Somalia Health Cluster 2011

Endorsed Minutes
IASC Health Cluster/Outbreak Taskforce Meeting
Wednesday, 13 September 2011 at 09:30 am.
Somali Support Secretariat, Baobab Conf. Room, Ngecha Road

Participants

Name	Organization	Name	Organization
Dr Kamran Mashhadi	WHO (Chair)	Patricia Kormos	Health cluster
Ben Odera	AAH International -	Pieter Desloovere	WHO
Fridah Ewoton	Afrec	Hongixu	UNICEF
Abdi Raghe	Afreck	Betty Oloo	Health Sector Coordinator
Mohamed Abdi	APD	Mohamed Hussein	SCDF
Fatuma Adan	APD	Dr SantaM.Tamang	SCUK
Mohamed Farah Mohamed	AVRO	Idle Aden Osman	Sordes
Ali Abdullahi Abdi	CISP	Osami Kuni	UNICEF
Amanda McClelland	Concern Worldwide	John Agbor	UNICEF
Gemma Sanmartin	COOPI	Abdikadir U.Ali	WARDI
Eng Warfa A, Baiow	SWARDA	Morten R Peterson	ECHO
Florence Mwangi	COSV	Mohamed Yusuf	Kisima
Mohidin Gure	COSV	Mohamed Jama Aden	HOPEL
Abinasir Mohamed Sheikh	DAIL	Fahmo Hassan Yussuf	WEFDO
Joseph Otuka	HDC	Shukri Mohamed	WEFDO
Mary Ayalo	UNOCHA	Dr Khalid Rehman	Mentor Initiative
Salma Taher	IOM	Alice Cowley	Mentor Initiative
Luca sarageno	Intersos	Julius Wekesa	WHO- HOA
Ahmed D.Kainan	JCC	Erica Kufa	WHO- HOA
Maryan Hish	Mercy USA	Raul Kamadje	WHO-Somalia
Mohamed Sheikh Oman	Mercy USA	Daud Noor	WOCCA
Bishara Abdi	MURDO	Dunia Osman	SOYDA
Randhir Singh	RI	Zahra M Abtidoon	GEELO
Assegid Kebede	WHO		
Patricia Agwaro	OCHA		

Proposed Agenda

1. Adoption of minutes for August meeting & follow up on action points
2. Update on outbreaks
3. Health Cluster updates:

3.1CAP Process/ Timeline
3.2. Cluster Response Plan
3.3. Cluster reporting 3w Matrix and weekly reporting
3.4. Health cluster field meetings and trainings
3.5. CRC elections

4. AOB
    4.1. Health/Nutrition integrated response on current crisis
    4.2. Community based Training on Diarrhoea, Pneumonia Malaria and Nutrition

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

1. Introduction

a. The Chair welcomed participants followed by round table introduction.

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

a. Minutes of August 2011 meeting were reviewed and endorsed without amendments as a true reflection of the discussions that took place.
b. **Review of action points:**
    a. Re-circulate contact list of surveillance officers. **Done**
    b. UNICEF shares HMIS training schedule. **Pending**
    c. HCC to discuss how to harmonize prepositioning of emergency stocks from UNICEF and W.H.O in Somaliland and Punt land. **Pending**
    d. Share outbreak and emergency vaccination presentation with partners. **Done**
    e. UNICEF to share list of supplies released to partners. **Pending**
    Partners to give feedback on CAP strategic plan template. **On going**

2. Updates on outbreak

Measles update

a. In the past four months, health partners have put in place accelerated responses to raise immunity profiles of vulnerable target populations through emergency response vaccinations (ERV) in addition to the CHDs and outbreak responses. In the month of August ERV campaigns reached 650,000 (88%) out of the targeted 750,000 children with measles vaccination in Mogadishu. A mop up campaign will be done after One month in Mogadishu. (*More details See Attached presentation on Measles situation in Mogadishu)*

b. The discrepancies between UNICEF/ WHO and FSNAU(5 September 2011 FSNAU report) Measles coverage figures were discussed at length and consensus was reached to have a joint meeting between W.H.O, UNICEF and FSNAU to further look at both the data sets and report back to the cluster on the findings. .

AWD outbreak updates By Erika .

a. Epidemiological week 35, recorded a downward trend in AWD, this might not be a true reflection of the trends since not all facilities reported. Currently Kismayo is worst affected area, however further investigations are on-going to find out reasons behind drop in number of cases in week 32.
b. Banadir region bears the biggest burden of AWD cases; week 34 recorded the highest caseloads and downward trend recorded in week 35 and a case fatality rate of 1.9 and 4.2 in < 5yrs and 4.5> 5yrs respectively. She pointed out the high fatality rates, an indicator to case management issues. *(See details on attached report)*
c. She pointed out the disparate manner in which surveillance reports are shared and stressed the need to strengthen disease surveillance systems such as early warning systems in IDP camps. Meanwhile Horn of Africa is looking at gaps in response versus an increase in number of cases in relation to what partners doing to address gaps.

d. It was agreed that WHO/UNICEF and Partners conducts an exercise to map cases and resources including supplies and preparedness measures in various regional hubs. Additional update clinical guidelines on management of rehydration, AWD and malnutrition.

3. Cluster updates

a. CAP Process/ Timeline. The most immediate time line for partners to note is 23 September; this marks the commencement of online projects submissions.
b. The cluster will soon share a draft response plan partners inputs.
c. Cluster reporting 3w Matrix and weekly reporting Partners were informed of monthly updates of 3w matrix, a new development to capture real time information on who is doing what where and when towards the on-going drought and famine response. Similarly, a weekly reporting format designed to capture activities undertaken during the week. Weekly reports are submitted to cluster every Thursday for compilation and submission to OCHA by Friday.
d. The tenure of the current cluster review Committee (CRC) expired in July and a request was sent out asking interested partners to participate in CRC elections.
e. Cluster field training dates will be announced very soon and each organization will have a chance to attend.

4. Partners updates

a. Hard LNGO opened a new health post in Geriley two weeks ago. This is a two roomed house built with community support and is providing medicine.
b. Intersos in the process of opening a new centre in Dobley and plans to start vaccinations in Johwar hospital. However they met resistance for Local Authority to conduct immunization in OTP centres.
c. Mentor Initiative –Conducts malaria prevention activities in malaria endemic areas such as south central zones. There are plans to conduct case management training in Daadab and Mogadishu in the month of November. Currently works with WASH and shelter cluster in prevention of malaria and health partners in case management training.
d. WHO Horn of Africa (HOA) team based in Nairobi covers five Horn of Africa countries faced by the current drought. The team is comprised of a Public Health officer, Communications, Data and Nutrition Manager and works through country officers. HOA conducts regular meetings for partners working across different regions, in addition to providing real time health bulletins.
e. CHF board meets on 19 September to make a strategic decision on allocation of funds to priority clusters. Partners were reminded to read and understand CHF guidelines on emergency reserve allocation to reduce turn round time for processing of emergency reserve proposal. Particularly, the funds do not support purchase of capital equipment and/or indirect cost for local NGOs. This is in addition to giving realistic approximations of beneficiary's figures and disclosure of funds received from other bilateral funding sources.
f. Partners were advised to report any in kind donations received from well-wishers as well as exercise caution by adhering to In-kind donation guidelines on OCHA website : http://ochaonline.un.org/Default.aspx?alias=ochaonline.un.org/somalia.

g. UNICEF updates- Currently engaged in pushing supplies out to partners and ensuring facilities are operational, Training of Trainers (TOT) for MCH staff on AWD, emergency measles campaigns and monitoring to ensure needs are met. So far 150 MCH and 300 health posts received support and plans underway to have additional 79 facilities supported. Centralised supply distribution systems operational, all MCH kit are labelled with facility name and to further enhance

drought response, partners are able to start operations before finalization of the PCA process.

h. MCH and Hospital register are available in facilities together with user's guidelines. Trainings of health workers on how to fill the registers will follow in October. Partner were reminded on importance of reporting as selling point of what is being done cluster as well as meeting donor commitments

5. AOB

a. Community Case Management CCM a lifesaving initiative has worked in other places, UNICEF and WHO are developing a concept for Somalia. The project aims to develop skills of CHW based at village or community's to diagnose and provide treatment of three killer diseases (Diarrhoea malaria and Pneumonia) a full training package takes seven days. In a preliminary meeting on 7 September, three partners accepted to participate in the pilot project. Two types of training will be adopted for Somalia context i.e. training of trainers TOT and training of 300 CHW's. The project targets to reach 1000-3000 people. Way forward Inform partners on training dates and participants required for the training. Target geographical areas High risk areas with high mortality rates.

b. Need to increase frequency of cluster meeting in Nairobi to effectively manage the crisis

c. Cluster response plan development meeting 16 September venue to confirm later.

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Action Points

1. WHO, UNICEF and FSNAU to meet and get clarity on recently released measles figures by FSNAU.
2. HOA, UNICEF, WHO to meeting on 14/9/2011 to discuss on country specific measles preparedness and response plan and cross border response in response to Measles outbreak in Somalia.
3. Health cluster and Partners meet to map partners in AWD risk areas, Supplies preparedness in various regional hubs and gaps
4. 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)
5. Health cluster to share field training program with partners
6. UNICEF share out supplies distribution plan with partners
7. Inform partners on community case management (CCM) training dates.