

Somalia Health Cluster 2011

Endorsed Minutes
IASC Health Cluster/Outbreak Taskforce Meeting
Wednesday, 8 June 2011 at 09:30 am.
Somali Support Secretariat, Baobab Conf. Room, Ngecha Road

Participants

Name	Organization	Name	Organization
Godela Van Voreen	WHO (Chair)		
Betty Oloo	Health Sector Coordination Office	Abdi Mohamed	CISP
Alberto Leone	MDMF	Fatuma K.Mohemed	UNFPA
Kourtner Sihafer	Hijra	Marina Madeo	Health Sector Coordinator
Kathy Rellen	Mercy Corps	Alessandra Bozza	COOPI
Phyllis Mutisya	SOADA	Mohamed Shiekh	GRT
Abdi Moge Mohan	Somali AID foundation	Mary Orwenyo	ADEO
Abdiweli H.Aden	HARD	Simon Owino	SHARDO
Khan Ishaq	Merlin	Dr Kunuz Abedella	SCUK
Abebe Aberra	Merlin	Maryan Hish Mohemed	Mercy USA
Eng Warfa A.Baiow	SWARDA	Mariacristina Ambrogi	Intersos
Rashid Hussein	Swisso-Kalma	Mohiadin Moalim	SORRDO
Ahmed Farah	Swisso-Kalma	Abdi Mohamed Jama	SAACID
Leone Toroitich	ACF	Mohamed Adbi Bole	FSNAU/FAO
Fatuma Ali	IMC	Janet Sifuma	WHO
Anthony Angaluki	WHO	Ahono Busili	FAO/ FSNAU
Abdi Gedi Mohemed	DIAL	Patricia Agwaro	UN OCHA
Abdikadir U. Ali	WARDI	Abdikadir Rashid	FERO
Mohamed Osman	GRT	Julie Currie	GRT
Nzau Catherine	CPD	Joseph Otuka	HDC
Abdirahaman Ibrahim	Muslim AID UK	Mary Ayalo	UNOCHA (Taking minutes)

Agenda: Proposed Agenda

1. Adoption of minutes for the May 2011 meeting & follow up on action points
2. Gender Capacity building presentation – Gurcharan Virdee (GenCap Advisor)
3. CAP 2011: Mid-year review process update
4. Outbreaks response update
5. RMNCH – Joint planning process
6. Health cluster updates
7. AOB

Documents Distributed:

1. Draft May 2011 minutes;
2. Proposed Agenda for June 2011 meeting;

1. Introduction

- a. The Chair welcomed participants and gave an apology from Dr Kamran the health cluster coordinator.

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

- b. Minutes of May 2011 meeting were reviewed and endorsed without amendments as a true reflection of the discussions that took place.
- c. HC Chair – Establish a Task Force to review and incorporate the health services package. **On going**
- d. Health Cluster - Circulate CAP 2011 Mid-term review timelines and request for technical inputs in the process. **Done**
- e. Cluster Support officer – Circulate the newly developed maps for feedback. **Not done.**
- f. Participants to send brief details of their agency updates which are incorporated in minutes. **Done**

2. Gender Capacity building presentation - Gurcharan Virdee (GenCap Advisor)

- a. The GenCap Advisor in her presentation looked at challenges faced by partners in mainstreaming gender into the health activities. These include, sex and age disaggregated data (SADD) which, though captured at the clinic level is not widely available (See attached presentation);
- b. Good gender analysis was key in predicting results/outcomes as well as leading to targeted actions;
- c. The chair encouraged discussions both at individual and organisational levels which may include engaging the Gender Advisor to explain the need for the Gender Marker in programmes and analysis after incorporating at the onset.
- d. Gender marker materials website: <http://gender.oneresponse.info>

3. CAP 2011 - Mid-Year Review process

- a. Members were given an update on the mid-year review process. The cluster had already advised partners to revise project sheets accordingly, so far only two revised projects sheets had been sent to the cluster for consideration.
- b. The Cluster Review Committee was to meet on Friday 9 June to review the project sheets and partners who had not received funding and intended to revise their project sheets. They were advised to forward them by COB 9 June.
- c. New project sheets would be accepted for the mid-year review if they addressed critical gaps and were in line with the guidelines.

4. Out-break response Presentation

- a. Confirmed outbreaks for Cholera and Measles in Garowe.
- b. Suspected Diphtheria in Xingood village Hobyo district all 10 samples tested negative; suspected beriberi and yellow fever in Huddur and suspected Dengue fever in Berbera port. All samples tested negative for dengue whereas the beriberi samples were not well transported. A repeat sample was planned. There were some peculiarities in the outbreak with majority of cases (81%) women, while children below 5 yrs accounted for only (8%). Investigations are still on-going, meanwhile patients were put on antibiotics and vitamin B complex.
- c. Ongoing outbreaks, Cholera in Mogadishu and Baidoa and Harardere and increase of AWD cases across south central Zone (SCZ).
- d. AWD seasonal outbreak started in March. High AWD case fatality witnessed in hospitals is perturbing despite heavy investments in training by NGOs' and WHO to equip staff with necessary skills to effectively manage such patients. Generally, high case fatality in hospitals is an indicator of poor cases

- management. Adequate AWD case management supplies are available in the field.
- e. Ten Measles samples collected in Mogadishu tested negative. Vaccination campaign conducted in five districts reached 75,000 children but has not had an impact on reported cases. Many parts of SCZ remain un-reached by vaccination activities and accelerated interventions have been prohibited by local authorities.

5. RMNCH-Joint Planning process

- a. The Joint “Reproductive, Maternal, Neonatal and Child Health Programme” is currently being developed: this is an effort to harmonise the contribution to the Somali health sector from a number of donors (DfID, SIDA and others), through the UN agencies’ involved in health (WHO, UNICEF and UNFPA), in close collaboration with the Somali Health Authorities and partners. The programme is designed in the framework of the six building blocks of Health System Strengthening¹ and the ten components of EPHS² with focus on the first two, Maternal and Child Health. The consultant working on this formulation will consult with Partners for their contributions.
- b. A formal presentation on the joint planning process would be available in the next Health Cluster Meeting.

6. AOB

- a. GRT has been working in Mental Health Sector in Somalia/Somaliland from 1996-2007 and there was a re-launched activities this year on February 14th 2011, currently running a mental hospital in Bossaso and Hargeisa and will make a presentation of their activities in the July 2011 Health cluster coordination meeting;
- b. MDM was starting a new program in Bossaso
- c. A proposal to consolidate the Health Cluster and Health Sector Committee mailing lists would be further discussed with the Cluster Coordinator.
- d. **Action Points:**
- i. Revised mid-year review guidelines to be circulated
 - ii. Circulate presentation on outbreak response to partners

7. Health Cluster Updates

Agency	Updates
Mercy Corps	<ul style="list-style-type: none"> • The tender process for 3 MCHs: Las’anod (Sool), Gar-Adag (Sanaag) and Doqoshe (Togdheer) is ongoing and will include construction and renovation of rooms, placenta pits, incinerators, water tanks and latrines. • Trainings completed for 105 health workers (35 TBAs, 35 CHWs and 35 nurses) in Togdheer region on safe motherhood and communicable diseases. • The MoH Regional Medical Coordinator has been appointed by the Ministry to liaise with all implementing partners. • Airing of health messages through Hargeysa Cable TV has reached more than 15,000 mothers.
Save the children	<ul style="list-style-type: none"> • Launched an MCH project in Karkaar region of Puntland since February 2011 funded by DFID • Baseline survey conducted to assess the situation of health facilities and health services in the region from 18 - 24 April 2011.

¹ The six building blocks of HSS: - Governance and Leadership, - Human Resource Development, - Health Care Delivery, - Medicines, Vaccines & Technology, - Health Information System, - Health Care Financing.

² EPHS: Essential; Package of Health Services, primary health care.

	<ul style="list-style-type: none"> • In general, service utilization rate was 0.14 visits per person per year, antenatal care services at 43.6%, while skilled birth attendance was low at 33.4%. • On average, only 3.6 caesarean sections carried out per month. Client satisfaction determined by exit interview varied significantly by the type of services, quite low for family planning services (<5%) while overall satisfaction was generally fair (66%).
GRT	<ul style="list-style-type: none"> • Started some rehabilitation in the mental health wards of the mental hospitals in Bossaso and Hargeisa and in the processes of stocking enough Drugs for our clients in those two Hospitals. • Activities including: assessment of in-clients; follow up of out-clients, prescription of medicines and provision of treatment, on the job training for staff, home visits and holding awareness raising concerning mental health issues to ensure free-chain initiatives • GRT enhances knowledge of all working in the field and alleviates & eases pain caused by "Psychosocial disorders" • Future plans to advocate development of mental Health policies through the relevant authorities.
SAF	<ul style="list-style-type: none"> • Undertaking health education and hygiene promotion in Nasariya, Qalawiley and Buale riverine villages. • Monitoring drinking water quality and strengthening waste product management in health facilities and vector-control interventions

The next Health Cluster/Disease Outbreaks Working Group Meeting will be held on Wednesday, 6th July 2011 at 09:30 a.m. at Acacia Conference room, UN Somalia (Ngecha Road), Nairobi.

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