

 <p><b>HEALTH CLUSTER SOUTH SUDAN</b></p>	<p><b>Minutes of the Health Cluster Meeting 06<sup>th</sup> April 2016</b></p>	<p><b>Convened by: Magda Armah</b></p>	<p><b>Meeting Notes taken by: Dr. David Lai</b></p>
<p><b>Agenda Items</b></p> <ol style="list-style-type: none"> <li>1. Chairperson's Opening remarks- Dr. Kediende 09:00 – 9.10</li> <li>➤ Agenda presentation - Magda 9.10 9.15</li> <li>➤ Previous minutes and action points – Magda 9.15 – 9.25</li> <li>1. Highlights on EP &amp; R Data (Discussion and Response) 9.25 – 9.45</li> <li>2. UNICEF Presentation on core pipeline commodities and repositioning 9.45 – 10.05</li> <li>3. UNFPA Presentation on core pipeline commodities and repositioning 10.05 – 10.25</li> <li>4. CMA (Presentation of the Programme) 10.25 – 10.35</li> <li>5. CUAMM (Presentation of the Programme) 10.35 – 10.45</li> <li>6. AOB: 10.45 – 11.00</li> </ol> <p>Ms. Magda;</p> <ul style="list-style-type: none"> <li>➤ IRNA data collection tool</li> <li>➤ Roll out of GBV guidelines</li> <li>➤ OCHA open house humanitarian update</li> <li>➤ Bentiu Commercial trucks for hire by HC partners</li> <li>➤ CHF second tranche allocation</li> </ul>		<p><b>Participants – # Signatures</b></p> <p>50 participants</p>	
<p><b>Meeting Outcome</b></p>		<p><b>Action to be taken</b></p>	<p><b>Focal person</b></p>
<p><b>1. Welcome remarks</b></p> <p>Ms Armah opened the meeting and welcomed all participants. Action points from previous meetings were addressed as follows.</p> <p><b>Action points from 24-03-16 Health Cluster meeting</b></p> <ul style="list-style-type: none"> <li>▪ Family Planning presentation with Dr Kediende- Still outstanding: will set a date with MoH.</li> <li>▪ OCHA - prices going up and affecting operations – on-going discussions at ICWG and lobbying with HCT</li> <li>▪ Dr. Mpairwe will clarify which commodity is core pipeline in this meeting – spread sheet sent</li> <li>▪ IDSR hep E case – WASH cluster will present next cluster meeting on Health/WASH response</li> <li>▪ TB HIV co-infection – IOM HIV working group to look at bottlenecks. The HC Website has references on TB/HIV</li> <li>▪ On-going response of measles outbreak – data available and will be incorporated</li> </ul>			
<p><b>IDSR 36%: EWARN 73%</b></p> <ul style="list-style-type: none"> <li>▪ Top morbidity: malaria, ARI</li> <li>▪ Measles – confirmed cases in Mangatain UN House, Aweil West, Mayendit, Mayom, Rubkona, Leer, Abyei, Twic</li> <li>▪ Suspected VHF – Aweil 38 cases</li> </ul>			

<ul style="list-style-type: none"> <li>▪ Mortality - 24 (malaria is the most common cause)</li> </ul> <p>HC Response to Measles alerts /outbreak Twic, (GOAL), Bentiu (integrated campaign) Mayom (SC-UK), Aweil West (starting tomorrow).</p> <ul style="list-style-type: none"> <li>▪ Suspected cholera case in Bor</li> </ul> <p><b>Discussion:</b> Process of confirming cases: Sample needs to be brought to Juba Partners Need guidelines of outbreak response – The document is posted on the HC website Abyei measles cases after campaign – GOAL and MSF-Swiss to check if the cases are really measles. Partners to Share Line lists. Issues with IDSR reporting.</p> <ul style="list-style-type: none"> <li>- Partners need clarification and guidance on where to report their data due to the new administrative boundaries</li> <li>- Funding cuts/limitation has affected HR and delayed reporting.</li> <li>- Partners expressed a need to invest in expansion of EWARN to quickly and comprehensively cover outbreaks.</li> </ul>		
<p><b><u>UNICEF Presentation on Core Pipeline commodities and prepositioning</u></b></p> <ul style="list-style-type: none"> <li>▪ Immunization Core Pipeline:</li> <li>▪ Cold chain core pipeline – EPI BCG, OPV, MCV, TT (except DTP-HepB-Hib) IPV</li> <li>▪ Also support injection material. cold chain material.</li> <li>▪ Support, installation and maintenance</li> <li>▪ Distribution of cold chain equipment – use electric fridges (problem with fuel), solar fridge (problem in replacement of battery). Support solar-direct fridge without battery. Also vaccine carrier, cold boxes ice pack in pipeline.</li> <li>▪ With cold boxes, partners can still conduct a vaccination campaign without a cold chain</li> <li>▪ Partners identify the needs at the health facility and address the request to the DG of the state</li> <li>▪ The DG then approves the request at State level and transfers it to national EPI director for endorsement</li> <li>▪ The partner submits the approved request to UNICEF for the release of the vaccines</li> </ul> <p>Maintenance: The partner is in charge of follow up and alerts UNICEF to damages or additional needs identified. UNICEF will then send a technician according to the availability and security clearance given by the SS government</p> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>▪ Lack of funds for cold chain</li> <li>▪ Multiple damages</li> <li>▪ Shortage of staff</li> <li>▪ Lack of infrastructure – high cost of implementation</li> <li>▪ Poor maintenance of equipment</li> <li>▪ Last comprehensive cold chain inventory in 2012 – some areas inaccessible</li> <li>▪ Poor infrastructure – expensive logistics for delivery of vaccines</li> </ul> <p><b>Discussions</b></p> <ul style="list-style-type: none"> <li>✓ UNICEF cannot pre-position three months’ supply of vaccines due to cold chain situation in the context. Partners are advised to Request vaccines on demand.</li> <li>✓ Solar fridge Repair – To request for a technician – Send request to MoH and copy UNICEF</li> <li>✓ Health cluster involvement in request for Core pipeline vaccines- Partners to put health cluster in cc</li> <li>✓ Two types of technicians are available- UNICEF and MoH. All requests to go through MoH.</li> </ul>	<p>Provide list of approved Technicians.</p> <p>Provide links to approved fridges.</p> <p>Keep health cluster in the loop when requesting for repairs</p> <p>Partners please update your micro plan with the State</p> <p>Cold Chain gap analysis – in the process. Plan 2016 or 2017 for national activities.</p>	

<ul style="list-style-type: none"> <li>✓ Share recommend list of technicians and fridge catalogues to donors and partners</li> <li>✓ Small solar fridge – mobile solar fridges – include in recommend list</li> <li>✓ Gap analysis need to work for State – what is needed.</li> <li>✓ Looted and vandalized – make communities understand the impact and support them to take ownership. Pibor experience.</li> <li>✓ Partners are advised as far as possible to Share cold chain facilities – ex in Bentiu.</li> </ul>		
<p><b>UNFPA presentation on core pipeline commodities and prepositioning of reproductive health commodities</b></p> <ul style="list-style-type: none"> <li>▪ Contraceptives</li> <li>▪ Lifesaving medicines for women and children.</li> <li>▪ Every woman Every Child life saving MCH medicine – resuscitation device</li> </ul> <p><b>Procurement</b> Is done online and supplies are stored in the UNFPA warehouse in JUBA How Can partners access the commodities?</p> <ul style="list-style-type: none"> <li>▪ Sign an agreement with UNFPA (MOU)</li> <li>▪ The MOU with the government can also suffice but with this route, partners will need to obtain clearance from te MOH for commodities to be supplied to them</li> </ul> <p><b>Prepositioning</b> Partner pick up is encouraged- There is no funding for transportation and distribution</p> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>▪ Reporting is very weak.</li> <li>▪ Kits are sometime used inappropriately</li> </ul> <p><b>How to access RH Commodities</b></p> <ul style="list-style-type: none"> <li>▪ RH commodities are open to all partners and can be ordered on line</li> <li>▪ Suppliers are already prequalified – so transaction is Transparent, has quality, value for money and is time saving</li> <li>▪ (Link - MyAccessRH.org)</li> </ul> <p><b>Challenges.</b> Funding, storage, last mile delivery, rational use, LMIS, HR, supply chain. UNFPA – trains on rational use of drugs and will share training plan.</p> <p>RHWG updates on coordination and partner activities can to be shared in the HC meeting.</p>	<p>UNFPA to Share ToR of RH working group</p> <p>UNFPA to update on Reproductive Health on future HC meeting.</p>	
<p>CMA presentation – not present</p>		
<p>CUAMM Presentation</p> <ul style="list-style-type: none"> <li>✓ Doctors with Africa CUAMM</li> <li>✓ Italian NGO in SS since 2006</li> <li>✓ Maternal and child health system integrating health and nutrition components.- strengthening health system</li> <li>✓ 3 Lui, Cueibet, Yiroi</li> <li>✓ 6 counties for PH</li> <li>✓ 1 school for midwives</li> </ul> <p>Best practice – on-the-job-training. 1) Staff training – Targets and needs are defined and are supported to show their achievements.</p>	<p>Salary scale to be shared</p>	

<p>2) Community mobilization. – Empowering communities to be involved in their community and thereby focussing on accountability to affected communities.</p> <p>3) Longstanding presence – focus in development. Infrastructure and performance.</p> <p>Challenges – support an lobby for partner policies and practice standardization – salary payment strategy</p> <ul style="list-style-type: none"> <li>○ Support and lobby for integration of service in the same area (county/state) under a reduced number of partners to improve efficacy. – State coordination.</li> <li>○ State coordination – have dedicated coordinator per state but funding. There is WHO focal point trained them on health coordination.</li> </ul>		
<p>A.O.B</p> <ul style="list-style-type: none"> <li>○ IRNA data collection tool</li> <li>○ Roll out of GBV guidelines</li> <li>○ OCHA open house humanitarian update</li> <li>○ Bentiu commercial truck for hire by HC partners</li> <li>○ CHF 38 million to all- Health Cluster received 12% (just over 4.7 million).</li> <li>○ Second CHF tranche is under discussion- Health has been prioritized health.</li> <li>○ In April the whole humanitarian architecture will be reviewed.</li> <li>○ BOMA health initiative document has been endorsed.</li> <li>○ The HC is expecting a mission from the GHC and the Regional WHO office.</li> </ul>	<p>Share GBV guidelines Share IRNA data collection tool.</p> <p>Share Boma Health initiatives</p>	
	<p><b>Next Meeting: April 20, 2016</b>                      <b>Venue: WHO Conference Room</b></p>	
<p><b>Circulated to:</b> Health Cluster and posted to: <a href="http://southsudan.humanitarianresponse.info/health">http://southsudan.humanitarianresponse.info/health</a> and the Health Forum Google Group.</p>		