

**Coordination of International Support to Somalis (CISS)
IASC Health Cluster/Outbreak Taskforce**

**Endorsed Minutes
IASC Health Cluster/Outbreak Taskforce Meeting
Wednesday March 9 2011 at 09:30 am.
Somali Support Secretariat, Acacia Conf. Room, Ngecha Road**

Participants:

Name	Organization	Name	Organization
Dr.Daniel Muyanja	Health Unlimited	Dr.Tadesse Kassaye	Health Unlimited
Ruth wambua	Merlin	Dr. Abebe Aberra	Merlin-Chairing
Mercy Khamala	Concern worldwide	Leone Toroitich	ACF
Warfa Baiow	SWARDA	Abdi Tari	CISP
Abdi A.Raghe	AFREC	Rashid Hussein	SWISSO Kalmo
Fatuma ALi	SOS Somalia	Osman Amir	SOADO
Dr Joseph Keretoh	SAF International -UK-	Massimilliano Palma	CESVI
John Agbor	UNICEF	Renato Correqqla	UNOPS
Alexandara Bozza	COOPI	Alberto Leone	MDMF
Phyllis Mutisya	SOADO	Issack A. Hassan	Relief International
Ruth Mbugua	IOM	Mizanur Rahmans	Muslim AID
Mohamed Farah Mohamed	AVRO	Fatuma Kuno Muhumed	UNFPA
Ahmed D Keinan	JCC	Abdi Moge Mohamed	SAf
Patricia Nyimbae	OCHA	Aidras Ahmed Hassan	SERIC
Hassan Mohamed	SERIC	Diriye	SOYDA
Saidiyo	HADO	Saynab Mohamed	HADO
Hassan Shaikh	ZAMZAM	Betty Oloo	Health sector Coordination

Idriz Mohamed Ali	JRRO	Abdullahi Salah	WACCA
Mohiadin Moalim Ahmed	SORRDO	Hussein Gure	DRRO
Musdaf Abdihamid	SDIO	Susan Gacheri	CHAP
Paul Ogalo	CPD	Mahmood Ali	HIJRA
Abdikadir MOHAMED	WARDI	Dr Iffthikar	Islamic Relief
Abdikadir Dahir	WARDI	Wairimu Njeri	Mercy USA
Mary Ayalo	OCHA		

Agenda:

1. Adoption of minutes for February meeting & follow up action points
2. Update on CHF Standard Allocation-2
3. Health cluster updates
4. AOB

Documents Distributed:

1. February meeting draft minutes;
2. Proposed Agenda
3. Update on outbreaks by Dr Anthony

Opening remarks (Dr Abebe):

Dr Abebe, Cluster Co-Chair started off the meeting by giving an apology from Dr Kamran Health cluster Coordinator and Dr Anthony the surveillance officer, who was not able to attend the meeting due to some pressing engagements.

1. Adoption of previous minutes & follow-up on action points.

Minutes of the previous meeting reviewed, and endorsed as a true reflection of the discussions that took place.

Follow up of Action Points

1. Dr Anthony -Completes the compilation of consolidated annual outbreak report and get it posted on cluster website as well as give a presentation in March cluster meeting. **Not done**;
2. HMIS officer -Gives a Presentation of preliminary 2010 HMIS report in March cluster meeting. **Not done** process not yet complete;
3. Dr Imran- to share with cluster the letters of agreement from Somali land and Puntland government on revised HMIS tools. **Done**, documents shared with the cluster;

4. WHO and UNICEF each to procure Diarrheal disease kits based on the burden of disease. **Process is ongoing;**
5. Dr Koleade -To share his email contacts with partners who might need further details on drug procurements. **Done;**

2. Update on CHF Standard Allocation -2

Dr Abebe gave a briefing on the second standard allocation by informing members of the amount allocated to the cluster, priority areas to focus on, and the number of proposals submitted to the cluster.

He said that the health cluster have been allocated a total of USD 4.25 Million, \$3 Million for South Somalia and \$ 1.25 m for Central Somalia (Mudug and Galgaduud) and the funds are strategically allocated towards critical drought response and/or displacements. The cluster received thirty five proposals, all of which were in CAP except one proposal outside CAP.

The health cluster selection criteria and CHF timelines were also shared with members.

Outline of cluster selection criteria

1. Lifesaving emergency health interventions
2. Time critical nature of the activities to be undertaken
3. Funding needs (fund against activity cost) and cost effectiveness
4. Number of beneficiaries targeted (or catchment population?)
5. Supports underserved area (geographical priorities as identified in consultation with focal agencies)
6. Capacity in place to implement (e.g. human resources, permanent presence, records, previous reporting and accounting)
7. Supports priority health service needs (as identified in consultation with focal agencies per region/ zone)
8. Current and anticipated security situation allows access to health services
9. [other identified cluster CHF priority - insert] e.g. support to newly displaced population
10. Overall CHF priorities as per policy paper (provided by OCHA/CHF)

CHF second standard allocation timelines

1. Deadline for submission of proposal 2 March but extended to 7 March because of problems encountered on the online database.
2. March 23 – All cluster have prioritised projects for CHF funding
3. March 25 – Humanitarian coordinator approves or rejects prioritized projects
4. April 4– OCHA conducts formal review of Proposals approved by HC.

Comments/ Concerns from updates on second standard allocation

1. A general feeling among the members was that the Health cluster selection criteria was quite broad and therefore could not be objectively used to select proposal for the second standard allocation.
2. Areas with high malnutrition rates might not be adequately addressed in the second standard allocation priority regions and unclear inter cluster linkage between Health and Nutrition cluster as is in WASH cluster.
3. If the CRC would revise priority ranking of projects in CAP 2011 process. Revisions would be undertaken only if deemed necessary due to current situation.

Some of the recommendations for the cluster to consider,

- Give preference to areas with high malnutrition levels in the selection criteria.
- If need be remove criteria number **(1) - Live saving**, this is because Health intervention are regarded as live saving. Alternatively, unpack it to give a clear distinction between the **term** life saving in emergency reserve allocation and the standard allocation.
- Have a gap analysis and share maps in monthly basis for partners to determine where a gap exists.

Action areas for CRC members to address during the second stand allocation

1. CRC unpacks the criterion to capture a specific parameter to look at during the vetting process/ranking process.
2. Give special emphasis to the current magnitude of malnutrition by adding sub head either on criteria number **2** or **9**.
3. Narrow down to specific regions in the geographical areas given by the Humanitarian coordinator. (Identify health cluster high priority regions).

3. Health Cluster Update

Dr Abebe took the members through outbreak report circulated by Dr Anthony.

An abstract from Dr Anthony's Outbreak report:

Currently there is no confirmed outbreak however, 20 stool samples were collected from Banadir Hospital following an increase in the number of AWD cases, now in the lab for culture.

Another set of samples for suspected meningitis is set to be collected from Banadir this week due to the high number of suspected meningitis cases being reported. So far, no lab tests were done on any of the cases.

Am awaiting detailed data on suspected outbreak of Suspected Measles in Bossaso and Hargeisa where response activities were launched by MoH in collaboration with WHO.

WHO has set up a temporary health post in Wambaati village, Dinsoor, Bay region. Health workers in the community are managing the health post. The WHO team that has been working with them is moving to Baidoa following insecurity alerts in the Baidoa and the surrounding.

Pre-positioning of initial response health post kits and basic kits has been completed for Bay and Bakool.

I will be circulating a brief through the health cluster email on Friday. Will also post the draft summary of the CSR data on the cluster and EHA websites during this week.

4. AOB

Alberto Leone,MDM reported that their PHC supported projects in Marka were coming to an end in March 2011. He therefore made an appeal for any local agency with capacity to take over the operations of the facility. Meanwhile MDM coordinate with WHO on how to handover cholera kits in their stores in lower Shabelle.

Dr Daniel Muyanja, Health unlimited reported that they are rebranding and starting new programs through EC funding. Already they have initiated projects in Berbera in Somaliland and are interested in expanding to south central zone depending on availability of funds.

Fatuma, UNFPA informed the meeting that they are expanding reproductive health activities in south central zone and trying to identify partners to collaborate within these areas.

Dr Abebe said that Merlin is interested in collaborating with UNFPA through their PHC activities in central that integrates EMOC. Fatuma, UNFPA was also advised to get in touch with reproductive health Task force through Betty Oloo of Health sector Coordination Unit.

Hussein, DDRO reported that they are operational in Middle Juba, Sakow district and that the former World vision supported facilities are there intact but not operational.

Ahmed JCC similarly reported that they have negotiated with local authorities to operate former world vision supported facilities in Bu'aale.

Action points.

1. Revision of health cluster CAP/CHF scoring criteria;
2. Health Cluster develops and share health cluster maps with partners on a regular basis;
3. HCC- to share with partners on the ongoing meetings between Health and Nutrition clusters on inter cluster -convergence.
4. MDM to liaise with WHO on how to handover the warehouse in Lower Shabelle.
5. Dr Anthony - To circulate a brief through the health cluster email on Friday 11 March. Will also post the draft summary of the CSR data on the cluster and EHA websites during the week ending March 11.

The next IASC Health Cluster/Outbreaks Control Taskforce Meeting will be held on Wednesday, 6 April 2011 at 09:30 a.m. at SSS Conference Room, Ngecha Rd.