

Somalia Health Cluster 2011

Endorsed Minutes
IASC Health Cluster/Outbreak Taskforce Meeting
Wednesday, 6 April 2011 at 09:30 am.
Somali Support Secretariat, Baobab Conf. Room, Ngecha Road

Participants:

Name	Organization	Name	Organization
Kamran Mashhadi	Chair - Somali Health Cluster (WHO).	Ben Odera	AAH-I
Abebe Aberra	Vice-chair, Somali Health Cluster (MERLIN).	Abdullahi Salah Hussein	WACCA
Mercy Khamala	Concern worldwide	Leone Toroitich	ACF
Warfa Baiow	SWARDA	Paola Bevilacqua	CISP
Abdi A.Raghe	AFREC	Rashid Hussein	SWISSO Kalmo
Fatuma Ali	SOS Somalia	Dr Isaak Mohamed	SOS Somalia
Mary Ayalo	OCHA	Mary Mbuo	Health UNlimited
John Agbor	UNICEF	Renato Correqqla	UNOPS
Alexandara Bozza	COOPI	Alberto Leone	MDMF
Phyllis Mutisya	SOADO	Randhir Singh	Relief International
Mohamed Abdullahi Yussuf	Islamic Relief	Hassan Abdi	Islamic Relief
Mohamed Farah Mohamed	AVRO	Fatuma Kuno Muhumed	UNFPA
Kathy Rellen	Mercy Corps	Marina Madeo	Health Sector Unit
Patricia Nyimbae	OCHA	Betty Oloo	Health Sector Unit
Maryan Hish Mohamed	Mercy -USA	Abdullahi Diriye	DIAL
Mohamed Yarrow	AFREC	Anthony Abura	World Vision
Ahmed Muhumed	Somali Aid	Catherine Nzau	CPD

Agenda:

1. Adoption of meeting minutes for April 2011 and follow up on action points
2. Update on CHF Standard Allocation-2
3. Health cluster updates
4. AOB

Documents Distributed:

1. Draft April 2011 meeting minutes;
2. Proposed Agenda for April 2011 meeting;

Proceedings of the April 2011 meeting:

Dr. Kamran – Chair, Somali Health Cluster opened the meeting by welcoming the participants and requested for a round of introductions. He took the opportunity to introduce Dr Marina Madeo, the new Health Sector Coordinator.

Dr. Madeo said that she is not new to Somalia and that she intends to work closely with the cluster to have a stronger link between humanitarian response and development programmes.

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

Minutes of the previous meeting were reviewed and endorsed as a true reflection of the discussions that took place after minor revisions.

1. Health Cluster develops and share health cluster maps with partners on a regular basis; **Ongoing**. The Maps will be developed in partnership with OCHA and also with support from cluster partners. He reminded partners to regularly share and update the 3w Matrix in good time to help produce the maps.
2. MDM to liaise with WHO on how to handover the warehouse in Lower Shabelle. **Done**. Vaccines handed over to COSV and Cholera kit sent to Baidoa.
3. Dr Anthony (WHO), to circulate a brief through the health cluster email post draft summary of the CSR data on the cluster and EHA websites. **Done**.

2. Updates on CHF Second Standard Allocation

Reference was made by **Patricia (OCHA)** that initial comments have been provided on all proposals and there are deep concerns over the low quality of project proposals from the cluster partners. It was urged that cluster partners should improve on the quality of projects proposals and strictly adhere to CHF

guidelines on budget ceilings and purchase of capital assets. So far, only five proposals have been cleared out of seventeen proposals provisionally approved by the Resident & Humanitarian Coordinator (RC/HC). In total, twelve proposals are undergoing a second review, while the ones already cleared are undergoing project agreement process.

Due emphasis was made by **Dr. Kamran (HCC)** to the members about the projects approved by CRC, and reasons, why some of the projects were not recommended. The cluster received thirty five proposals out of which seventeen were approved; three proposals were withdrawn because they had carry over funds from first standard allocation, while three proposals were referred to be considered for CHF Emergency Reserve window.

He further stressed the need for some degree of standardization, as currently the cluster lacks clear services and costs package to run a particular health facility. He added that before the next allocation, the CRC will determine a standard services and cost package to be used across board by all partners, with minor variations on case to case basis, and clear reference to guidelines on risk analysis and due diligence.

3. Disease outbreaks presentation by Dr Anthony Angaluki (WHO).

A presentation was made by **Dr. Anthony (WHO)** on CSR summary report. He explained that the report is quite comprehensive and would require extensive inputs from a wider forum and more time to elaborate on such a presentation. He however said that he would give brief highlights of the report but members can get additional details in the report that he would later circulate and also from the website.

In essence, there were three confirmed outbreaks in 2010:

1. Pandemic Influenza that was identified through routine testing
2. Two Whooping cough cases and,
3. Two confirmed cholera outbreaks.

The first cholera outbreak in Merka was confirmed and declared whereas the latest one in Banadir has not been declared as only two positive cases have been confirmed so far with a CFR of two, above the recommended threshold in IDP settlements. He also gave an example Toon village that reported a CFR of 29.5%.

He said that high CFR would not be attributed to lack of supplies as there were enough kits to cater for the cases. He cited poor case management, late patient referral and high staff turnover as some of the factors that contributed to the high CFR witnessed.

He pointed out major highlights in 2010 as the huge gaps left by major agencies that were forced to withdraw services in some parts of south central zones, lack

of access and reporting, resulting in reduction in the number of cases in 2010 as a result of fewer facilities reporting to the database.

Disease outbreak update for March:

- There was an increase in the number of cases of communicable diseases and consultations in **wk 9**
- **65** Samples collected in Merka, 7 tested positive for cholera and all the positive cases were children who were supposed to be exclusively breastfed.
- The perceived mode of transmission in Banadir is to be Person to Person contact and not point sources contamination.
- The MOH did not declare an outbreak until 31 of March.
- SOS hospital also had one case that tested positive.
- Areas of concern in these outbreaks are Banadir, Lower & Middle Shabelle, Hiraan Beletweyne and Bay and Bakool that are underserved.

Concerns were raised over the parallel reporting mechanisms of CSR and HMIS. It was explained that the cluster is expecting a report from HMIS and assessing ways of complementing the data received from two sources for the uniform reporting purposes.

Agency updates

Merlin - reported convening a field cluster meeting in Puntland and sharing of minutes with the cluster.

SOS - reported that it has a fully operational clinic and maternity in Mogadishu. The clinic reported AWD cases in February and also observed 311 cases of measles. It was also reported that a nutritional crisis based on the high number of malnutrition cases is noted. SOS hospital in Middle Shabelle is the only Public Hospital managing these cases. HCC said that this should also be brought to the attention of Nutrition cluster.

SWISSO KALMA - reported lack of EPI services in Merka town. It was advised by HCC to also report it in EPI meeting that follows immediately after this meeting.

MDM - reported the closure of their facilities in Merka.

UNOPS - reported support to eleven hospitals and emphasized that donor wants to see agencies undertake monitoring exercises.

CISP - reported support to facilities in Dusamereb

SAF - reported that they have opened two health posts and one MCH and also asked for supplies for the facilities,

WACCA - reported that there are no health facilities operational in Elberde and Wajid in Bakool.

Mercy USA - reported signing a PCA with UNICEF to run five MCHs in Mudug and Galgaduud regions.

UNFPA - reported that it has scheduled several trainings for health workers in south central zones. They also mentioned about the Minimum Initial Packages (MIPS) training for 25 participants. They also plan to train 31 midwives in BEMONC and 11 doctors in CEMONC. UNFPA has also received RH kits targeting IDPs population, to be distributed to facilities in Dhusamereb, Awadal, Beletweyne and Baidoa, additionally they are also reviewing proposal from implementing partners.

Action. UNFPA to share with the cluster the distribution list showing facilities supplied with the RH kits.

RI- reported running 3 MCHs in Mudug

Mercy Corps - informed the cluster that they have school health program and currently incorporating MCH in PHC units in Somaliland. They are currently facing challenges in drug procurement and seeking advice from the cluster on how to address the problem.

Action: To get in touch with Dr Koleade of WHO for Advice.

Islamic Relief - reported running mobile services in Galkacyo.

SAF UK- Currently no activity in health but intends to operate an MCH in Mogadishu

SOADO - Starting operations in Jalaqsi hospital

COOPI - Supports Baidoa and Borama Hospitals, and planning to handover Burao Hospital to MSF.

Concern Worldwide - reported suspected measles outbreak in Lower Shabelle.

UNICEF - explained that partners interested in working with UNICEF should contact UNICEF field offices in three zones; however, he intends to conduct a special meeting to inform partners on procedures for working between UNICEF and partners. It was informed that the measles campaign has been completed in most areas of Lower Shabelle.

SAACID, reported that in Adale district they were in partnership with ADRA and medair from 2006. Medair pulled out from South Central and handed over the management of the facilities to SAACID in September 2010 and that currently there are no health services in Adale district.

The cluster coordinator advised SAACID to discuss the issue in detail by requesting a meeting at their convenience in order to discuss possible health solutions for Adale.

SHARDO - reported that their facilities are operational and that one of their doctors was trained by UNFPA in Galkacyo.

COSV - reported that they operate 18 health facilities in Lower Shabelle and Gedo and two in Afgooye Corridor. They have developed a referral system in lower Shabelle in collaboration with UNOPS.

Health Unlimited - No new activity to report.

AFREC - reported that they have completed an outreach program in East of Kismayo supported through CHF funding. Currently they have a PCA with UNICEF running for 21 months to support four health facilities and also planning for expansion.

World Vision - informed the meeting that World vision moved out of South central zone and it is currently supporting 10 MCHs in Somaliland. This is in addition to HIV/AIDs , TB program and WASH activities. They have also opened an office in Galkayco and Garowe in Puntland.

Somali AID - reported their nutrition activities implemented with UNICEF support.

CPD - reported that it concentrates activities in Adado and is involved in rehabilitation of health facilities.

4. A. O. B

HCC informed the meeting that the cluster needs to develop risk analysis and due diligence guidelines before the next CHF allocation. He also informed members about the World Health Day (WHD) commemoration ceremony on 7 April at 11 am at SSS and mentioned about the WHD posters on display in various places including Zonal MOH offices, with the theme 'Drug Resistance cost lives'.

He also announced that CAP 2011 Mid-term Review starts in May and partners will get updates on process and timelines as soon as they are available.

Action points:

1. Establish Task Force to revise the CAP/CHF scoring criteria;
2. Cluster to get in touch with partners for CAP 2011 Mid-term review timelines and request for technical inputs in the process.

The next IASC Health Cluster/Disease Outbreaks Working Group Meeting will be held on Wednesday, 4 May 2011 at 09:30 a.m. at Acacia Conference Room, Ngecha Rd.

For latest updates from the health cluster and to download minutes of previous meetings, please visit www.emro.who.int/somalia/healthcluster.htm