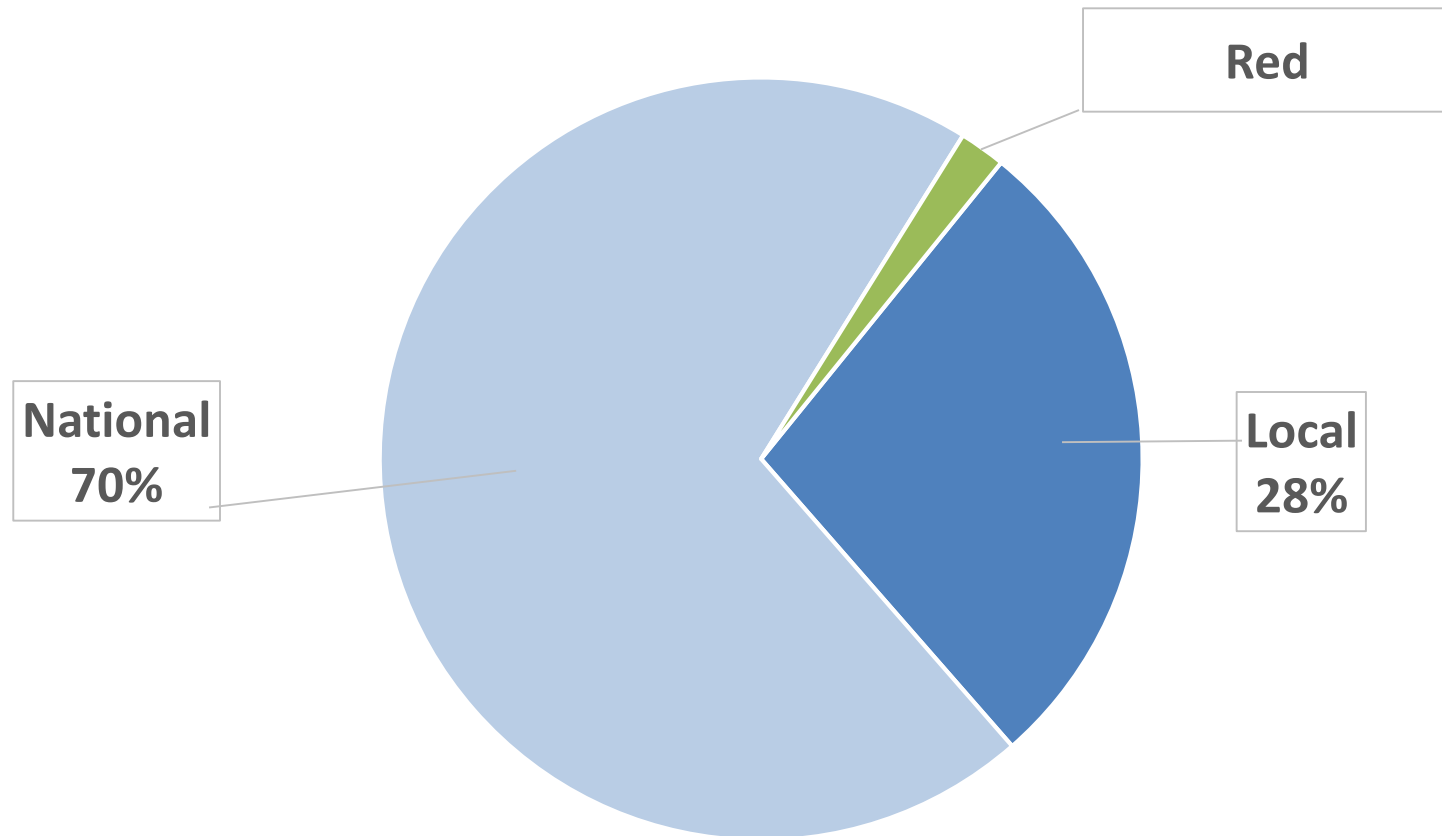
Country	Tokens	Organisations	Completed	Rate
Afghanistan	34	23	3	13%
Bangladesh	115	42	6	14%
Burundi	6	4	2	50%
Cameroon	55	40	14	35%
Central African Republic	35	31	7	23%
Chad	7	7	2	29%
Colombia	15	6	4	67%
DR Congo	77	54	41	76%
Ethiopia	5	3	2	67%
Iraq	20	13	10	77%
Libya	5	3	0	0%
Mali	9	7	1	14%
Myanmar	18	9	5	56%
Niger	2	2	0	0%
Nigeria	16	16	6	38%
Pakistan	35	35	14	40%
Palestine	62	32	13	41%
Somalia	146	103	32	31%
South Sudan	49	28	12	43%
Sudan	39	23	7	30%
Syria	93	91	37	41%
Turkey	49	49	24	49%
Ukraine	14	9	3	33%
Yemen	31	28	5	18%
Whole of Syria (NE Syria)	58	40	6	15%
Total	995	698	256	37%

PRELIMINARY RESULTS

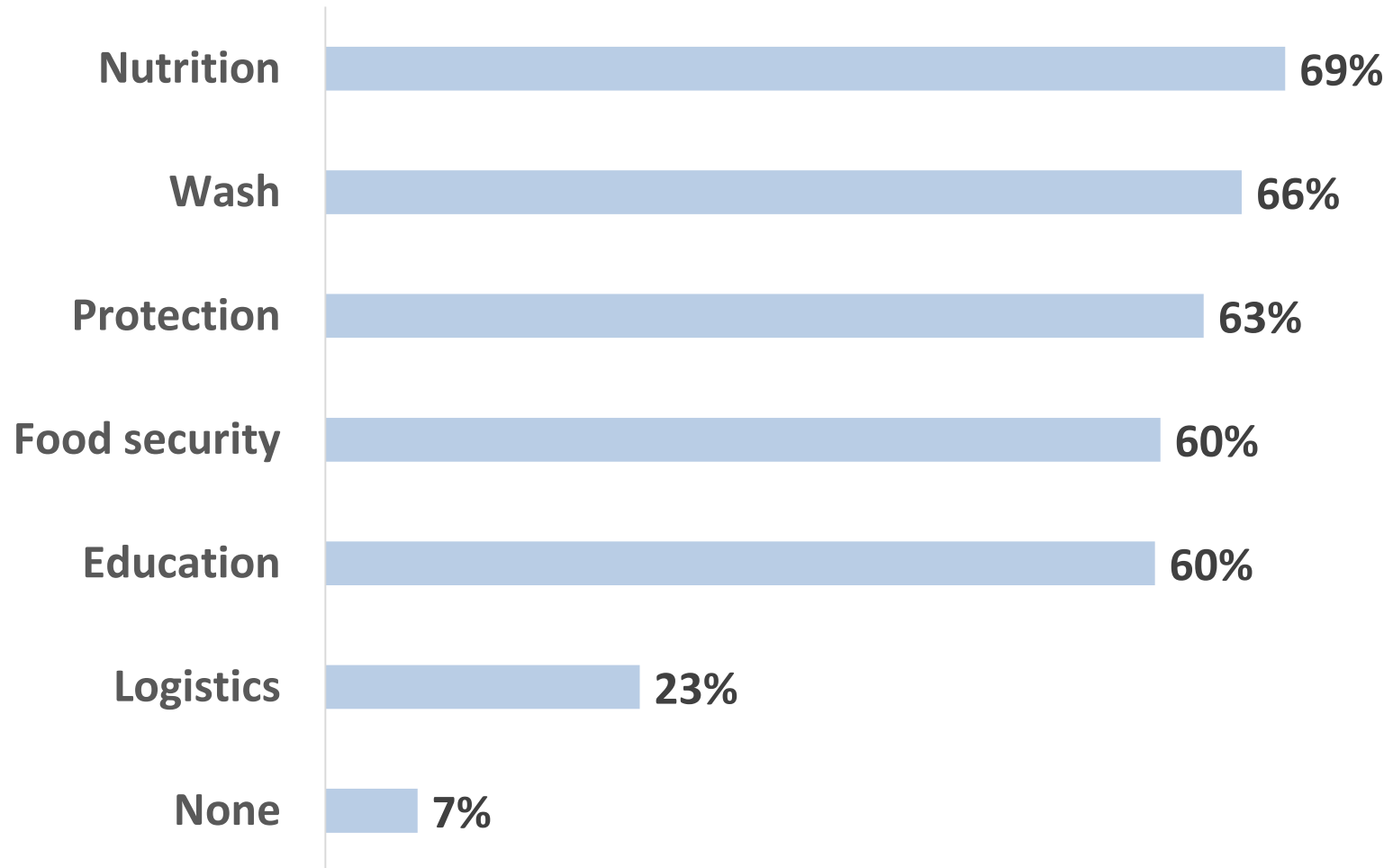
1. Description of your organization, including geographical presence
2. Organisational expertise
3. Health services supported by your organization in your humanitarian programmes
4. Intervention modalities
5. Organisational surge capacity
 - Surge capacity in support of Health Cluster Coordination functions
6. Logistic support
7. Funding
8. Humanitarian principles
9. Barriers to engagement
10. Financial relationship with, and support from WHO

1. DESCRIPTION OF YOUR ORGANIZATION

Type of organisation (N = 256)

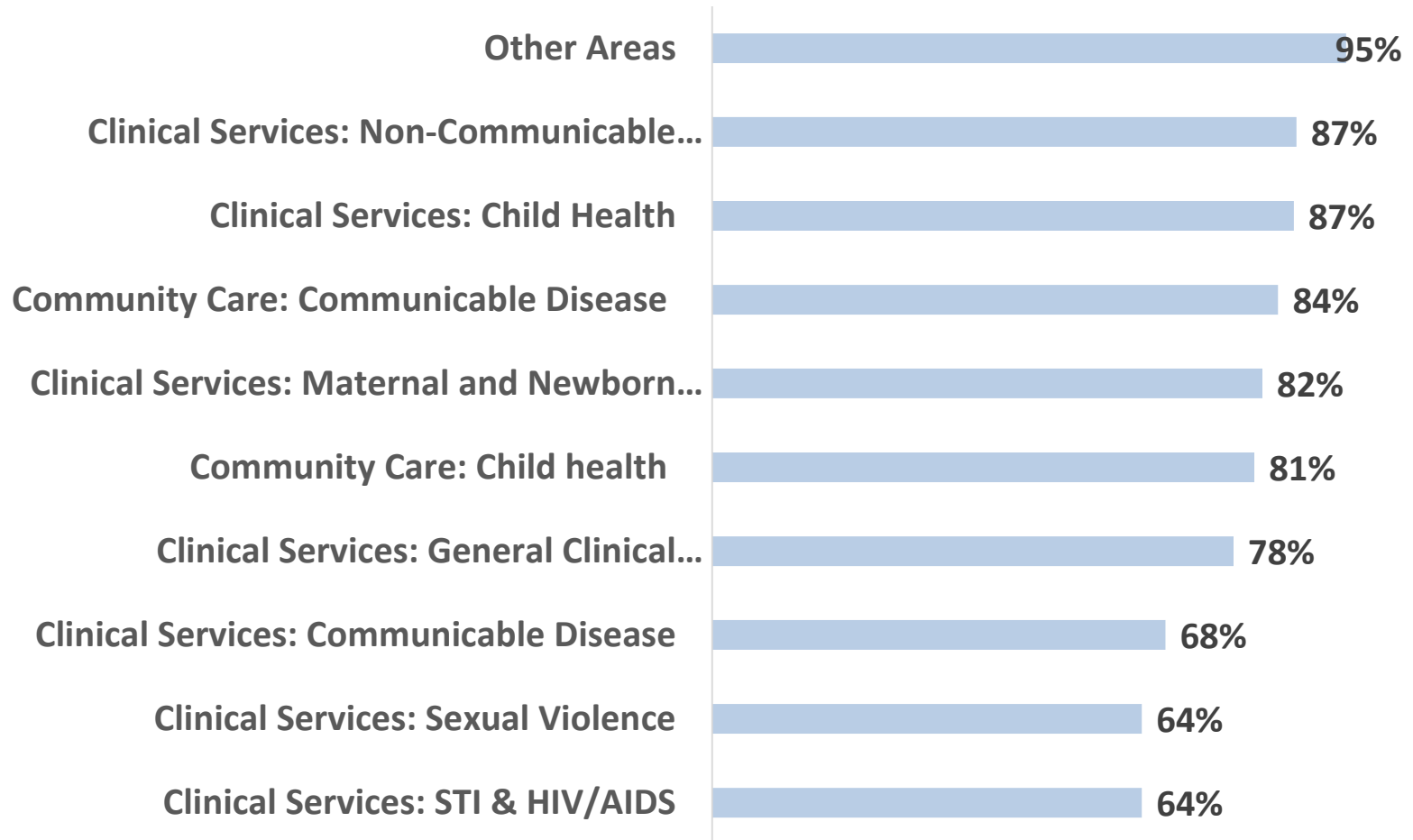


Presence in other clusters (N = 256)

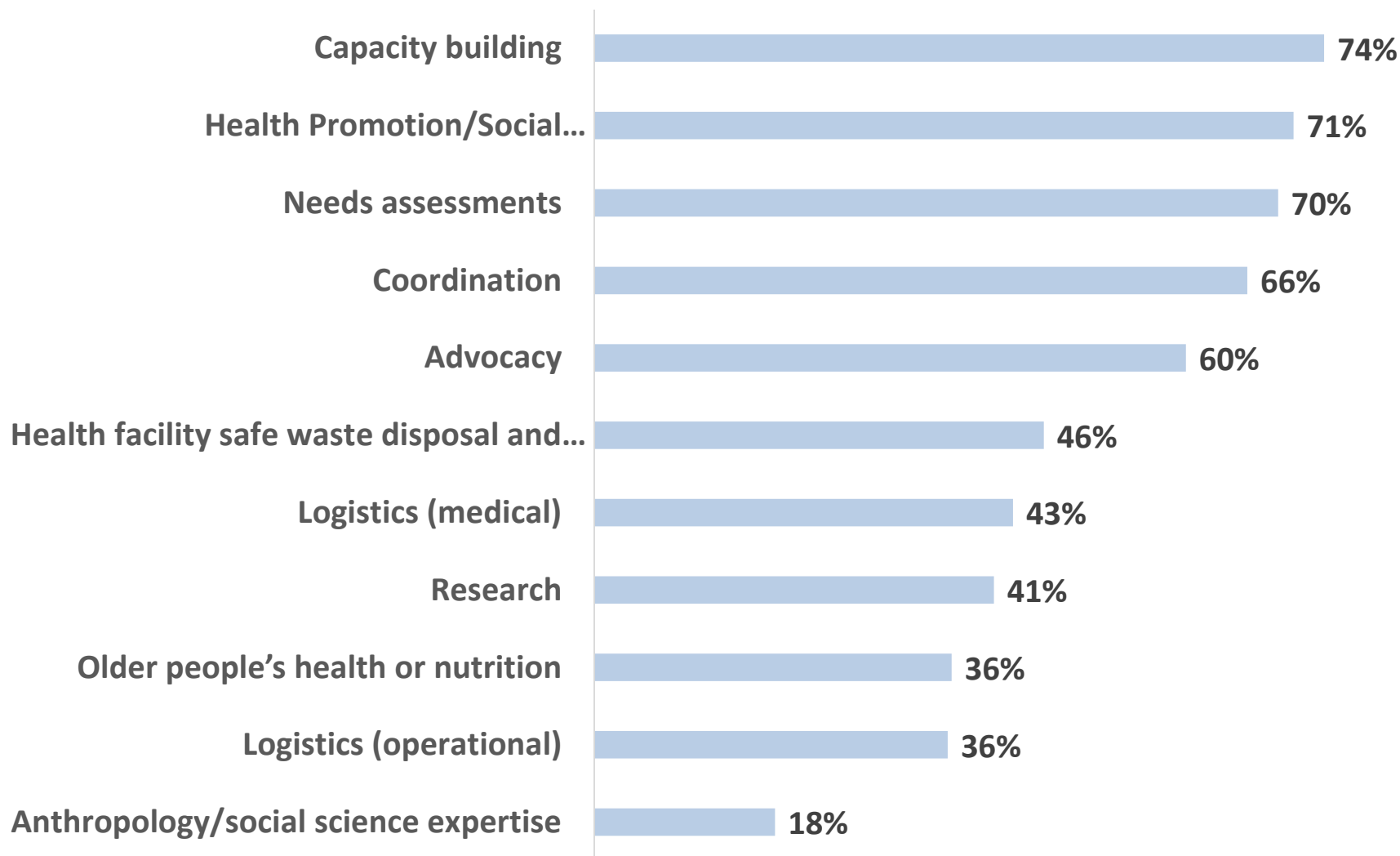


1. ORGANIZATIONAL EXPERTISE - CURRENT

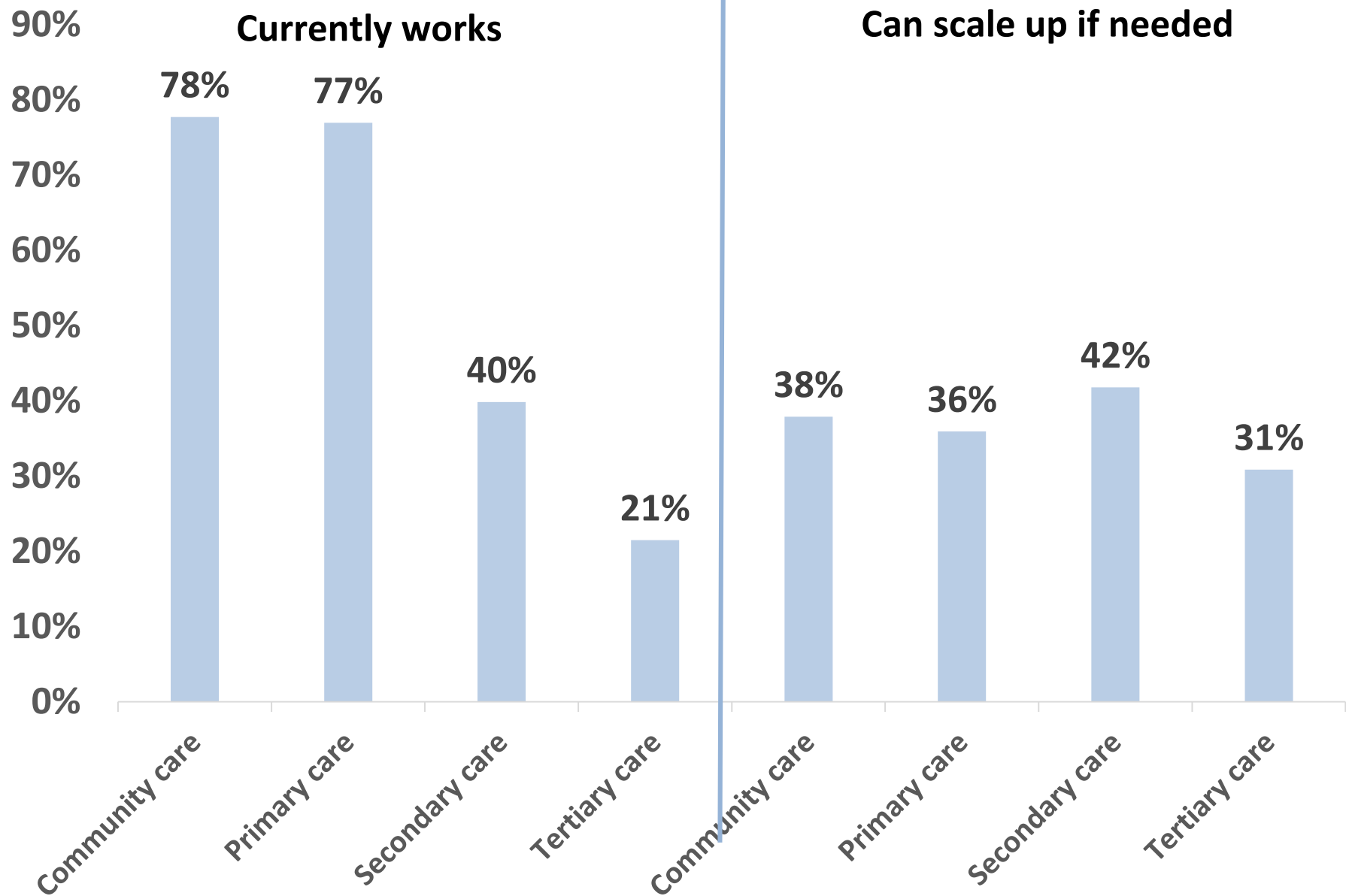
Organisational expertise (N = 256)



Other areas of expertise (N = 256)

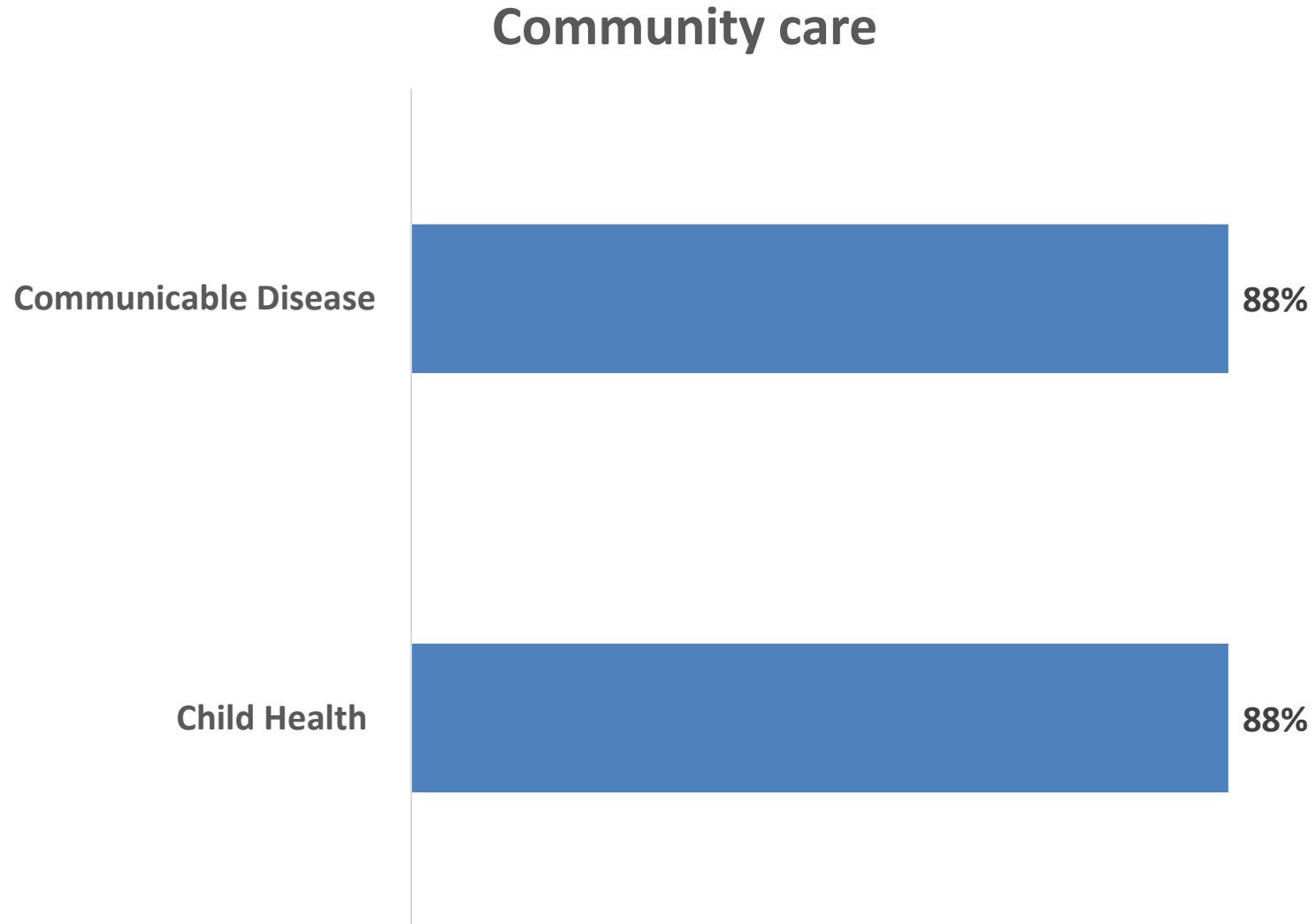


Level of the health system your organization works at (N = 256)



3. SERVICES PROVIDED

3.1. COMMUNITY CARE



Community Care: Child Health

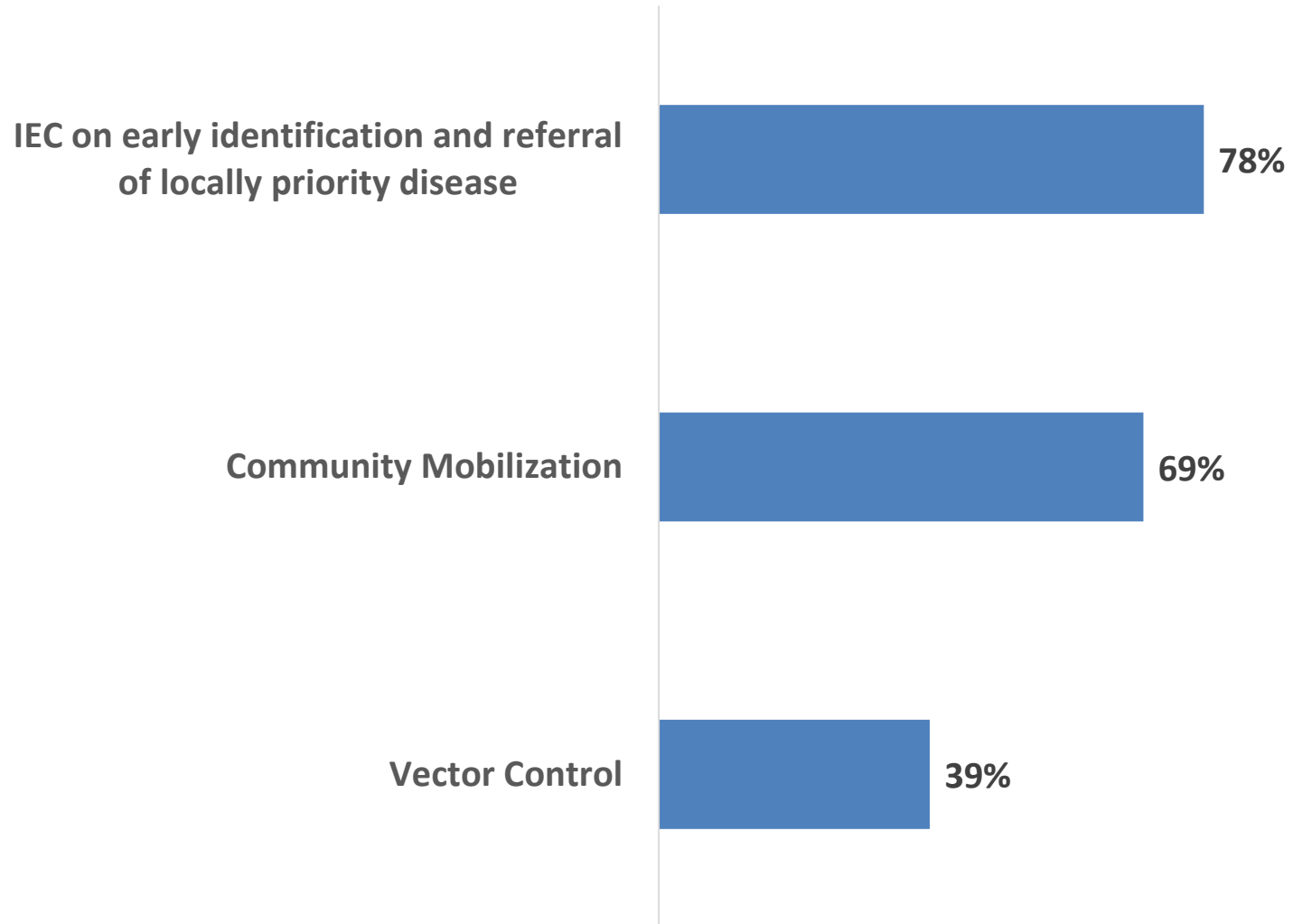
Screening of Acute Malnutrition

63%

Integrated Community Case
Management

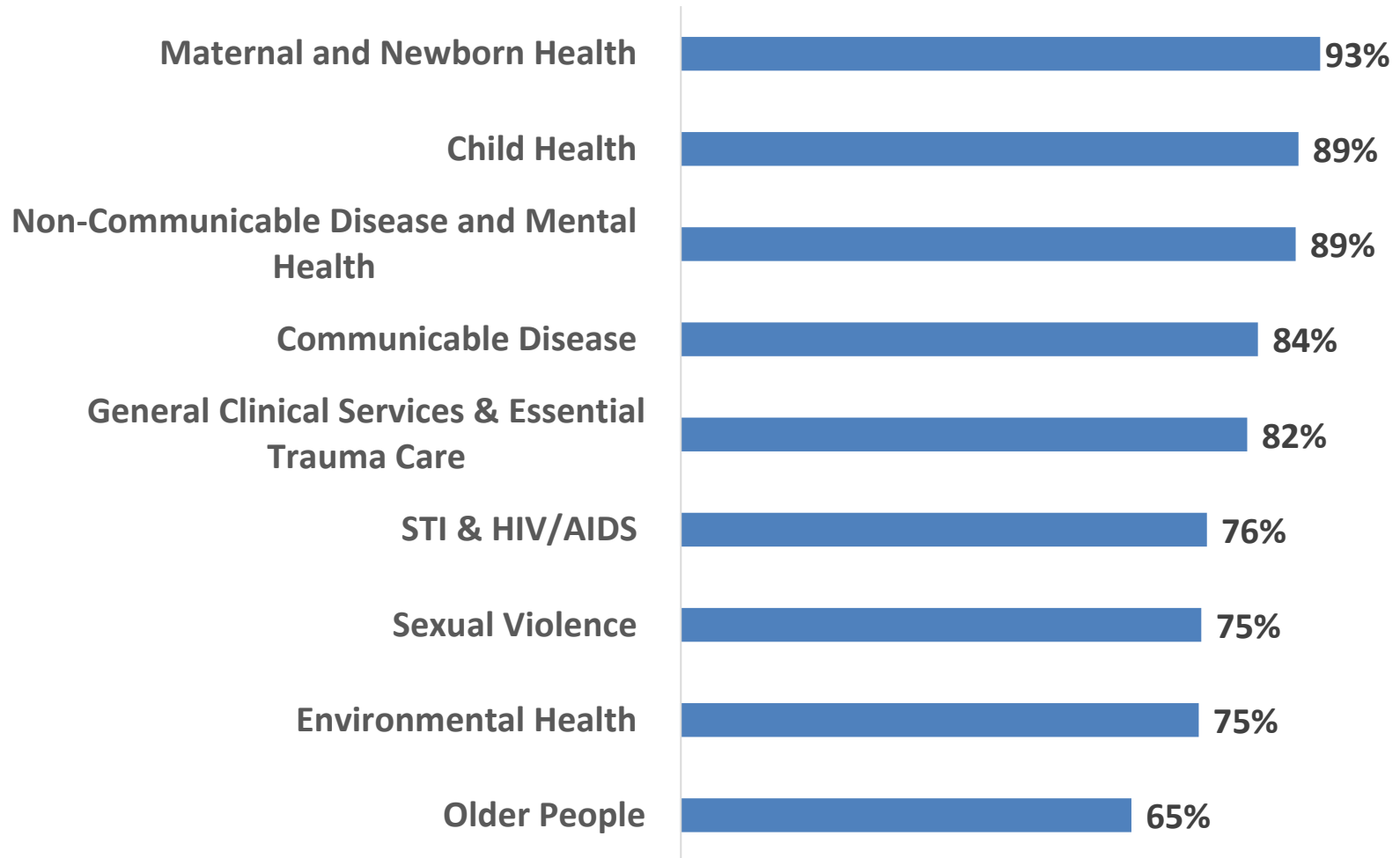
60%

Community Care: Communicable diseases

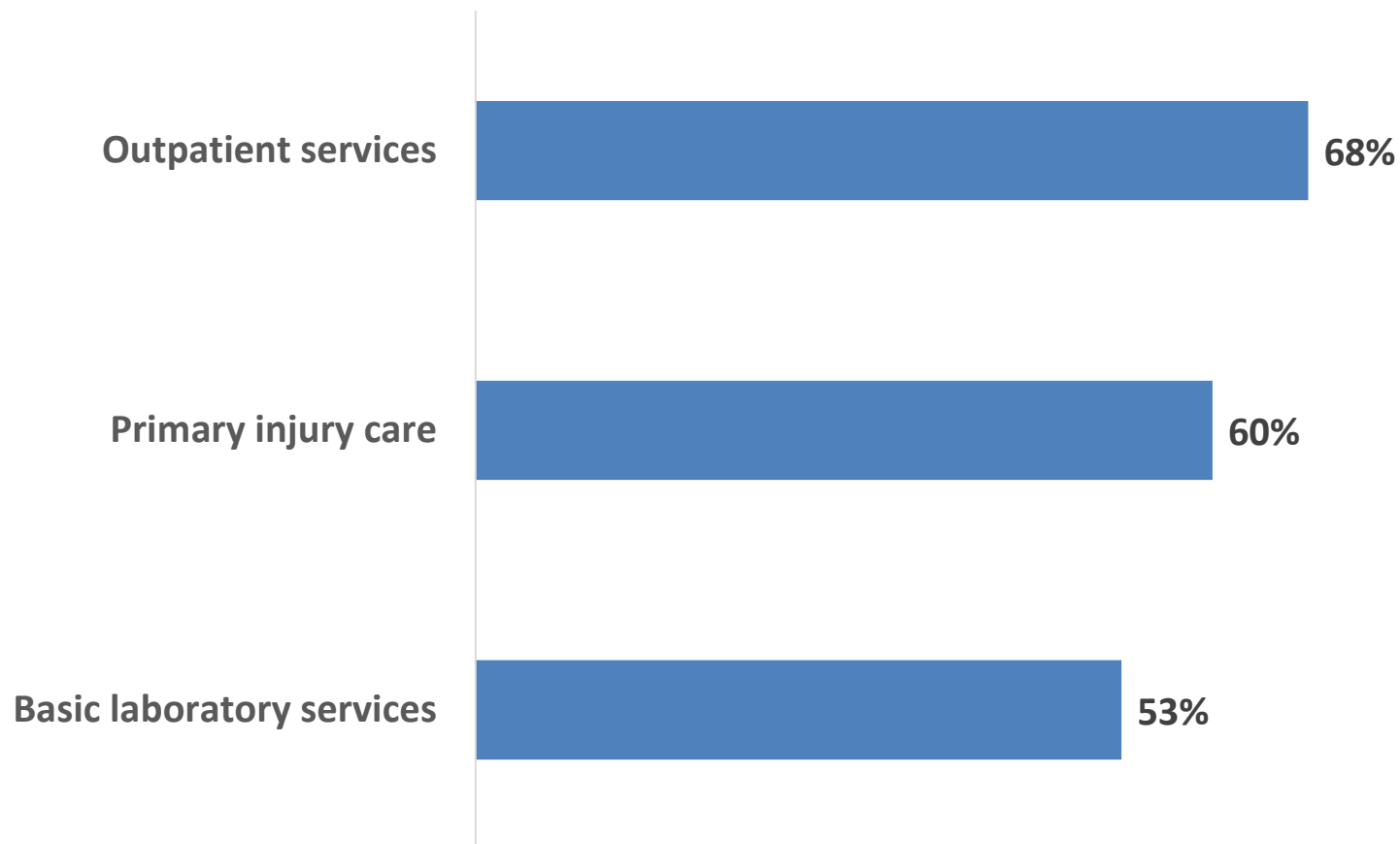


3.2. PRIMARY HEALTH CARE

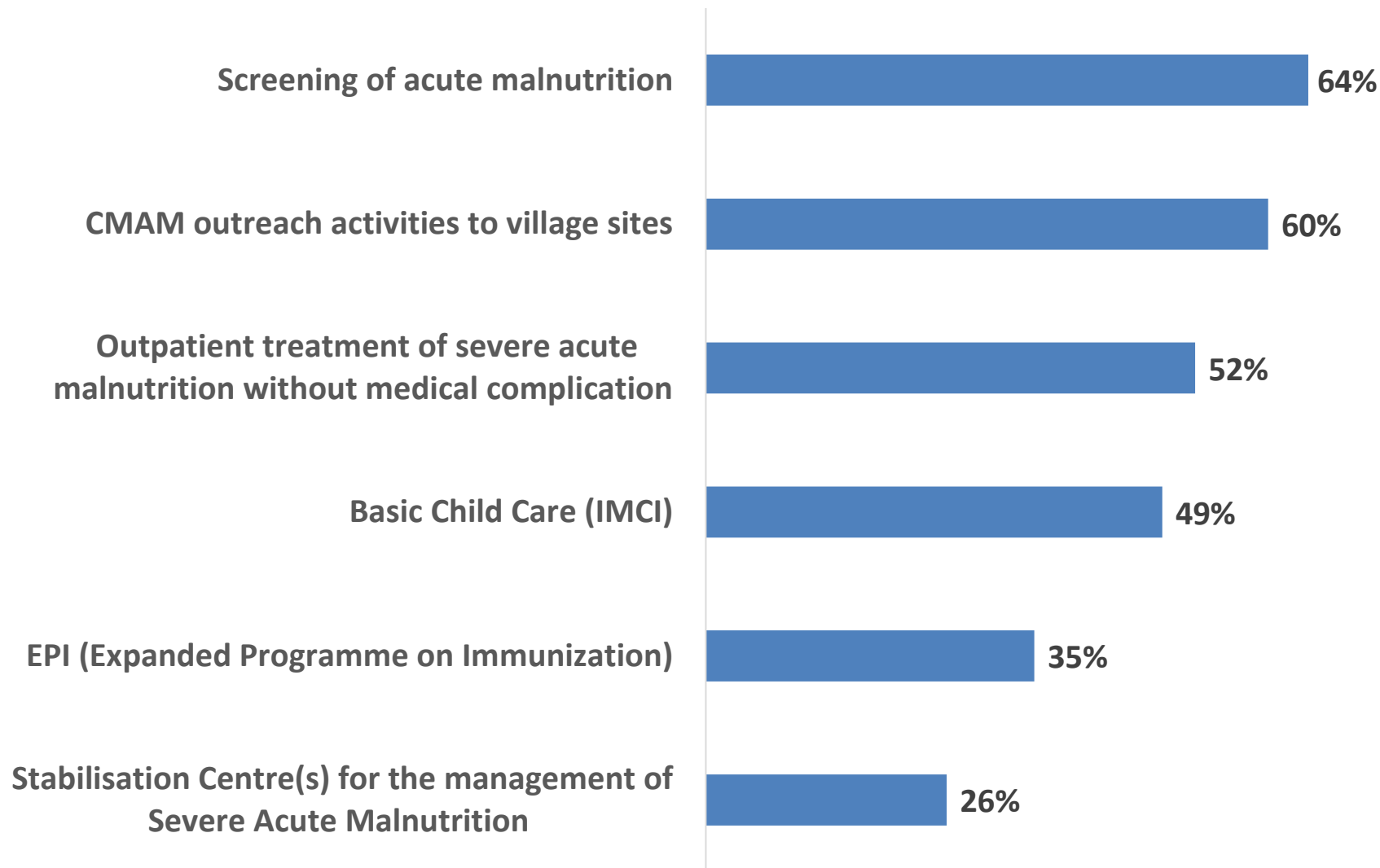
Primary Health Care



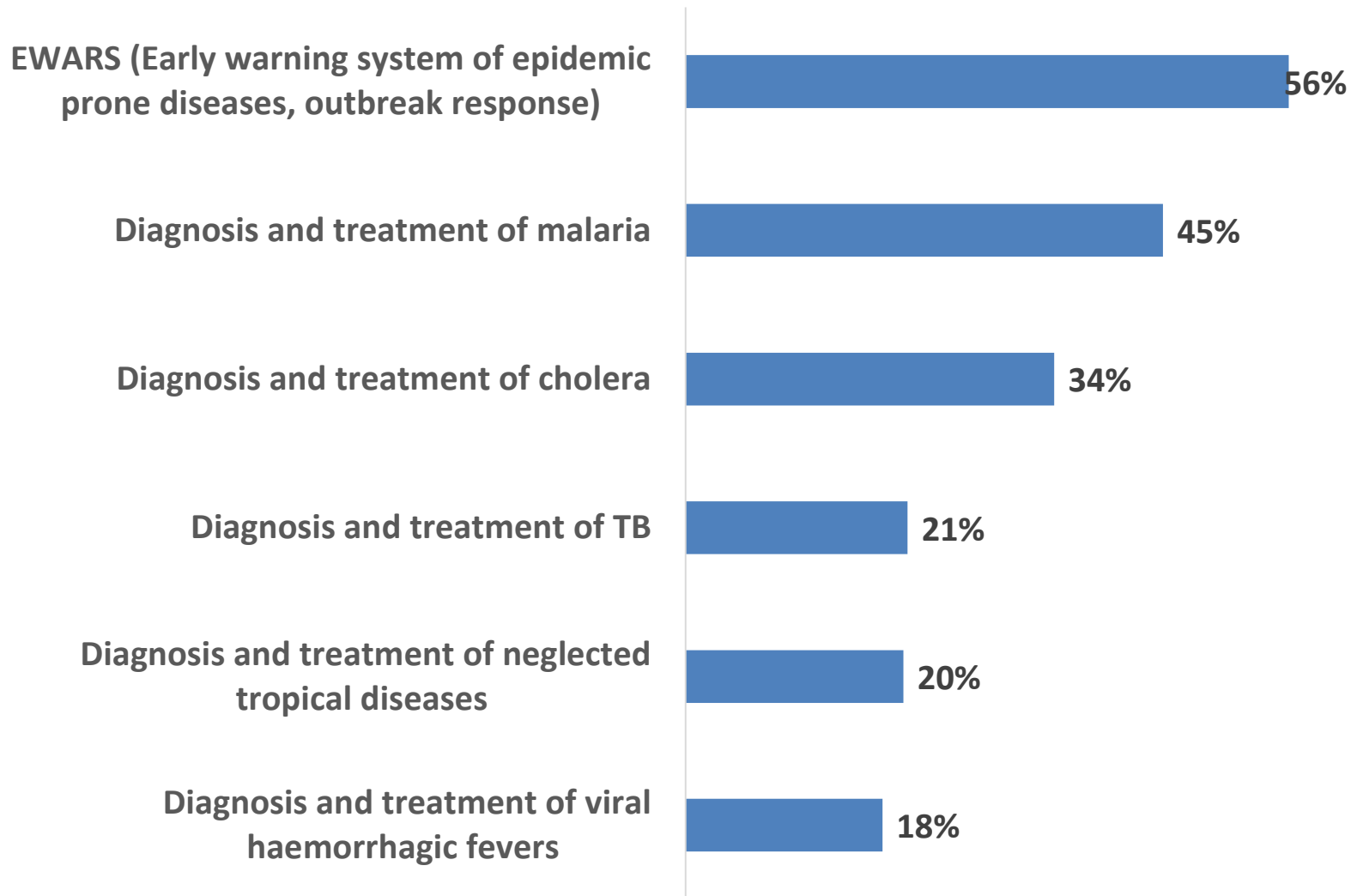
Primary Health Care: General Clinical Services & Essential Trauma Care



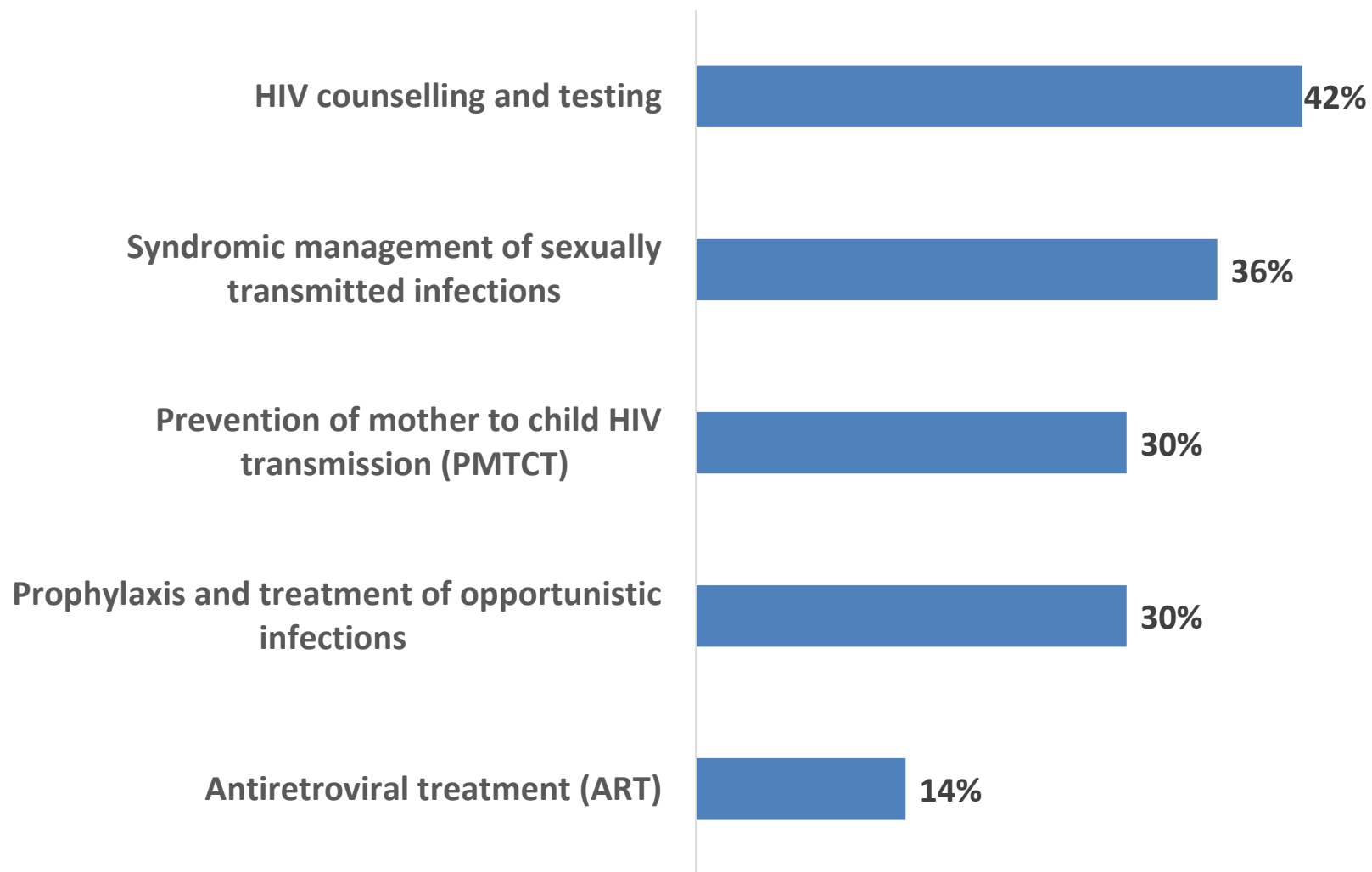
Primary Health Care: Child Health



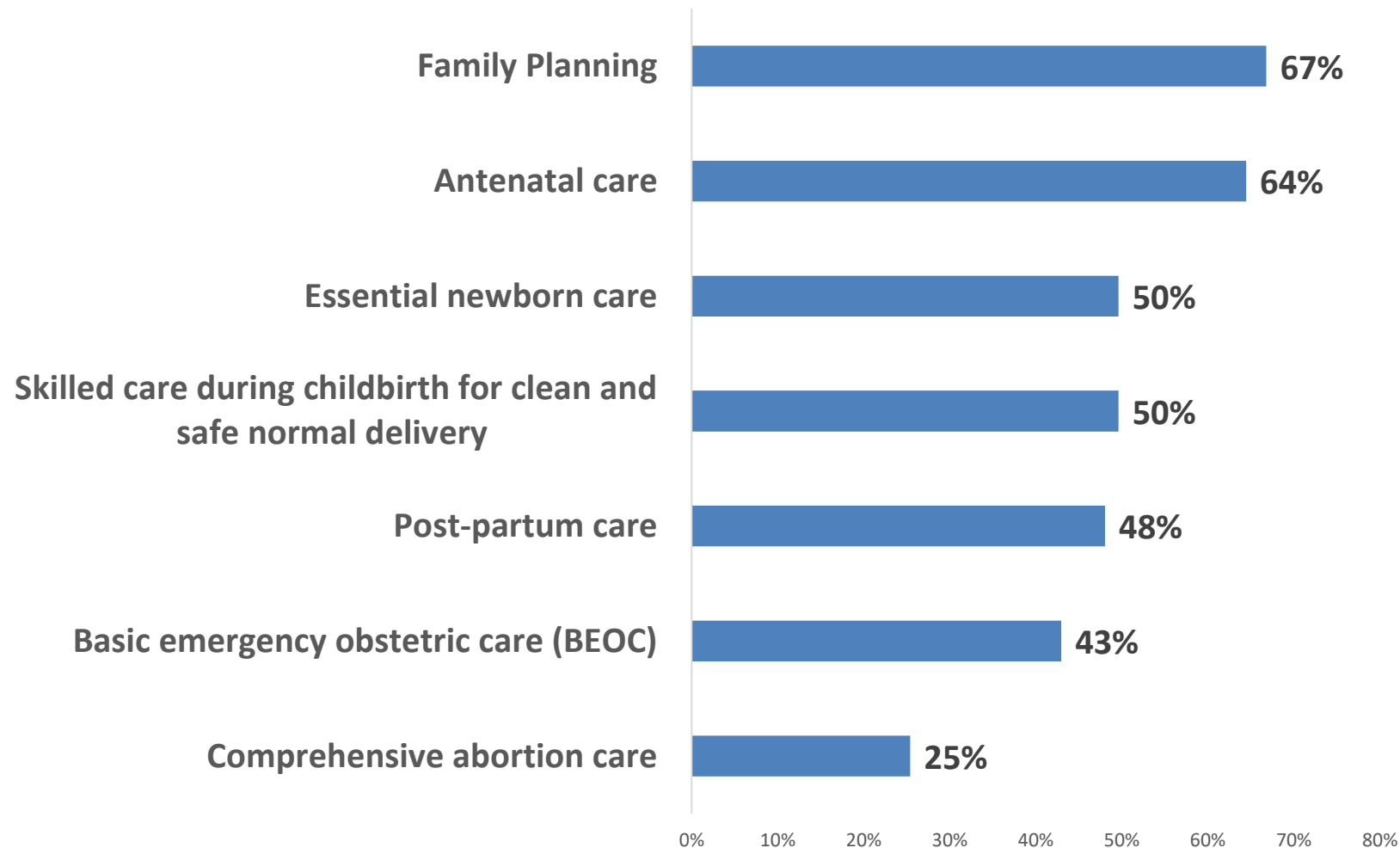
Primary Health Care: Communicable Disease



Primary Health Care: STI & HIV/AIDS



Primary Health Care: Maternal and Newborn Health



Primary Health Care: Sexual Violence

Clinical management of rape survivors

43%

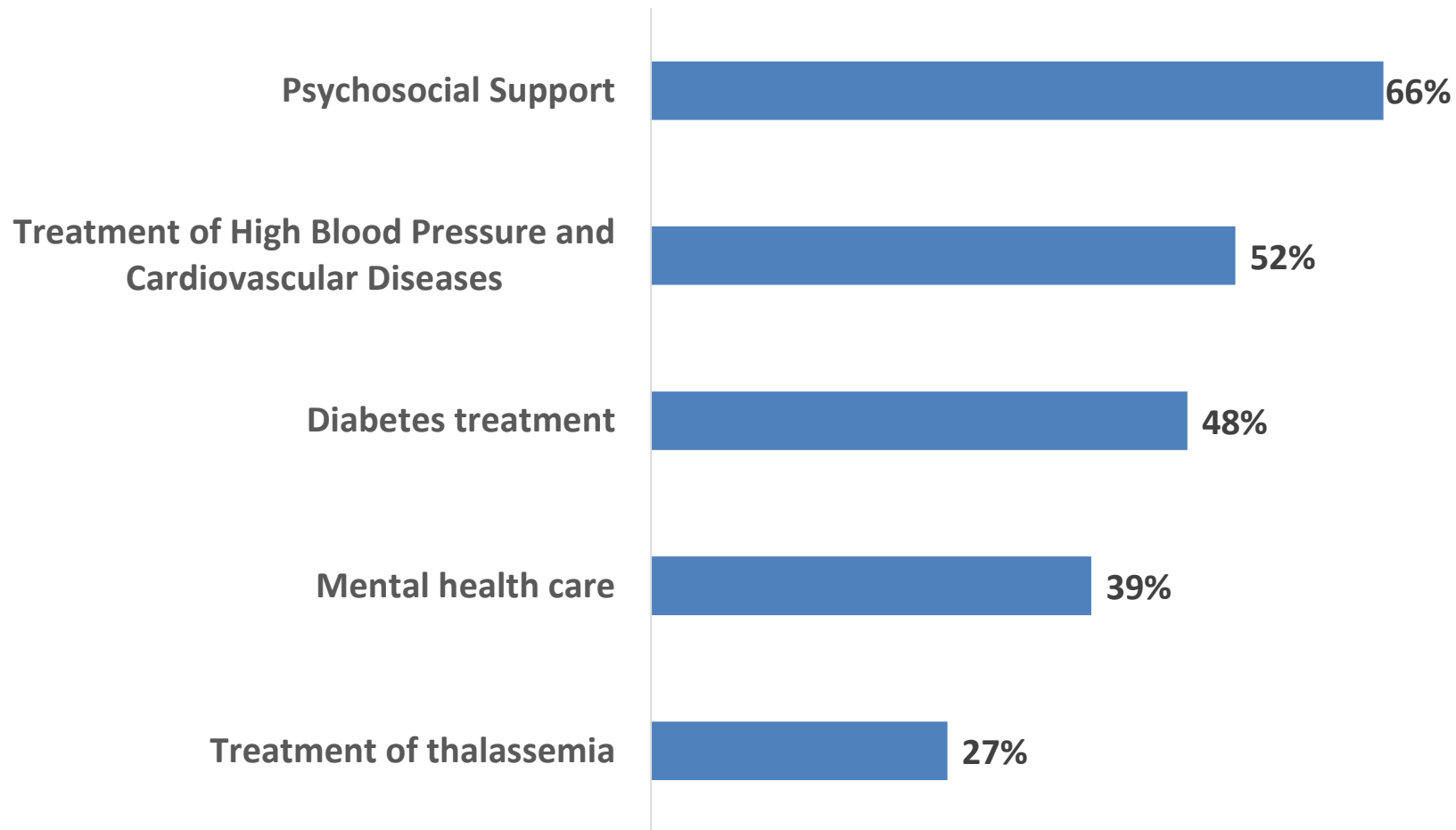
Emergency contraception

36%

Post exposure prophylaxis (PEP)

30%

Primary Health Care: Non-Communicable Disease and Mental Health



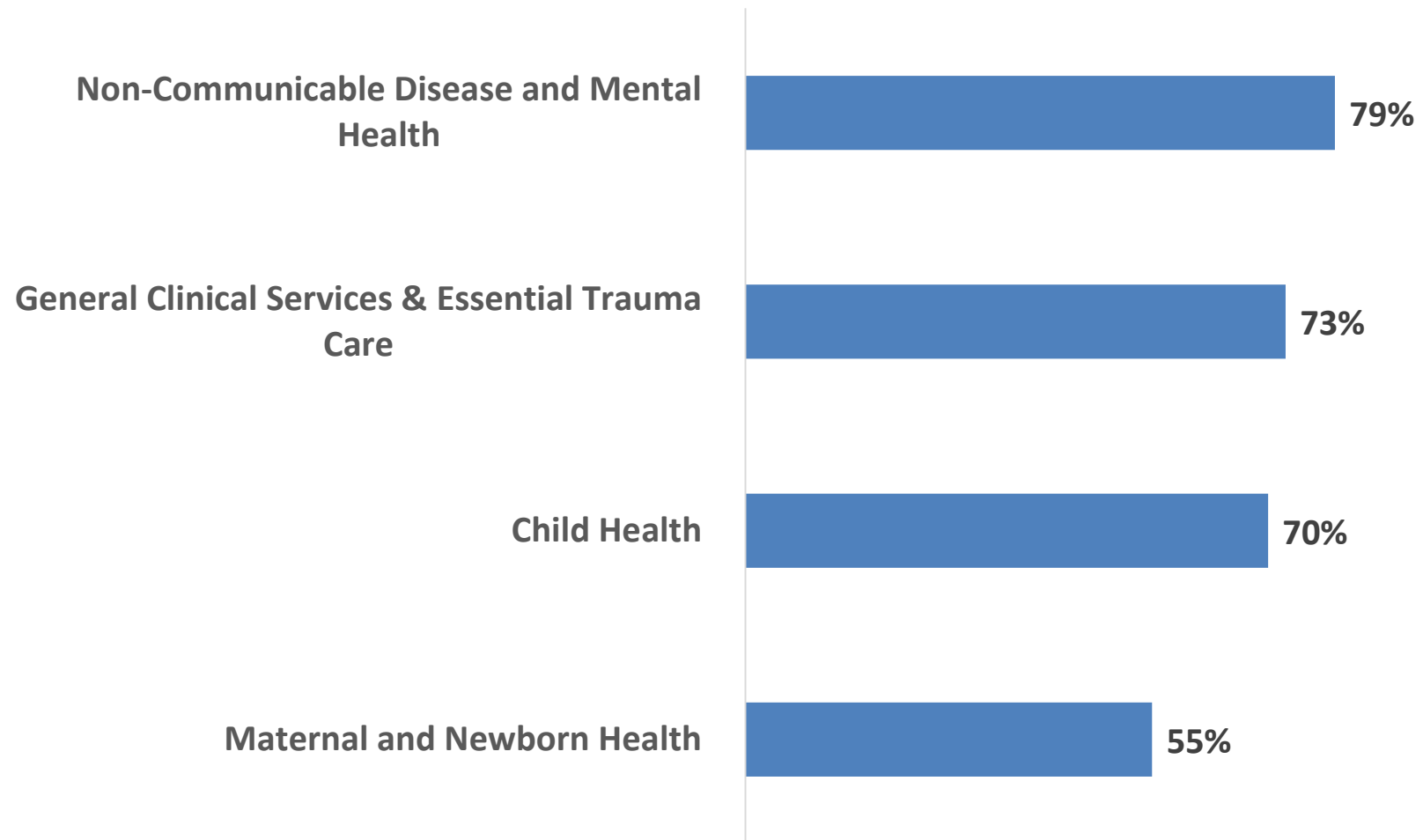
Primary Health Care: Environmental Health

Health facility safe waste disposal and management

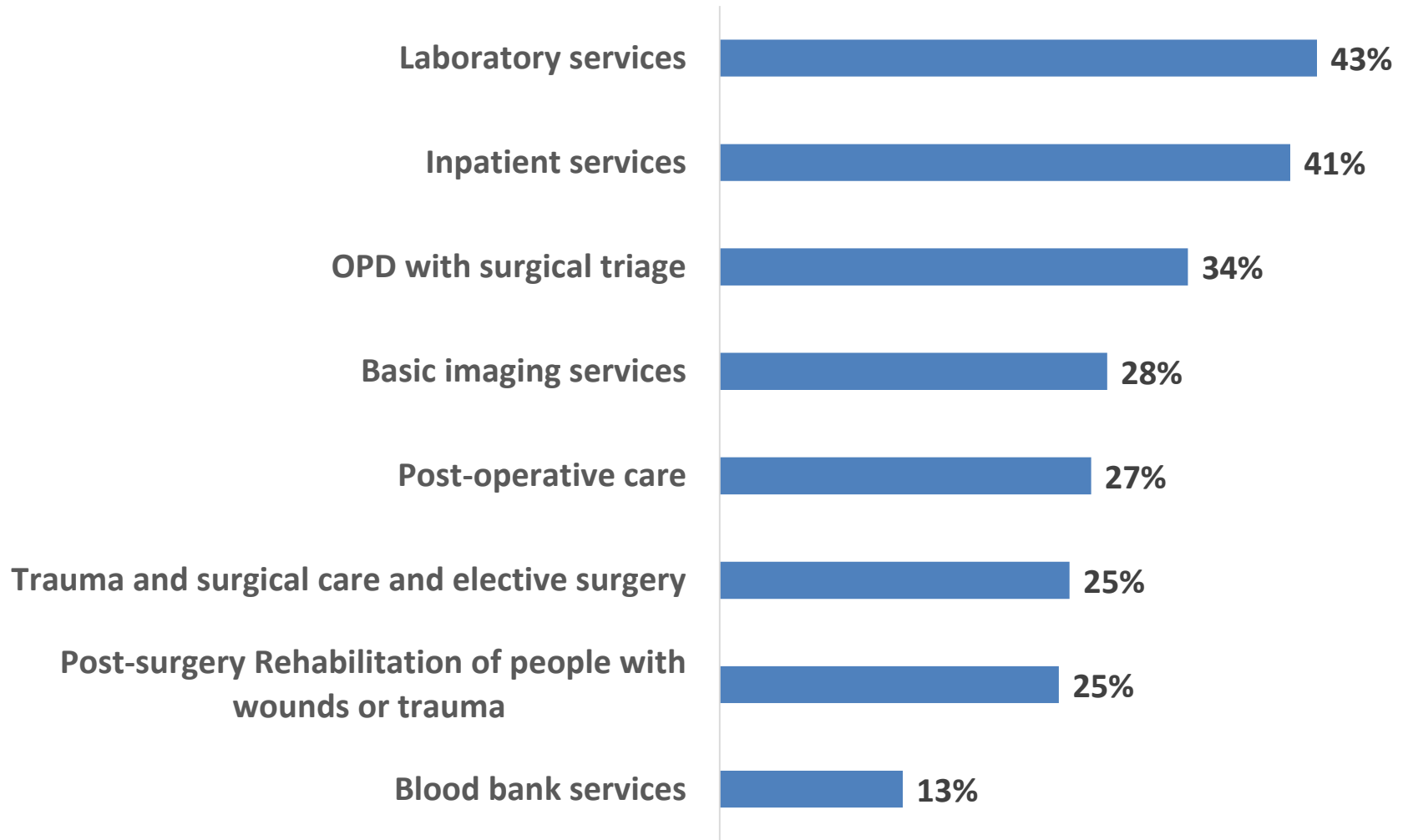
52%

3.3. SECONDARY HEALTH CARE

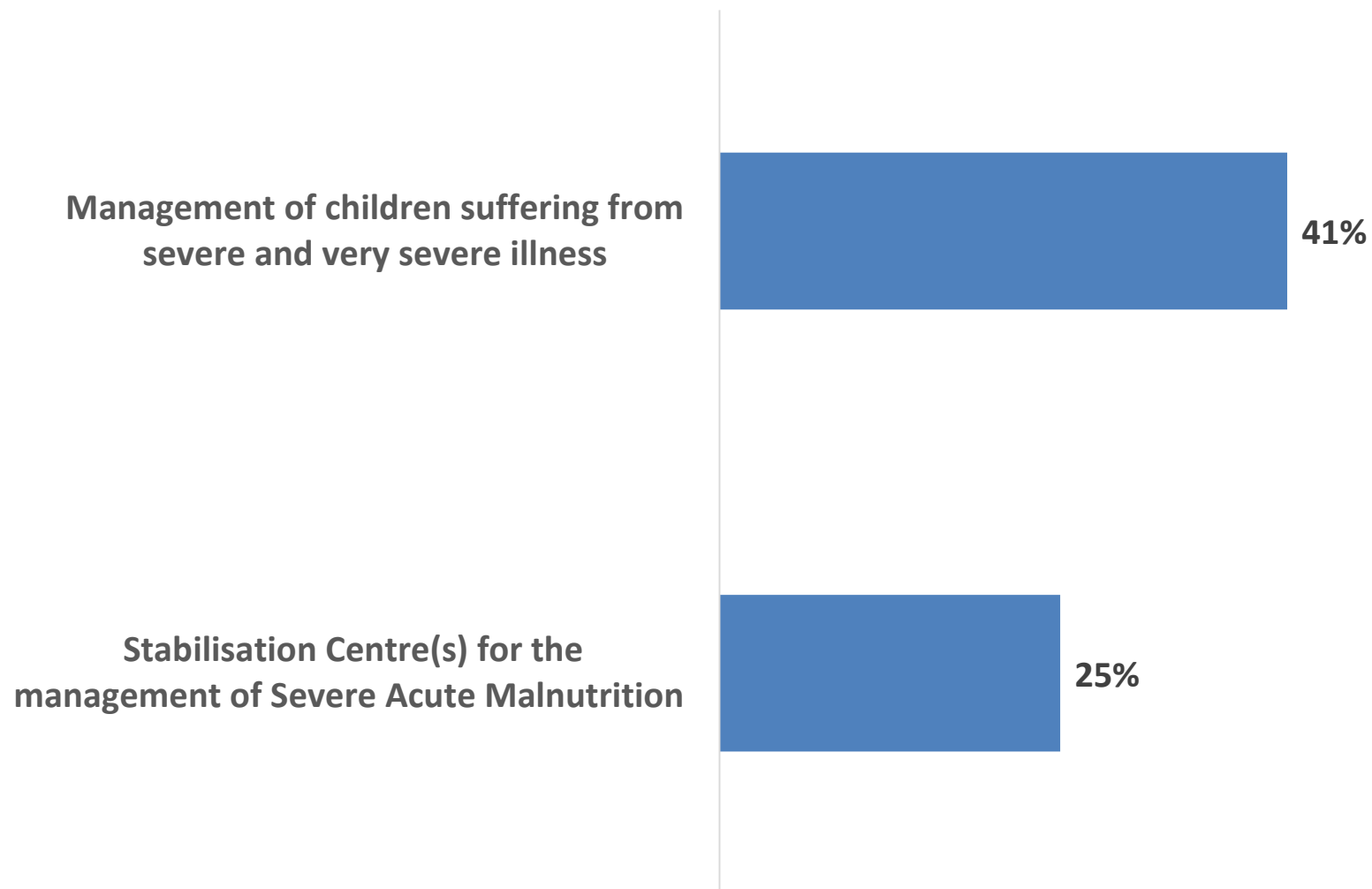
Secondary Health Care



Secondary Health Care: General Clinical Services & Essential Trauma Care



Secondary Health Care: Child Health



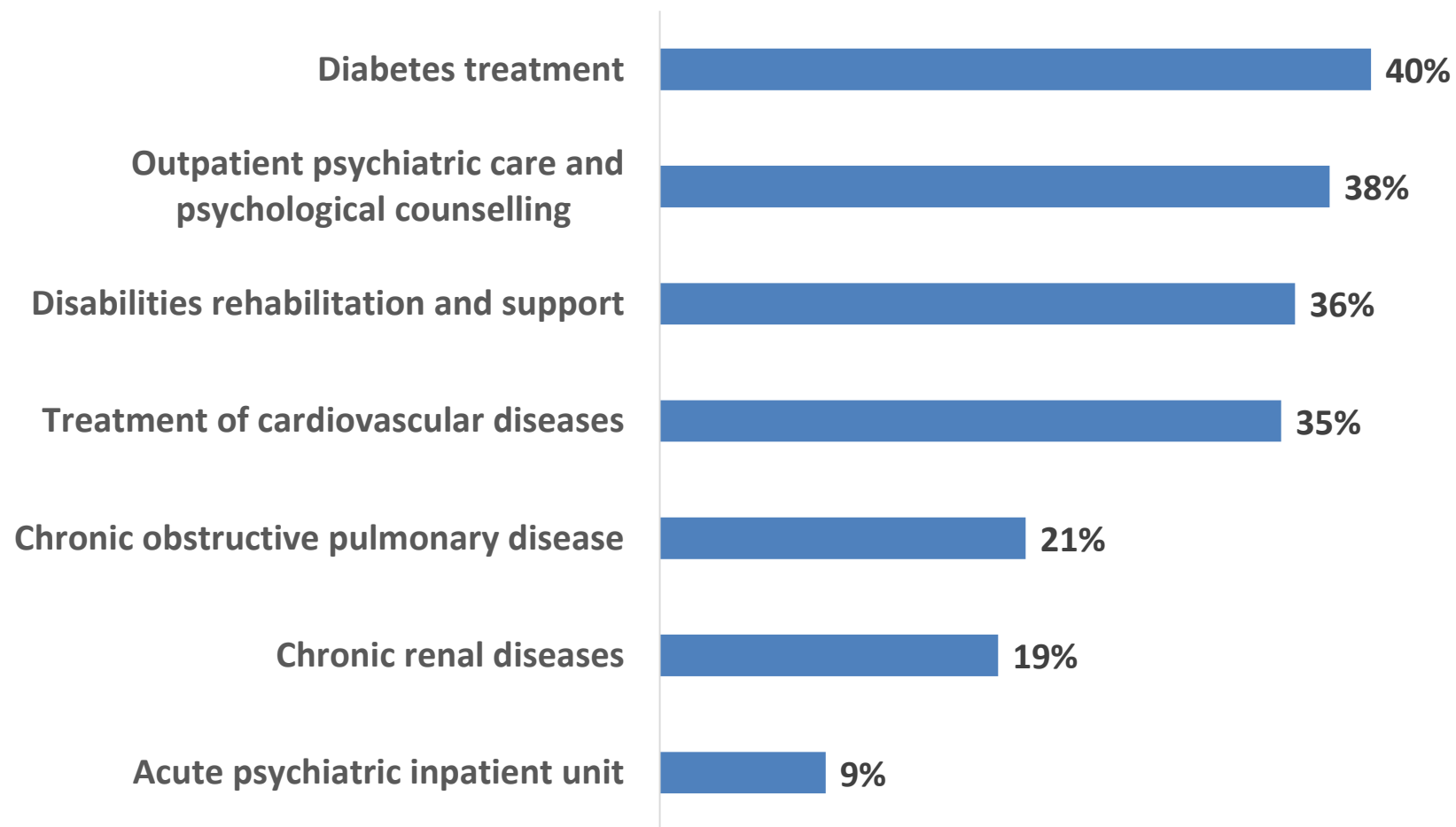
Secondary Health Care: Maternal and Newborn Health

Comprehensive emergency obstetric care
(CEMOC)



31%

Secondary Health Care: Non-Communicable Disease and Mental Health



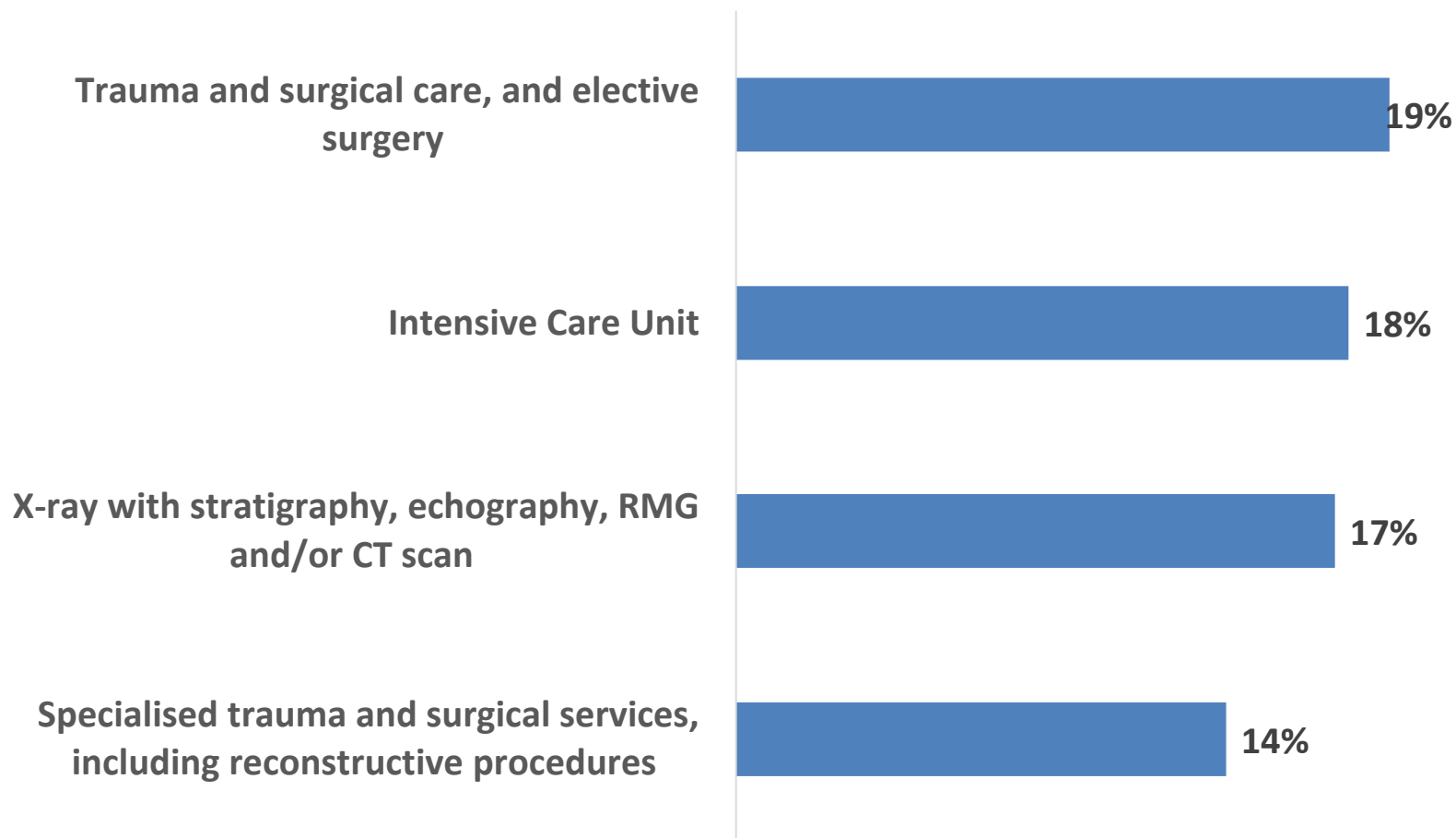
3.4. TERTIARY HEALTH CARE

Tertiary Care

General Clinical Services and Essential
Trauma Care

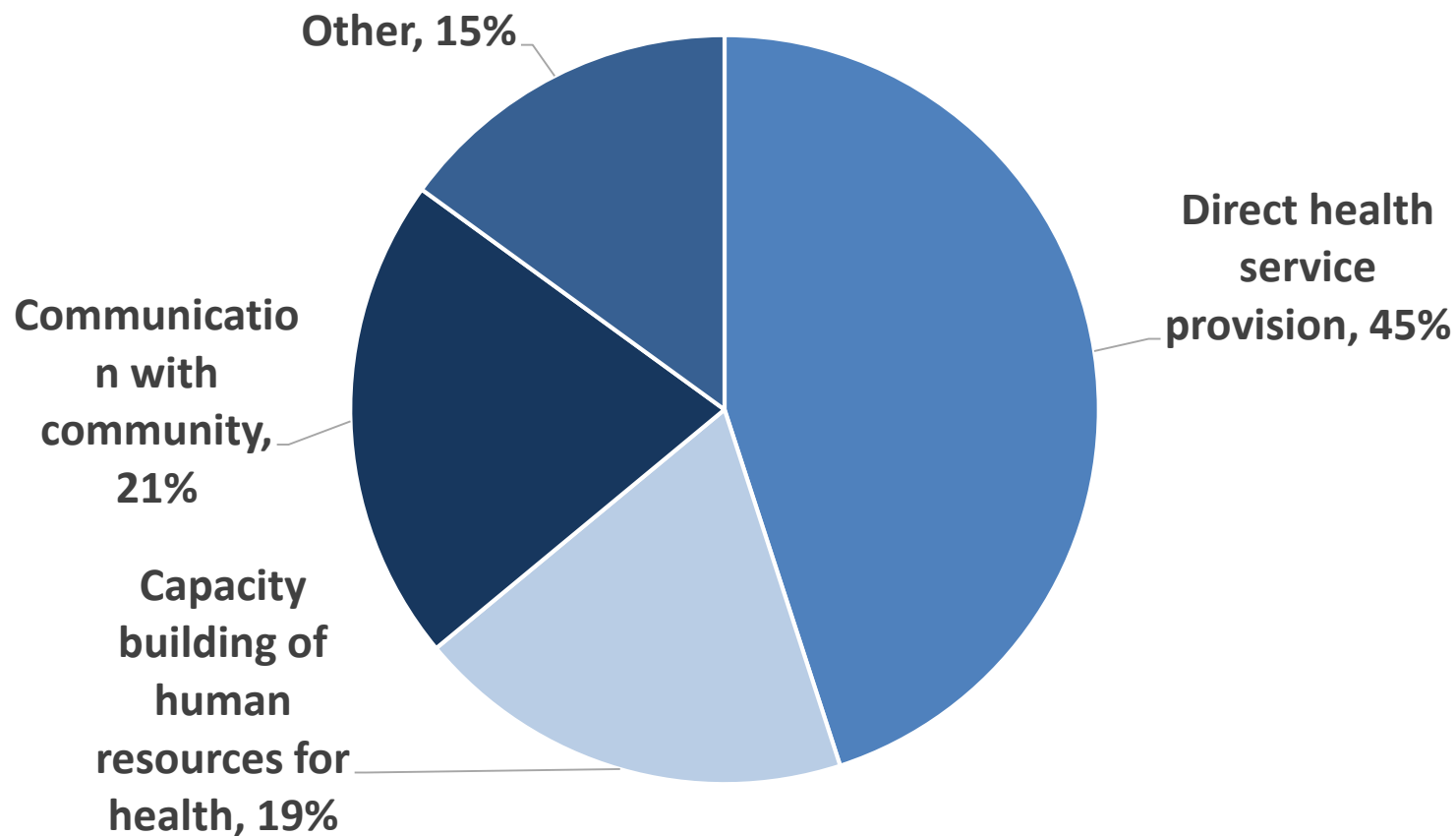
48%

Tertiary Health Care: General Clinical Services and Essential Trauma Care



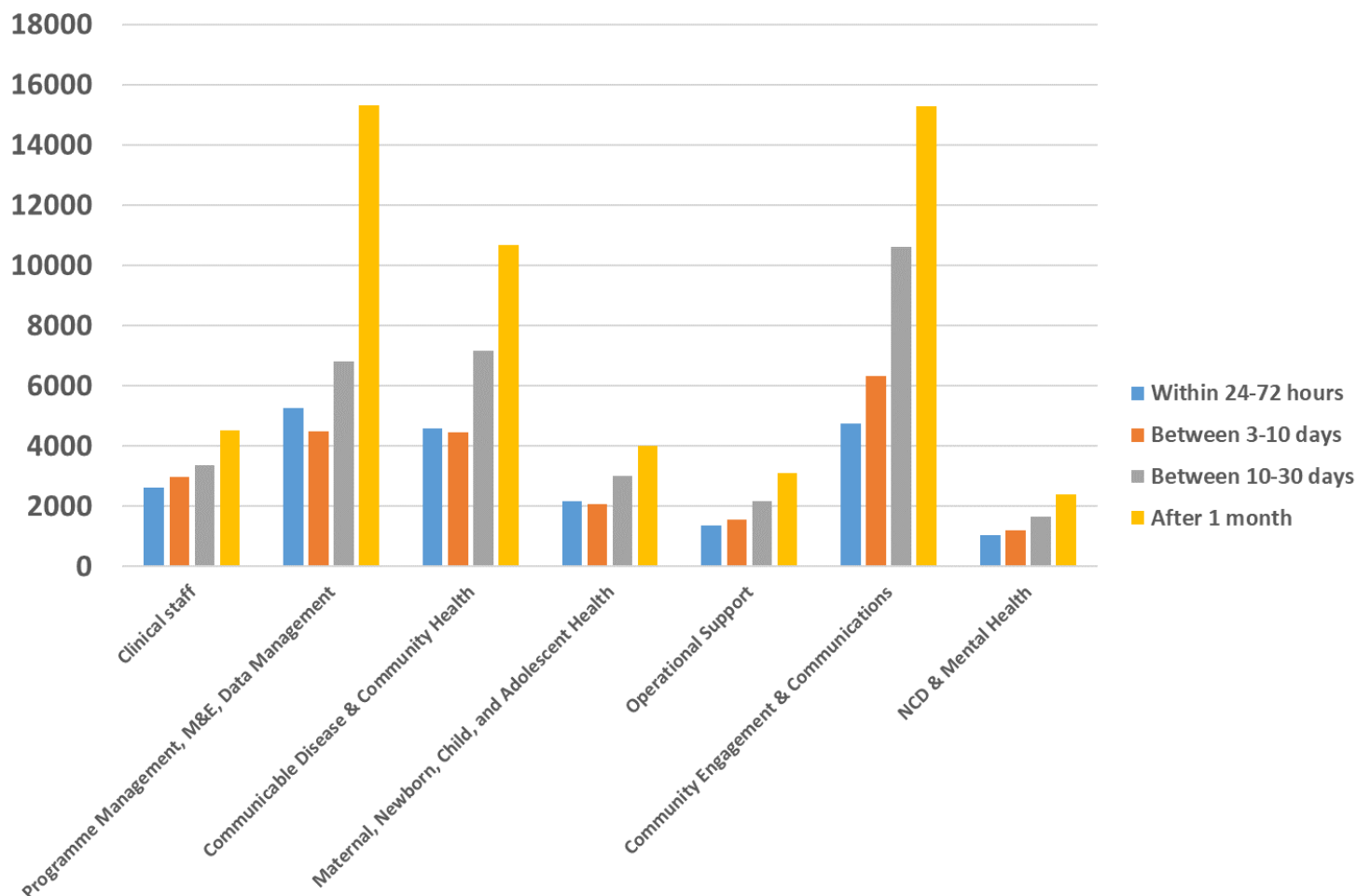
4. INTERVENTION MODALITIES

Allocation of fundings (% , N=256)

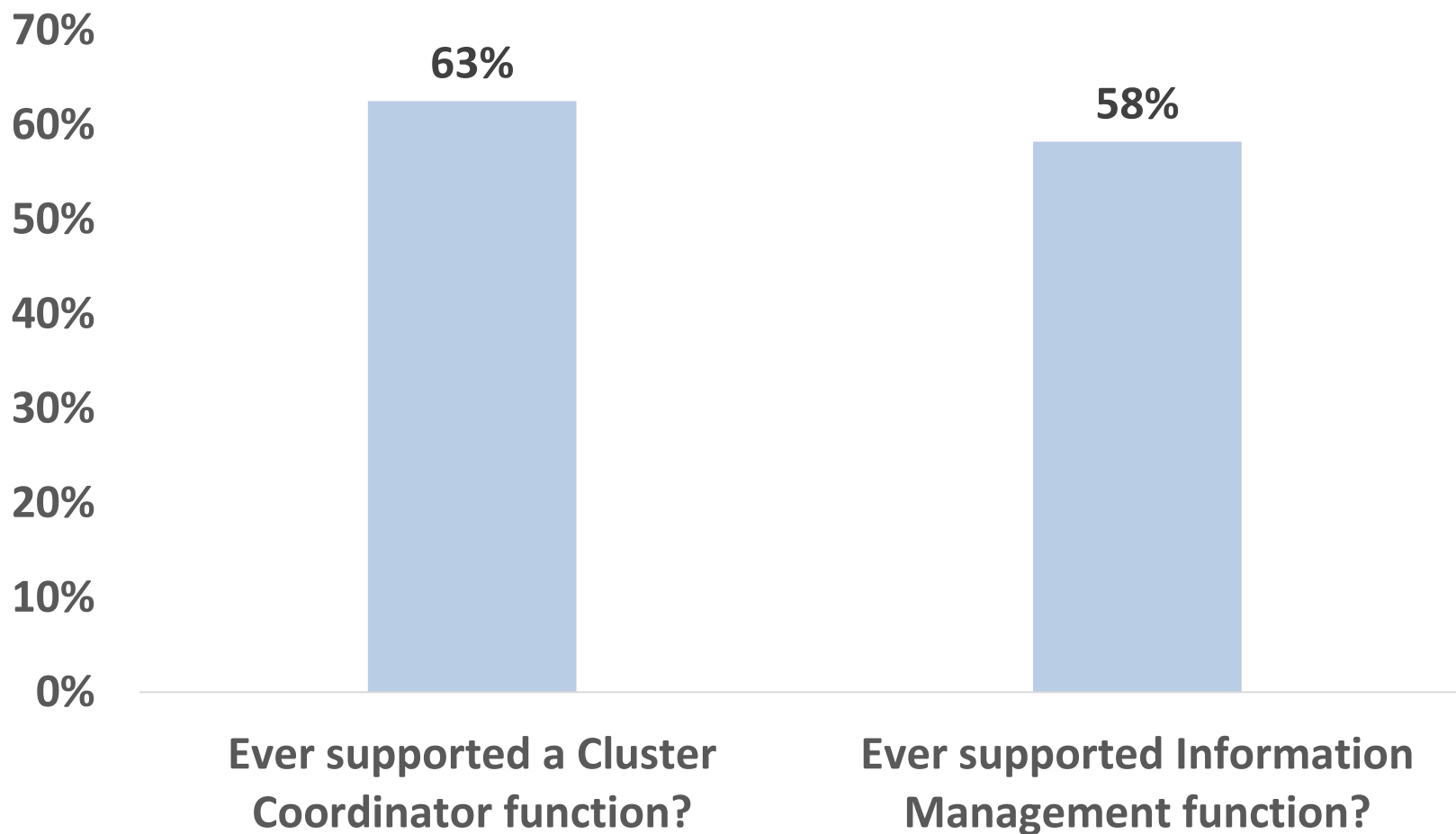


5. ORGANIZATIONAL SURGE CAPACITY

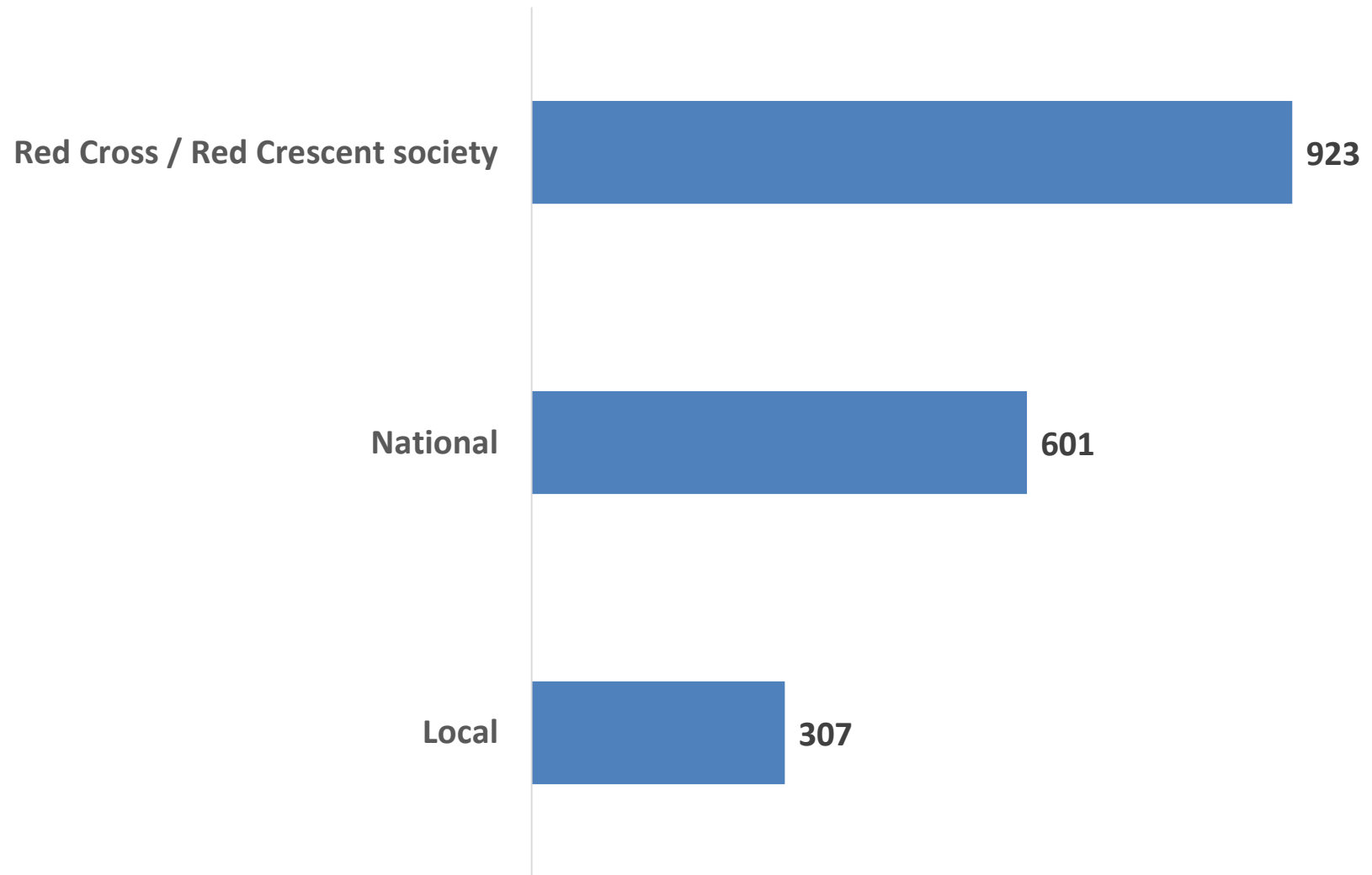
Surge deployment capacity: by speciality



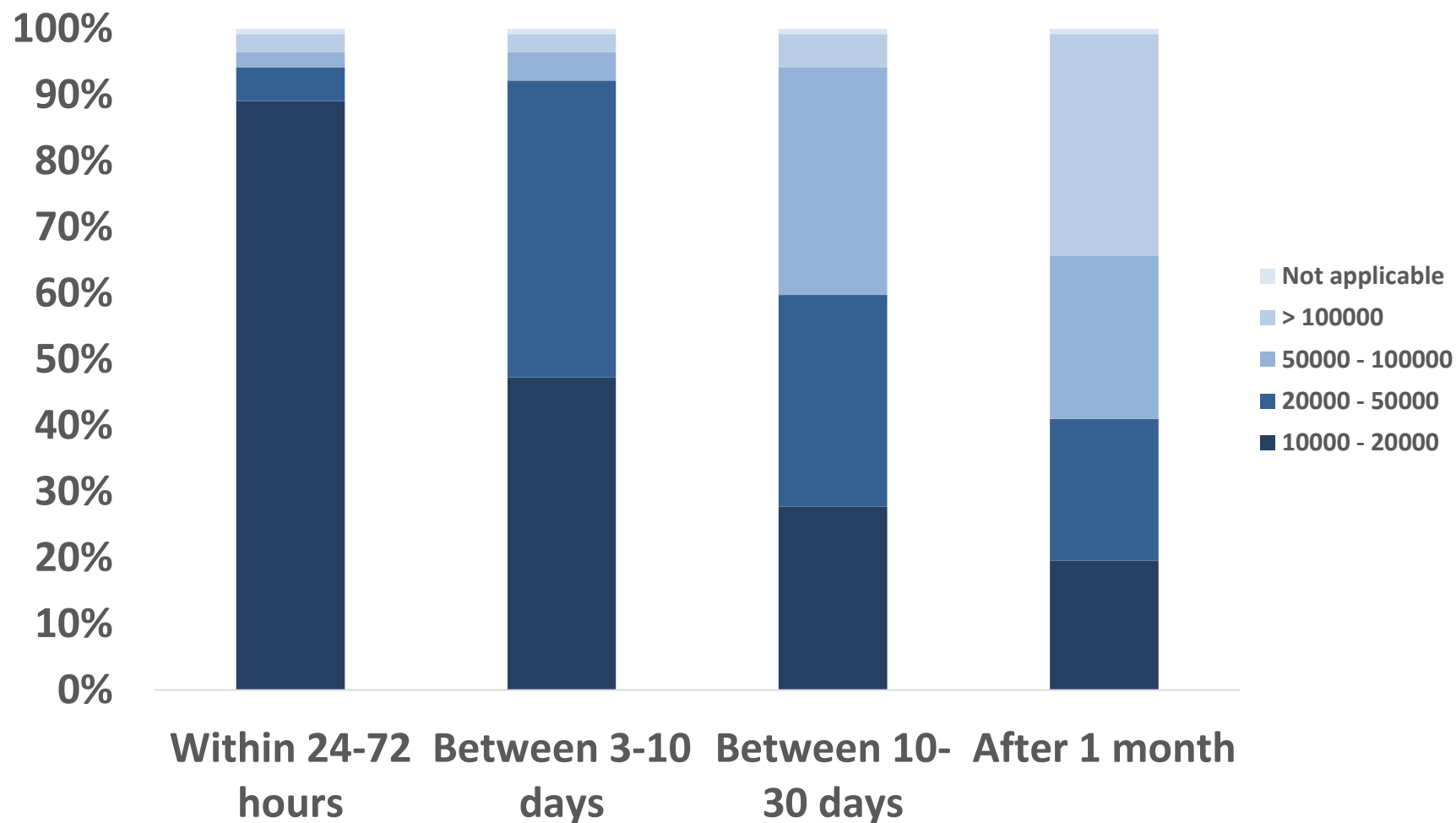
Surge capacity in support of Health Cluster coordination functions



Average surge capacity by type of organisation

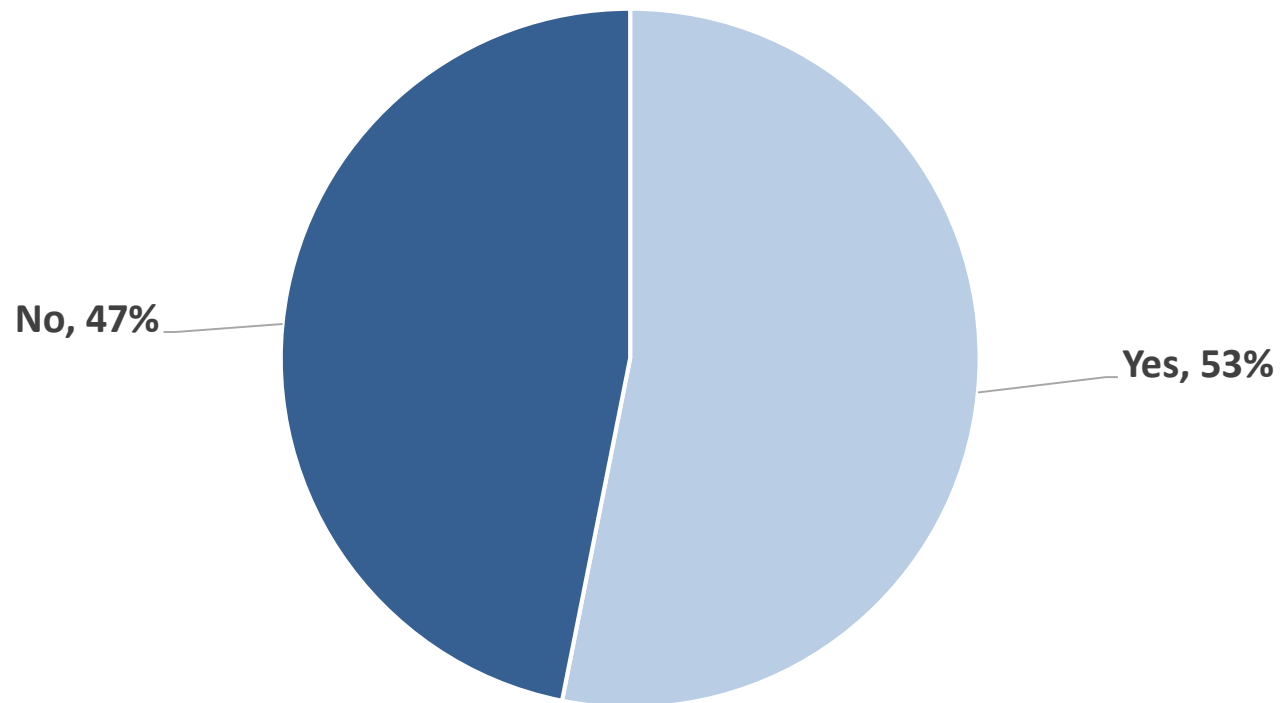


Estimated affected population supported by timeline (in %, N=256)



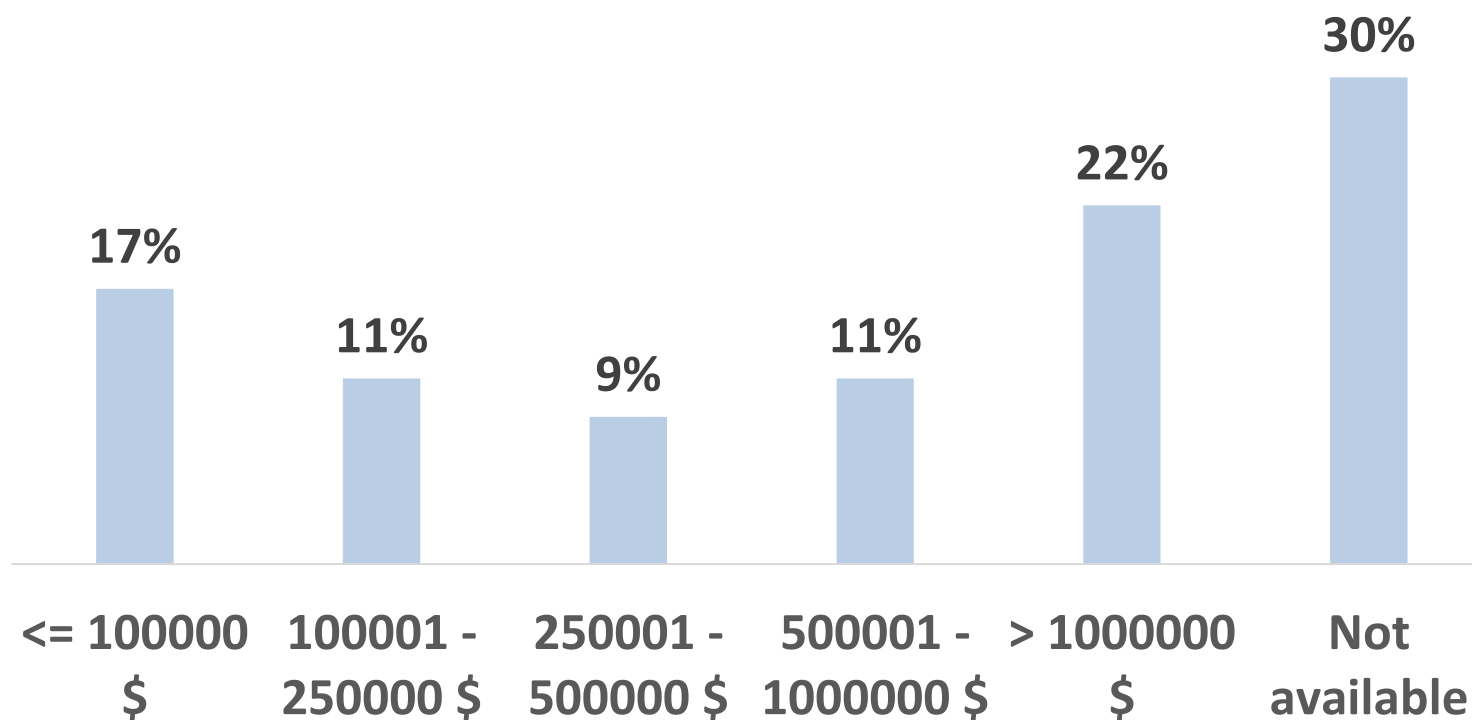
6. LOGISTICS SUPPORT

Own stock of material / supplies needed for response

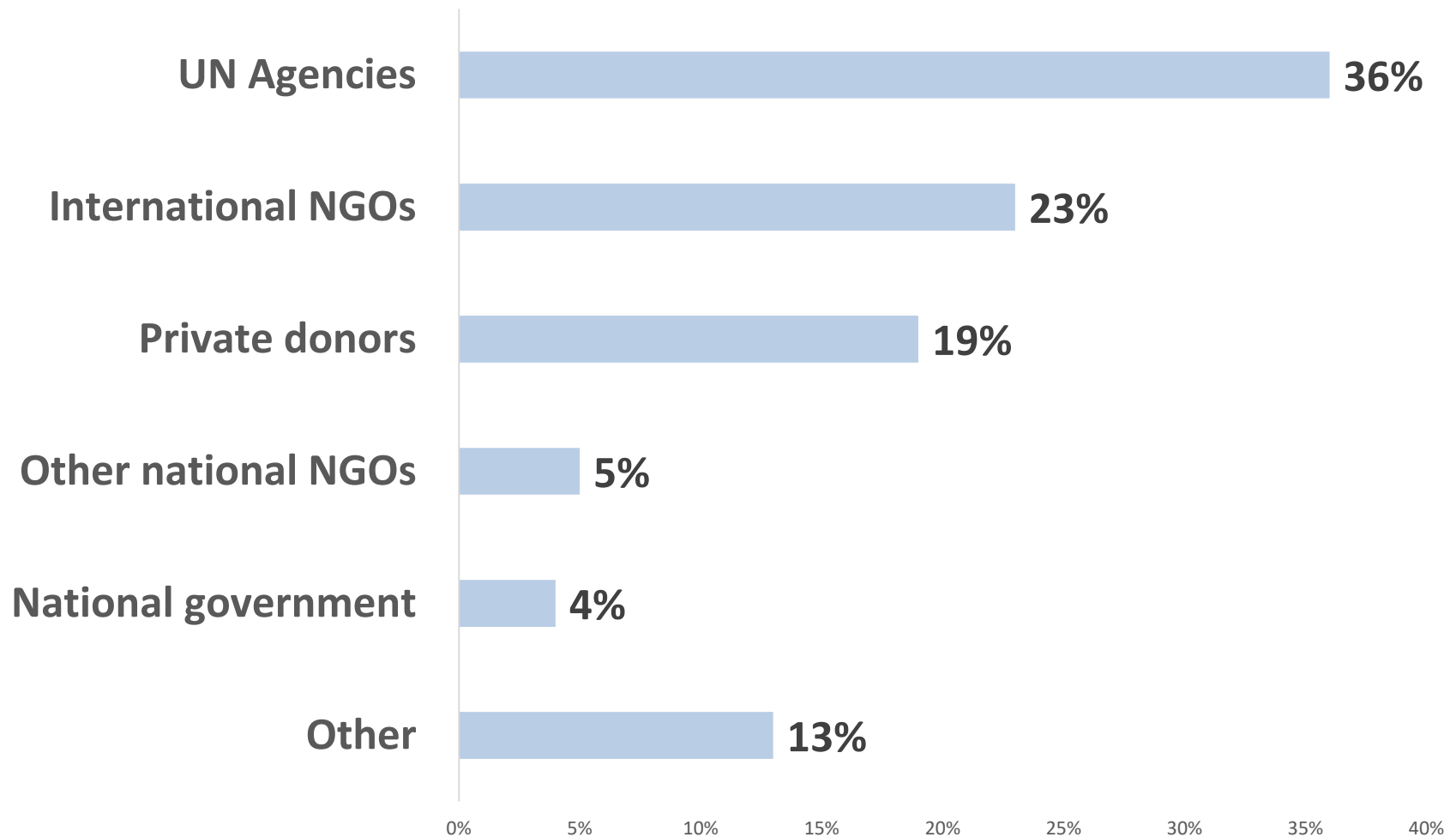


7. FUNDING

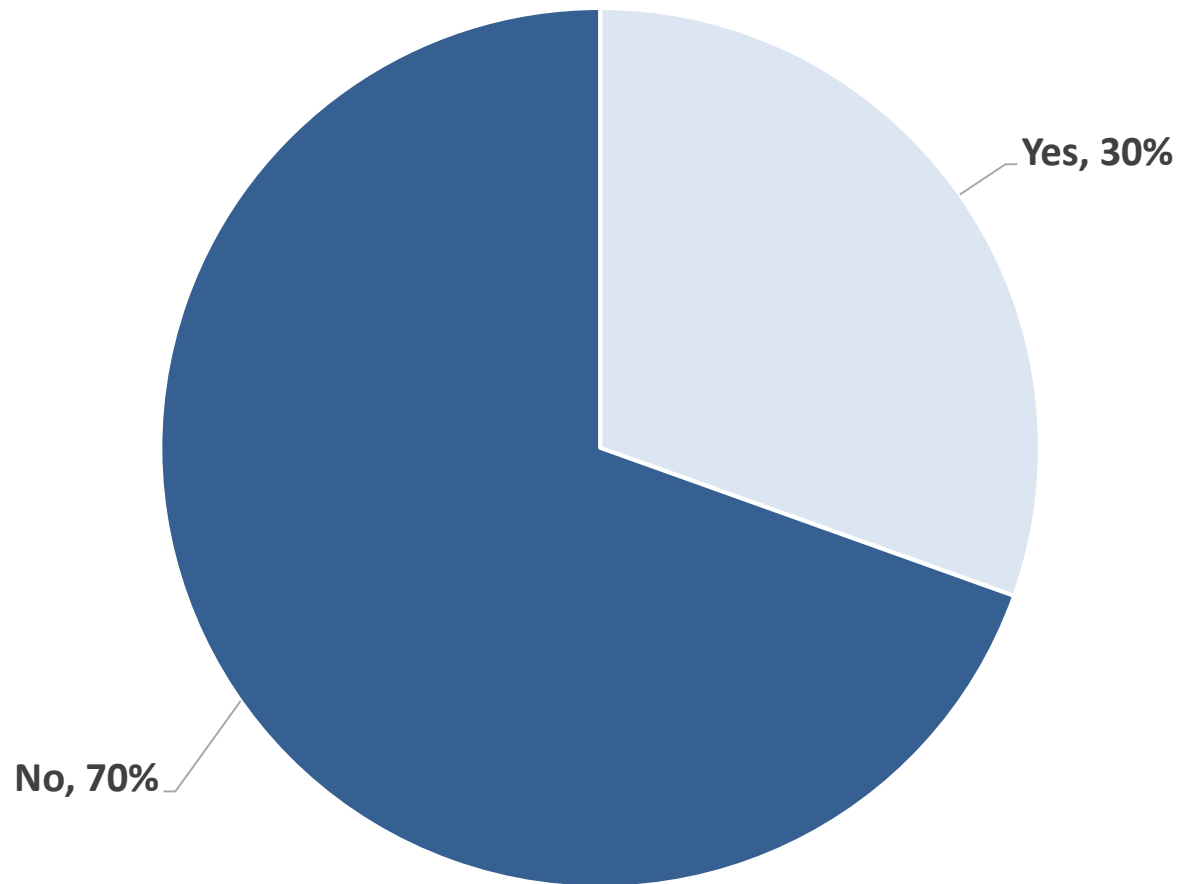
Estimated total income last financial year



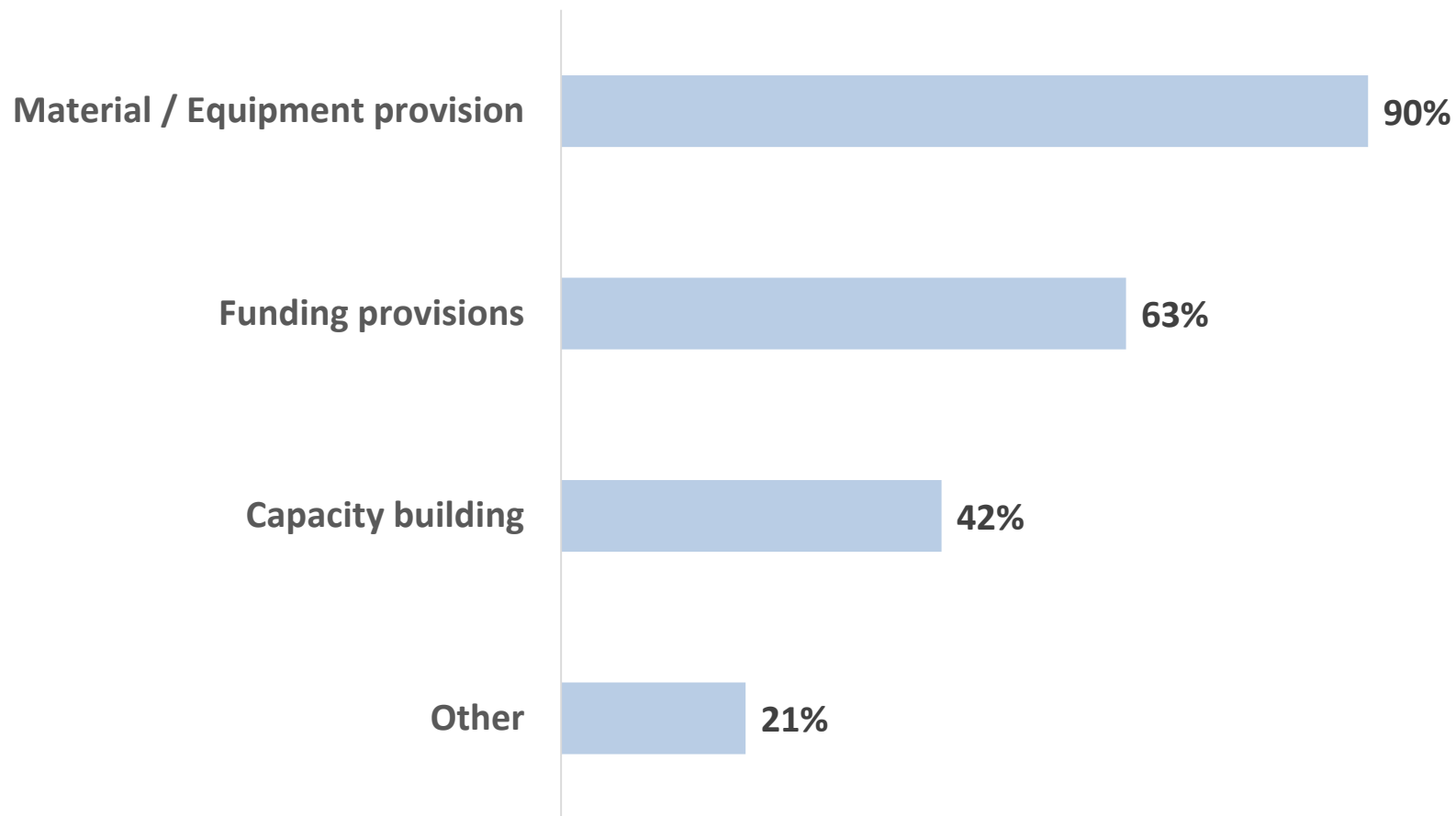
Origin of fundings



Partnership with international NGOs (N = 256)

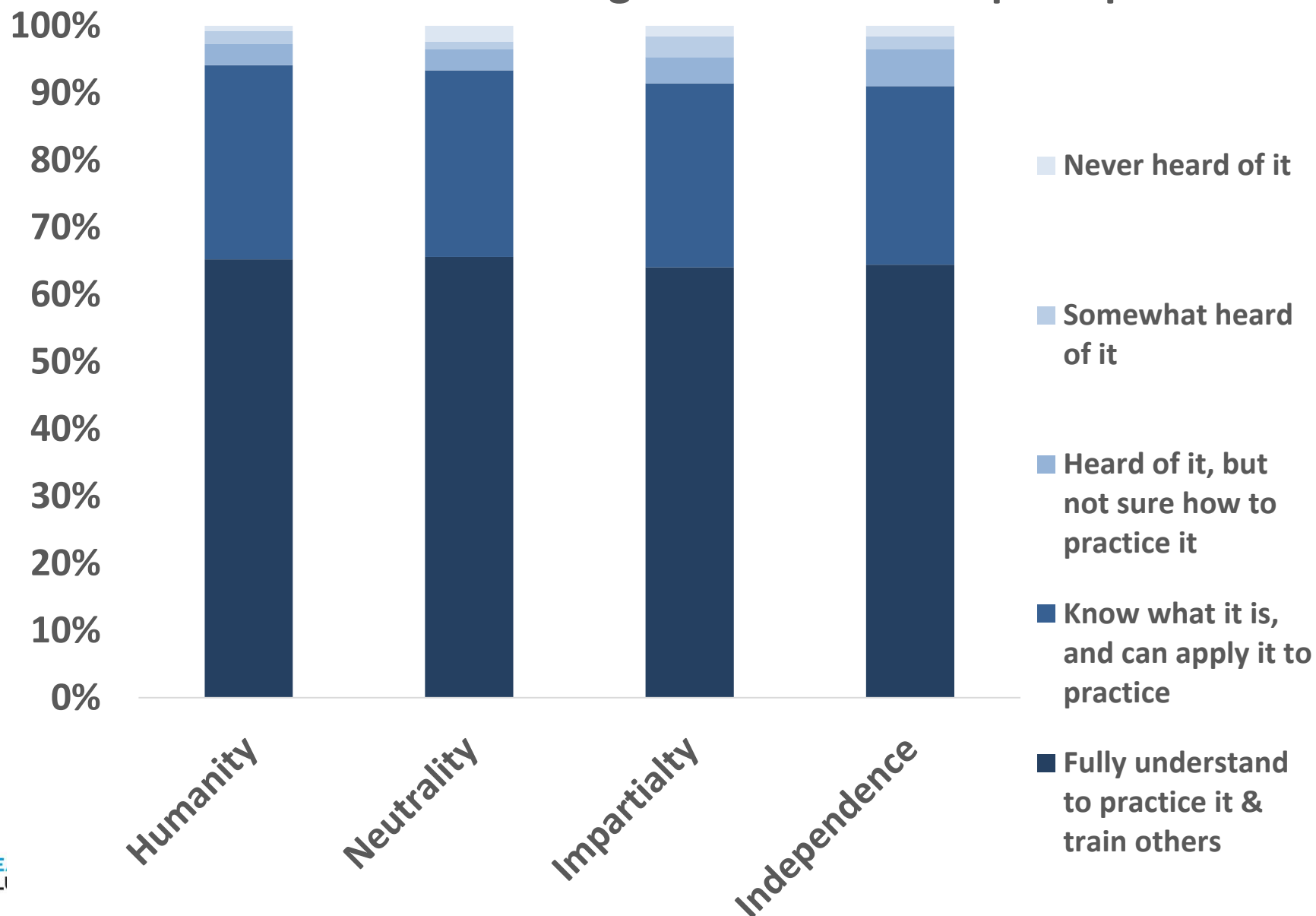


Type of partnership with international NGOs (N = 78)

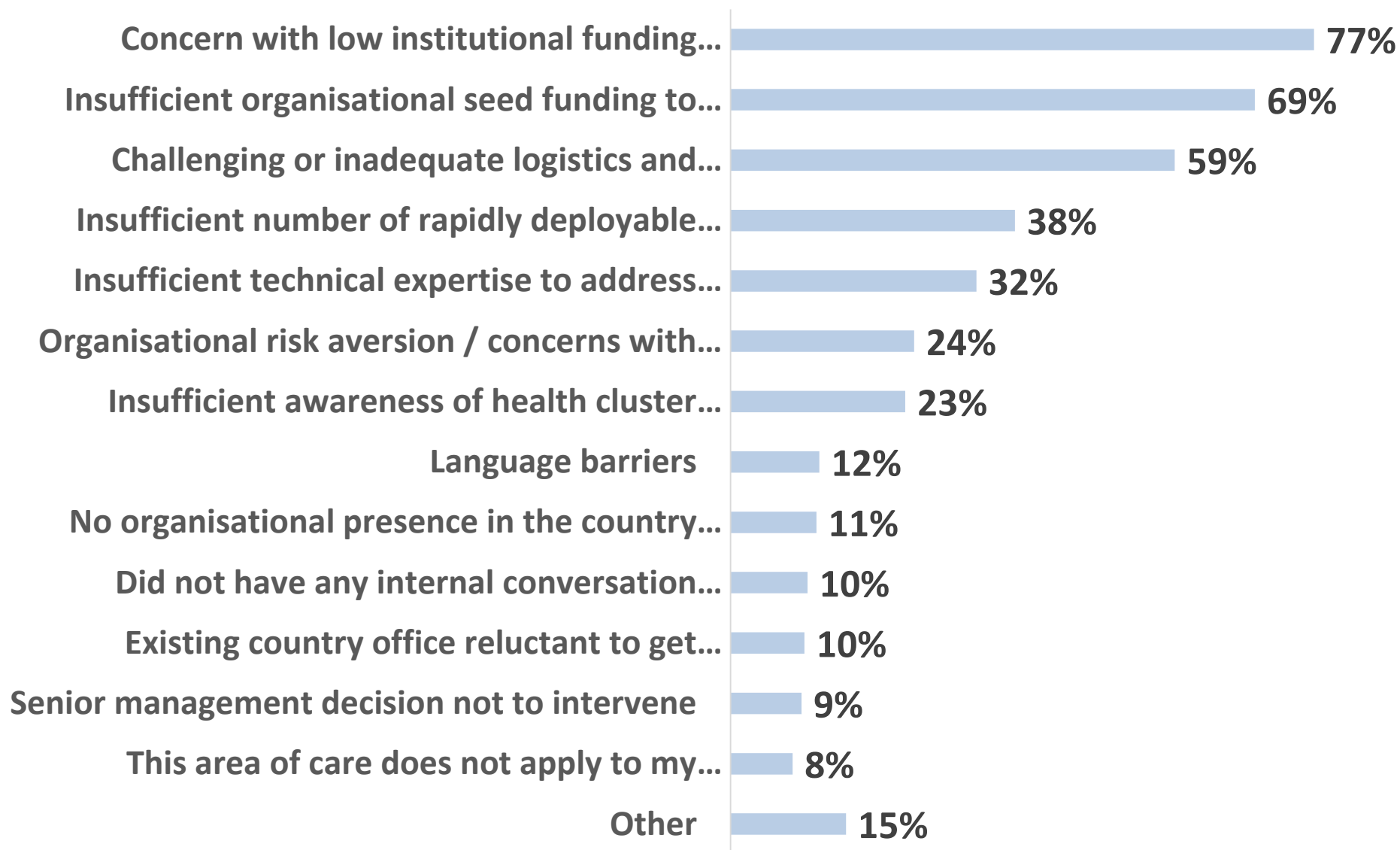


8. HUMANITARIAN PRINCIPLES

Level of understanding on humanitarian principles



9. BARRIERS TO ENGAGEMENT



CONSULTATION

Divide in groups of 5 and reflect on the following questions:

- Overall, do these **preliminary results resonate** with you?
 - In your opinion, do the preliminary results represent the biggest gaps? Do the results represent reality?
 - In your opinion, do the preliminary results represent the strongest capacities? Do the results represent reality?
- What are the most worrying gaps that you would flag for **immediate action**?
- What is the health cluster **currently doing** to support national partners?
- What more **could/should** the health cluster do to support national partners?
- How could **your Health Cluster Coordinator role be strengthened** to support national partners based on their comparative advantages and to facilitate synergies?
- Is there **anything missing** that we should be asking in the next survey?