

# Somalia Health Cluster 2011

**Endorsed Minutes**  
**IASC Health Cluster/Outbreak Taskforce Meeting**  
**Wednesday, 4 May 2011 at 09:30 am.**  
**Somali Support Secretariat, Baobab Conf. Room, Ngecha Road**

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## Participants

Name	Organization	Name	Organization
Kamran Mashhadi	Chair-WHO Somali	Abebe Aberra	Vice-chair-MERLIN
Joseph Keretoh	SAF-UK Intl.	Abdullahi Aden	HARD
Abdiaziz Omar	HDC	Abdi Moge	SAF
Murithi Gatumo	CESVI	Paola Bevilacqua	CISP
Abdi Hashi	SAF-UK Intl.	Rashid Hussein	SWISSO Kalmo
Mohamed Musa	HOPEL	Cole Hansen	INTERSOS
Susan Gacheri	CHAP		
Imran Mirza	UNICEF	Laurence Koffy	SAACID
Alexandara Bozza	COOPI	Pieter Desloovere	WHO
Felicity Gapas	ICRC	Abdulkadir Ali	WARDI
Mohamed A. Yussuf	Islamic Relief		
Hassan Ali Gelle	HDC	Fatuma K. Muhumed	UNFPA
Kathy Rellen	Mercy Corps	Marina Madeo	Health Sector Unit
Paolo Bevilacqua	CISP	Betty Oloo	Health Sector Unit
Hassan Abdi	Islamic Relief	Hassan Diriye	HADO
Anthony Abura	World Vision	Diriye	SOYDA

## Agenda:

1. Introduction
2. Adoption of minutes for April meeting & follow up on action points
3. Gender Capacity building presentation – Gurcharan Virdee (GenCap Advisor)
4. CAP 2011: Mid-year review process and timelines
5. Health Package standardization task force
6. AOB
7. Health cluster updates

## Documents Distributed:

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

### **1. Introduction**

- a. Dr. Kamran, the Health Cluster Chair welcomed participants and requested a round of introductions. He informed partners that the “Gender capacity building” presentation would be moved to the meeting next month and World Vision International would also make a presentation on their health activities based on recommendation from UNICEF supported by other partners.
- b. Some health partners noted that their agency details and activity updates were not reflected properly in the draft meeting minutes, they were encouraged to send a

- brief email to Health Cluster with details that should be incorporated in the minutes.
- c. The Chair introduced Mr. Pieter Desloovere, the Communications and Donor Relations Officer for WHO Somalia. Mr. Desloovere requested partners to provide contact details for their communication focal points. He stressed the importance of sharing information as a first step in getting to know the information products each organization produces to provide an opportunity for collaboration.

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

- a. Minutes of the previous meeting were reviewed and endorsed as a true reflection of the discussions that took place after the minor revisions suggested by partners were made.
- b. Health Cluster develops and shares health cluster maps with partners on a regular basis; **Ongoing** - Maps are developed in partnership with OCHA with support from cluster partners, after review and correction, the maps will be circulated to all partners for feedback. The Chair reminded partners to regularly share and update the 3ws matrix in good time for regular update of the maps.

## **3. CAP 2011 - Mid-Year Review process**

- a. Health Cluster partners were briefed on the upcoming mid-year review process. The objective of this exercise was to collect reports from all partner organizations involved in CAP 2011 with mention of achievements against targets, address response gaps and provide suggestions for the future.
- b. Timeliness will be communicated to partners immediately in order to give them sufficient time for collection of field reports and preparation of feedback in a comprehensive manner before the deadline.
- c. A partner wanted to know if new projects could be included, they were informed that suggestions for high priority new projects were welcome as long as they addressed critical gaps and pursued strict cluster guidelines. Partners whose proposals were not included in CAP 2011 were urged to provide feedback through this process in order to ascertain necessary modifications in cluster response planning.

## **4. Health package standardization task force**

- a. Partners were informed about the significant technical shortcomings in CHF proposals that call for standardization of emergency health services package. It was suggested that the initial work on Essential Package of Health Services (EPHS) should be reviewed by constituting a task force that will finish its works in the prescribed time period and in order to avoid overlapping, the task force needed to commence its work after assessing the current initiatives for joint planning which are being discussed by partners.
- b. An email will be sent in due course to invite participation from partners and nomination of senior, experienced individuals previously involved in these processes will be encouraged.
- c. Partners mentioned their concerns in this regard and requested for appropriate training on these packages. They were informed that the cluster is planning some funds and training sessions which will be scheduled immediately upon receipt of funds and the necessary preparations.

## 5. AOB

- a. UNICEF mentioned that health authorities are requesting for emergency health kits from them. They were informed that UNICEF provided MCH kits while Inter-agency health kits were provided by WHO, therefore, the request should be made directly to WHO. It was also suggested that a full description on health kits should be prepared in order to get a full picture of requirements, procurement and distribution of these kits.
- b. The Chair reminded partners to consider risk analysis and due diligence during planning and implementation of their projects at the field level in order to maximize value for money and the health impact.
- c. Partners were encouraged to submit timely and accurate reports which will be considered as added criteria to assess their capacity and field competence.
- d. The Gender advisor will be requested again to deliver a presentation to partners on gender issues which will provide them better understanding in developing project proposals and implementation at field levels.

## 6. Action Points

- a. HC Chair - establish a Task Force which will review and incorporate the health services package in due course.
- b. Health Cluster - circulate CAP 2011 Mid-term review timelines and request for technical inputs in the process.
- c. Cluster Support officer – circulate the newly developed maps for feedback.
- d. Participants send brief details of their agency updates which are incorporated in minutes.

## 7. Health Cluster Updates

Agency	Updates
Mercy Corps	<ul style="list-style-type: none"><li>-Completed training on health care provision for mothers and children for 103 health workers and 35 CHWs in Sanaag region.</li><li>-35 TBAs and 33 nurses from the same region have also been trained on safe motherhood, childcare and basic obstetric emergency care.</li><li>-4 hygiene messages are being printed on banners and posters for distribution</li><li>-TV production company has been engaged to produce 3 x 15 minute programs to be aired on a monthly basis for the next 6 months.</li><li>-2 health facilities in Sanaag and Togdheer region have been selected for rehabilitation</li><li>-A supplier has been identified to provide a 4x4 vehicle with a first aid kit and stretcher but MoH, health and education committees are yet to determine where this will be located.</li><li>-200 delivery kits are planned for delivery in the next 3 months to 200 trained health workers across the 3 districts where MC is operational.</li></ul>
Islamic Relief	<ul style="list-style-type: none"><li>-Implement Primary Health Care projects in Galkacyo and Afgoye corridor targeting IDPs and Host communities.</li><li>-Projects are running smoothly except for few disruptions in Galkacyo caused by the latest security incidents in the town.</li><li>-Islamic relief signed MOU with WHO to implement 3 mobile clinics, in Hargeisa at State House IDP camp, Galkacyo and Mogadishu for the next 6 months.</li></ul>
UNFPA	<ul style="list-style-type: none"><li>-Have shared tentative RH KITS distribution plan for circulation to partners related comments to shassan@unfpa.org or fatush2009@yahoo.com,</li><li>-Will support fistula surgery in Galkayo medical center targeting 60 women all over south central,</li><li>-Partners are requested to send details of mothers in their locality and the contact details.</li></ul>

SAACID	<p>-SAACID started providing medical assistance in Adale with ADRA in 1992 (MCH and 9 Health Posts).</p> <p>-ADRA pulled out in 1997 but SAACID continues to provide minimal health services to the communities (limited MCH services, TB treatment, health education and children vaccination).</p> <p>-From 2008 until 2010 SAACID was Medair's implementing partner in the field with Integrated Health, Nutrition, and WASH programmes, with Medair's withdrawal SAACID was unable to continue implementation, and since January 2011 there are no health services in the Adale District.</p> <p>-Not resumed activities yet in Adale – have submitted a proposal to UNICEF and are awaiting feedback.</p>
SAF UK	<p>-863 cases of under five children have been provided with free medical treatment</p> <p>- 1,174 cases of above five children and adults have been provided free medical consultations and treatment</p> <p>-137 cases of severely malnourished children have been transferred to Banadir Hospital, ACF and Saacid Nutrition Centres.</p> <p>-Common diseases seen during the Month: Upper and lower respiratory infections; Suspected malaria; Suspected measles ; Acute watery diarrhea(Cholera); Skin infection; Intestinal parasites and STDs</p> <p>-Current challenges in upcoming months included: Shortage of essential drugs; Need for immunization(EPI) program; Feeding centre is required at Kaxda IDPs camps</p>

**The next IASC Health Cluster/Disease Outbreaks Working Group Meeting will be held on Wednesday, 8 June 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](http://www.emro.who.int/somalia/healthcluster.htm)