

IMPROVING HEALTH SERVICES AND OUTCOMES IN THE NINEWA PLAINS, IRAQ



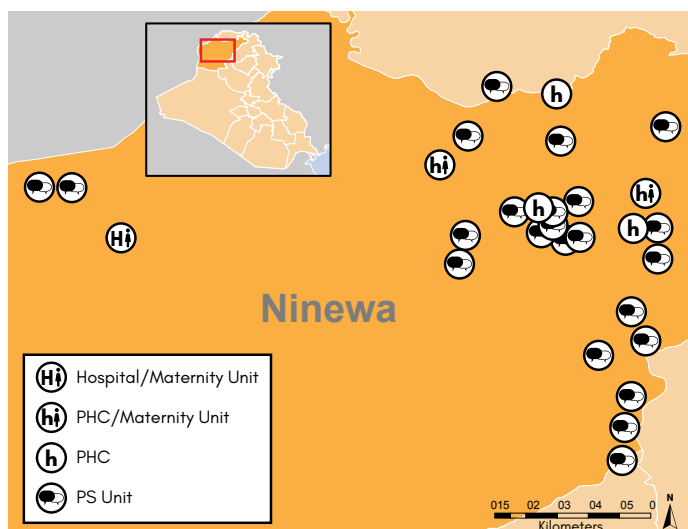
Northern Iraq only recently emerged from war, and security challenges and the effects of trauma and displacement persist. To support a resilient and self-reliant approach to improving access to health services, the Advancing Partners & Communities (APC) project is managing a grant that helps to link the development and humanitarian continuum in the Ninewa Plains with a target population of approximately 64,000 residents of the Ninewa Governorate. The duration of the grant is from July 1, 2018, through July 31, 2019.

APC, managed by USAID's Office of Population and Reproductive Health and implemented by JSI Research & Training Institute, Inc., in partnership with FHI 360, oversees grants management and capacity building for community-based health service and family planning activities.

Under APC, the International Medical Corps (IMC) is managing a program called Improving Health Services and Outcomes in the Ninewa Plains, Iraq. IMC has worked in Iraq since 2003, and its activities span the country's 18 governorates. IMC has had a continuous presence in Ninewa since 2012, planning and implementing health activities in close coordination with the Directorate of Health (DOH). IMC is the health cluster co-lead and the gender-based violence (GBV) sub-cluster co-lead and co-chair of the Ministry of Health and Mental Health and Psychosocial Services (MHPSS) working groups in Erbil and Mosul. In April 2018, WHO and the Ministry of Health (MOH) selected IMC to lead the national MHPSS working groups.

Improving Health Services and Outcomes implements the following activities: provision of an integrated package of essential health, MHPSS, and GBV services in underserved areas; technical capacity-building support for local governmental and nongovernmental stakeholders to promote sustainability of high-quality services and maintain flexibility to respond rapidly to new emergencies and displacements. The program is pursuing three objectives over a 12-month period, culminating in handover to the DOH by June 2019.

NINEWA PLAIN: GOVERNMENT FACILITIES WITH APC SUPPORT





Three women who delivered their babies at the APC-supported Wana Maternity Unit.

- **Objective 1:** Improve the delivery of the Essential Package of Primary Health Care Services to minority populations in the Ninewa Plains. Strengthen the capacity of primary health care centers (PHCC); facilitate links to advanced levels of care (one secondary or tertiary care site); engage community health workers; and support health facility managers to strengthen health facility management.
- **Objective 2:** Strengthen and integrate mental health/psychosocial services, post-traumatic treatment for children, and sexual and GBV services in selected sites.
- **Objective 3:** Develop and implement a formal handover process for services provided under Objectives #1 and #2; transition management and quality assurance of services in Ninewa to the DOH.

IMC selected six PHCCs and one secondary facility in underserved locations in Sinjar, Wana, Al Quba, and Telafar City, where minorities and other conflict-affected communities have limited access to essential services. After assessing capacity/needs in facilities and catchment areas, IMC, with support from JSI and FHI360 and in coordination with the DOH and other key stakeholders, began financial and technical support for personnel, minor rehabilitation to facilities, and delivery of supplies and equipment. IMC is also supporting the DOH to strengthen referrals to PHCCs and secondary care facilities through training, recruitment of community health workers, and ambulance referrals.

An integral part of the essential package is integration of MHPSS and GBV services at PHCC and community levels

by reactivating psychosocial units and upgrading referral pathways. IMC is delivering needs-based training to DOH staff, providing comprehensive MHPSS services through care teams, and working with DOH to design inclusive activities for vulnerable populations all the way down to the village level.

The team has been developing a comprehensive handover and revitalization plan. An oversight visit to the field in March 2019 found strong service quality and high demand for primary, secondary, and tertiary services across all populations. The DOH is making significant efforts to integrate these facilities into the system, including recommending that the tertiary facility supported by IMC's program in Sinjar becomes a 24-hour-service hospital staffed and funded by the government.



FHI 360 program evaluator Caitlin McNary is speaking with Dr. Dilgash who is the Sinjar hospital manager and Dr Omar who is the IMC Health Coordinator.

Due to challenges that extend far beyond the project's realm of influence—such as local governance and security; supply availability; and human resource retention—continued donor support to institutionalize MHPSS, GBV, and supply chain management solutions would help consolidate investments made to date and better meet the population's needs as the government's capacity to oversee health service provision is secured. With many refugee and internally displaced returnees and persistent conflicts in the region, solutions customized and implemented at the community level for the various populations learning to coexist again in this region will help support lasting peace and improved health outcomes.