

| Agenda | Discussions | Action points |
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| | <ol style="list-style-type: none"> 1. Neglected Tropical Diseases (NTD's) Programming in Somalia-FMoH 2. Disabilities Inclusion in Health Programming- Humanitarian Inclusion 3. Post-Exposure Prophylaxis use in GBV response- GBV 4. Drought Response Planning 5. AoB | |
| <i>Introduction and opening remarks</i> | The meeting was moderated by the Cluster Coordinator. Participants were encouraged to write in their name and organization name in the comments box and to type in questions in the comments box as the meeting is ongoing; in order to respond as is possible and limit interruptions to the presentations. Partners were also invited to give any program updates on the chat box. | |
| <i>1. Neglected Tropical Diseases (NTD's) Programming in Somalia-FMoH</i> | A brief overview of this session was facilitated by Dr Jamal Amran of WHO, on behalf of FMOH. Neglected tropical diseases are a group of preventable and treatable diseases that affect 1.5 billion people – 40% of whom live in Africa. The diseases affect the poorest, most vulnerable people who live in hard-to-reach parts. They disfigure and disable, keep children out of school and adults out of work therefore limiting their potential and leaving communities stuck in poverty. The top 8 priority NTDs in Somalia include: visceral leishmaniasis (kalaazar), leprosy, urinary schistosomiasis, lymphatic filariasis, rabies, dengue fever, trachoma and soil transmitted helminthiasis. Neglected tropical diseases have not received as much attention as other diseases thus continued to debilitate, deform, blind and kill sizeable proportions of the population. Data on the burden of NTDs and their distribution is incomplete; access to preventive and curative services is inadequate and not well integrated. Most health workers in Somalia have little or no experience in dealing with these diseases and need special training and experience. | |
| <i>1. Disabilities Inclusion in Health Programming- Humanitarian Inclusion</i> | This session was facilitated by Mr Mohamed Haji from Humanitarian Inclusion, and the objectives of the session was to explain the use of data on persons with disabilities in humanitarian contexts; describe the structure and functions of the UN Washington Group on Disability Statistics and differentiate among Washington Group Short set, Extended set, and Child Functioning Module, which was developed in conjunction with UNICEF. The partners were taken through the definitions and concepts around disability with the aim of achieving a common understanding of these concepts to enable correct identification and response to people living with disabilities especially in emergency settings. Key statistics on people living with disabilities was presented to partners and the importance of collecting data on these group of individuals was emphasized. The concept of the Washington Group of Questions introduced to partners, as a simple method of identification and collec- | <i>Share the Somali translated shortest group of questions</i> |

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| | <p>tion of data of people living with disabilities. These concepts were related to the humanitarian program cycle and opportunities during this cycle that can be used as points of entry to include people living with disabilities. At the end of the presentation, tools and resources were shared with partners for further reading and application. A kept tool shared was the translated short set of questions from the Washington Group of Questions that can be accessed through this link: The presentation can be accessed through this link: HI-Powerpoint template (humanitarianresponse.info)</p> | |
| <p><i>2. Post-Exposure Prophylaxis use in GBV response-GBV</i></p> | <p>This session was facilitated by the Health Cluster GBV Consultant. The main objective of this session was to sensitize partners on RH kits, its use/ misuse. This session presented as part of Health Cluster efforts to make RH kits and GBV supplies available to partners, working closely with the GBV AoR.</p> <p>During the session, the RH Kit was broken down for partners to understand its contents and how to use each component. Guidelines on the use of the kits were also presented. The partners were sensitized on key issues to consider according to the guidelines like delayed treatment and guidance on the different types of vaccinations applied during the treatment process. The session also conveyed what to do in case of stock outs which has been a persistent issue in 2021.</p> <p>Link to presentation: Post Rape Treatment (humanitarianresponse.info)</p> | <p><i>Health Cluster to hold bilateral and Group discussions to identify solutions to reporting on GBV</i></p> |
| <p><i>3. Drought Response Planning</i></p> | <p>The drought situation is getting worse and response initiatives are being developed. The Central Emergency Reserve Funds (CERF) allocation was finalized for initial response totaling to 1.5 million, awarded to WHO and UNFPA. As much as funding for 2021 was minimal, there has been interest expressed by some donors to fund response to the drought. Further the HRP 2022 was planned to be launched on the 20th of December 2021, the health cluster approved 51 projects from 51 partners with people in need of 6.5M, people targeted 4.7M with funding requirement of 108.8M, apart from amounts that may be directed to responding to drought. Health response for the drought will focus on health consequences of drought with the integration aspect with the relevant clusters such as WASH and Nutrition, as well some prevention aspects like the Cholera vaccination, where discussion for a possible campaign is being discussed with the ministry. Partners were invited to provide inputs on how the response can be made more effective.</p> | <p><i>Request by partners to share AWD/Cholera data for monitoring</i></p> |
| <p><i>Partner Updates</i></p> | <ul style="list-style-type: none"> • ALIGHT established Friendly Safe Spaces for women and girls in Kahala’s Anod, Kismayo and Dhobley for women empowerment. • PAC has been supporting CeMoNC center in Benadir hospital, Dayniile and De matino hospital. • Somali Aid started implementation of Health and Nutrition outreach service in Odow and has currently added two more outreach services, one Kismayo rural and other Badhadhe coastal villages • Trocaire has conducted a fistula camp in Luuq, Gedo for two weeks ending 6th December. • IMC is implementing Integrated Primary/Secondary Health, Nutrition, WASH and Protection, in to four regions Banadir at Wadjir, Mudug (Galkacyo South), M/Shebelle (Jowhar and Bay (Baydhabo)in Mudug region; Since June 2021, there were measles and whooping cough outbreaks in Galkayo South and the surrounding villages. Since then, a total of 684 measles and a total of 156 whooping cough suspected cases of both outpatient and inpatients were managed at GAS Hospital OPD and inpatient pediatric | |

departments respectively, 406(59%) cases out of the total measles cases managed were inpatients admitted in the assigned isolation unit, 62% out of the total measles cases managed at both OPD and IPD departments were under five children, no deaths reported so far. In the last two months, the outbreak situation specially measles has accelerated, and the cases were rising up specially inpatients, 524 (77%) out of the total measles cases were reported in October and November.

- **CONCERN** is continuing to implement the ongoing integrated health and nutrition services across Banadir, Lower Shabelle, Bay and Gedo. In response to the current droughts which affected some of the areas CONCERN is operating like GEDO and Lower Shabelle, we are aiming to scale up our ongoing health services.
- **GREDO** organization is operating Bay, Bakol and Lower Shabelle with an integrated health and Nutrition projects including reproductive health with partner Save the children SCI BHA Project, BRCiS Consortium and CONCERN funding FCDUK. Part of humanitarian drought response assessment among the affected community SWS particularly Baidoa District, which is co-lead for Bardale, Dinsor and Burhakaba led by UNOCHA. UN OCHA conducted an assessment on drought response using KOBLOK APP, where GREDO is part of participating agencies in Baidoa town to identifying the number of people affected by the drought and cross cutting environment issues. GREDO provided water trucks for drought response among the community in Yeed district Bakol regions 1,230 individuals. It also distributed 1,400 Hygiene kit for six districts in SWS including Bardale, Yeed, Wajid, Dinsor, Burhakaba, Qoryoley and Barawe. GREDO is also planning for rehabilitation of eight for Wajid and Bardale to reduce water scarcity and response shortage of water among the communities affected due to low rainfall. Boreholes will also be provided for Wajid and Bardale to reduce water scarcity and response shortage of water among the communities affected due to low rainfall existing.
- **Action Against Hunger Updates:** Drought response: Scaling up through deployment of health and nutrition mobile teams especially in Bakool region.

Meeting Recording:

https://who.zoom.us/rec/share/eXeyhShmwTBh-742DqehrKnxDa6F6dVW7QbnEQwo4ue8CqFhc-l4RCB6rWi6ka89.79BIL5uT_fzQVx5x

Access Passcode: W*EJH447

Attendance:

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| AADS | CARE | DDA | HIJRA | OIC | SCC | Somali Aid | WARDI |
| ACF | CISP | Gannaane | IMC | PAC | SCI | STS | WHO |
| Aid vision | CoDHNet | GEWDO | IOM | QRCS | SFH | TERRE SOLIDALI | WRRS |
| ALIGHT | Concern | GREDO | Medair | RRP | SHARDO | Trocaire | Health Cluster Team |
| BTSC | CRS | HI | NASDO | SADCO | SHO | UNICEF | |