Somalia Health Cluster 2011

Endorsed Minutes
IASC Health Cluster/Outbreak Taskforce Meeting
Wednesday, 5th October 2011 at 09:30 am
Somali Support Secretariat, Baobab Conf. Room, Ngecha Road

Participants:

Name	Organization	Name	Orgnization
Kamran Mashhadi (Chair)	Health Cluster Coordinator	Omar Saleh	WHO Somalia
Laura Masiello	WHO Somalia	Lisa Jacobs	WHO Horn of Africa
Ahmed Zouiten	WHO Somalia	Patricia Kormoss	WHO Somalia
Antony Angalukia	WHO Somalia	Patricia Agwaro	OCHA
Elwaleed Sidahmed	Mogadishu sub-cluster Focal Point	Abraham Mulugeta	WHO Somalia
Anthony Aburra	WVI	Abdi Hersi	SWISSO KALMO
Susan Gacheri	CHAP	Mirza Imran Raza	UNICEF
Jane Strachan	USAID/OFDA	Mohamed Abdulahi	SCDF
Fatuma Muhumed	UNFPA	Dr. Metasebia Gizaw	SCUK
Zahra Abtidan	GEELO	Gina Paulette	ARC
Ali Abdullahi Abdi	CISP	Aghan Oscar	SEHO
Hassan Mohamed	GEELO	Abdnasir M. Sheikh	DIAL
Mohamed Ali	Islamic Relief Somalia	Abdiraleh Buthui	APD
Eng Warfa A, Baiow	SWARDA	M. M. Wairah	APD
Chip Barnett	Merlin	Abdulkasim H. Duale	FSNAU/FAO
Sally Gregory	DFID	Abdullahi Warsomy	FSNAU/FAO
Dorcas Keya	ACF	Louise Masese	FSNAU/FAO
Felicity Gapes	ICRC	Khalid Rehman	MENTOR
Aurore Taconet	MSF	Julie Currie	GRT
Kevin Clarke	CDC	Alessadra Bozza	COOPI
Joseph Otuka Abonyo	HDC	Tom Handzel	CDC
Alice Macharia	UNICEF	Gaelle Fohr	UNICEF
Maryan Hish	Mercy USA	Cecilia Sauchez Bodes	UNICEF
Mohamed Sheikh Omar	Mercy USA	Ian Van Engelgem	ECHO
Asib Nasim	UNICEF	Issack Hussein	RI
Mulraenn Brennan	UNICEF	Assegid Kebede	WHO Somalia
Janet Sifuma	Health Cluster	Mary Ayalo	OCHA/Health Cluster

Proposed Agenda

1. Adoption of minutes for September meeting & follow up on action points
2. Presentation on mental Health
3. Update on outbreaks and response
4. Health Cluster updates:
   4.1 ERF allocation
   4.2 CRC Election and timelines

4.3 Community based initiative
5. AOB

Documents Distributed:
1. Draft September 2011 minutes;
2. Proposed Agenda for October 2011 meeting;

1. Introduction

a. The Chair welcomed the participants followed by round table introductions.
b. The new Mogadishu sub-cluster Focal Point, Dr. Elwaleed Sidahmed was introduced to the participants.

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

a. Minutes of the meeting were reviewed and endorsed (with minor amendments) as a true reflection of the discussions that took place.

b. Review (September) action points:
   i. WHO, UNICEF and FSNAU to meet and get clarity on recently released measles figures by FSNAU. **DONE**
   ii. Health cluster partners meet to map actors in AWD/Cholera high-risk areas, pre-positioning of supplies and response preparedness in various regional hubs. **DONE.**
   iii. Dr Raul - WHO to circulate all forms and guidelines related to disease surveillance and early warning systems (Cluster to circulate surveillance forms and guidelines as well as post on the website). **DONE**
   iv. UNICEF to share supplies distribution plan with partners**. DONE,17 – 20 OCTOBER**
   v. Inform partners on the community case management (CCM) training dates. **DONE**

3. Mental Health Presentation

Ms. Julie Currie, the Project Manager for the GROUP FOR TRANSCULTURAL RELATIONS (GRT) made a presentation on the mental health programme. GRT's mission aims to alleviate and ease 'Psychosocial Disorders' thus enhancing a 'Protection Mechanism' that promotes social inclusion among the Somalia Population. One of the major causes of mental illness in Somalia has been attributed to khat chewing. GRT has two current initiatives, a khat free and a chain free Somalia (Presentation attached).

4. Updates on outbreak

a. **Measles update, Dr. Assegid**:
Vaccinations are not allowed in some areas due to access difficulties. These areas include small pockets in Mogadishu. There is however, a good chance to get all children vaccinated through partners on the ground. This is going on in Afmadow despite the difficulties in access. The next vaccination campaigns are to start at the end of October 2011 (Presentation attached).

b. **AWD outbreak updates, Dr. Angalukia**:
There were no confirmed cholera outbreaks but suspected cases of AWD/Cholera were reported. There is need to be prepared for response for the next wave of seasonal cholera outbreaks that start with the rains. Pre-positioning is ongoing and there is urgency to move faster before the roads are completely blocked off by the rains. WHO and UNICEF are prepositioning supplies with partners in strategic warehouses to ensure that transportation challenges are minimized (Presentation attached).

5. Cluster updates

a. **ER Fund allocation:** Funding was received from donors for six priority geographical locations totalling US$5 million with focus on integrated WASH/Nutrition/Health interventions. Partners working in these areas will be considered for funding for their integrated multi-cluster interventions/activities. US$ 1 million was allocated for coordination in Mogadishu.

b. **Cluster Review Timelines**: The current Cluster Review Committee (CRC) is composed of the Health Cluster Coordinator (WHO), Merlin, UNICEF, Islamic Relief and DIAL. The CRC would be given orientation on GENCAP, the CRC standard operating procedures and the review process for CAP 2012 proposals**.**

c. **CAP 2012**: Over 70 proposals were received. CRC would devote time to review them for two days, from 6th – 7th in line with the inclusion criteria. The HCC requested partners to be alert and submit requisite feedback on proposals as required by the CRC.

6. Partners updates

a. Provision of 3W updates is a mandatory and ongoing process and partners are encouraged to submit the necessary information on a regular basis.

b. On possibility of vaccinations in inaccessible areas, for the last two years, Lower Shabelle remained inaccessible. However, any window of opportunity must be seized to cover these areas.

c. Ensuring consistency in Hygiene promotion messages from Health and WASH clusters is an on-going process and a meeting has been scheduled for 18th October 2011.

d. FSNAU: Nutrition services for October were expected to cover the Southern regions of GEDO, Juba, Bay, Bakool, Mogadishu town IDPs and Afgooye IDPs. The last questionnaire covering children, incomes, vaccinations and mobility would be used to gather necessary information.

e. WHO/EHA has opened an office in Dollow. However, the fistula campaign planned for 15th October in Mogadishu could be delayed due to the inadvertent circumstances in Mogadishu.

f. The HC Coordinator informed members that the Health cluster is making good progress with new health actors in Mogadishu (OIC and various red-crescent societies) to bring them into existing coordination mechanisms for better results.

7. AOB

a. **Community Based Initiative**: The Village Health Workers pilot project is being undertaken in collaboration with partners. International NGOs with proven track record and access to target areas have been inducted into the capacity building programme through a cascade of relevant training courses. Initially, 300 village health workers will be recruited and trained in the community based management of common illnesses. These health workers will be linked to the partner NGOs and the health facilities in their geographical locations. The health workers will be paid adequate incentives in order to sustain the programme with desired outcomes.

b. The HC Coordinator informed partners that mandatory reporting on IDSR/CSR, HMIS and Financial tracking system (FTS) are the mainstay of efficient working of the cluster with partners' cooperation and regular feedback. Partners were encouraged to update the relevant databases in order to identify a clear picture gaps, overlaps and funding requirements.

c. The request for the definition of IDPs: According to UNHCR, adapted from the Guiding Principles on Internal Displacement:
"... persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border."

The following link provides more details for the interested audience:
http://reliefweb.int/sites/reliefweb.int/files/resources/AB752ABEA5C1EFFCC125633002A8510-idp.html

Actions Points:

a. Share presentation on outbreaks: measles and AWD with partners. **DONE**
b. Share the dates and locations for the scheduled emergency vaccination campaigns with partners. **DONE**
c. UNICEF requested lists, locations and populations of IDP camps; HC Coordinator informed partners that OCHA was conducting assessments for all IDP camps in Mogadishu and elsewhere.**(OCHA will provide the report in two weeks' time – mid-November 2011).**
d. OCHA was requested to provide the definition of Internally Displaced Persons. **DONE.**
e. Circulate the Minimum Integrated Services Package (MISP) for the Reproductive Health Package of UNFPA. **DONE.**