

Participants

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Proposed Agenda

1. Introduction/s
2. Review of previous meeting's minutes, including updates on action points
3. Updates from cluster agencies (concluded/ongoing activities, new focal points, plans, funding)
 - a. New needs and gaps identified
4. Future directions of the cluster (coordination, information sharing, inclusiveness)
5. Schedule of Meetings
6. Any other business
 - a. Mindanao

Introduction

Review of Minutes

Updates from Cluster Agencies

1. **Save the Children**
 - a. Active in the following areas: Muntinlupa (8 barangays), Laguna (6 municipalities), Rizal (new project in partnership with UNICEF and Arugaan – nutrition and re-lactation, 251 ECs)
 - b. New projects – AUSAID (early recovery ,1 year), for 15 barangays
 - c. Health interventions in barangay, municipality, school,
 - i. Target areas: Laguna and Rizal

- d. January – middle of may – training on emergency preparedness, IFE, IYCFIE, disease surveillance, emergency prep, refresher for mds nurses and midwives in emergencies
- e. Needs and Gaps identified
 - i. Assessment s of target barangays including barangay health stations and RHUs (plan to renovate around 39 BHSs) based on DOH standards
 - 1. Needs already assessed – determined need for rehabilitation
 - ii. Relocation of IDP, with possible relocation of BHS (ex. at least 3 in Calamba)
 - iii. Cold chain equipment

ACTION POINT:

- Provide list of facilities to be assisted and the supplies to be given to WHO to harmonize assistance to BHSs and RHUs**

2. UNFPA

- a. Evaluation workshop being conducted
- b. Documentation of best practices (book to be published on February)
- c. Capacity building in disaster preparedness
 - i. Training for Ondoy-affected CHOS, MHOs
 - ii. Pepeng areas (I, III, CAR) with cluster focal points for gender
- d. Awareness raising
 - i. Posters for those still in ECs (safe motherhood, GBV, etc)
 - ii. Orientation of camp managers
- e. Mindanao
 - i. Regular program to be implemented in ECs
 - ii. IDP teams = evacuees + camp managers + health focal pt + bgy officials
 - iii. Teams to do information-gathering, participate in FGDs
 - iv. Capacity-building for key message dissemination
- f. Mayon
 - i. Prepositioned HK and KK in Bicol, Mobile medical tents with supplies
- g. Support to Hospitals
 - i. Region I – BT kits
 - ii. Amang Rod – BT Kit
 - iii. Delivery service Kit

3. UNICEF

- a. Monitoring and Evaluation currently being done
- b. Needs: Investing in cold chain equipment
- c. USAID / OFD: has available funding for cold chain equipment (150+ refrigerators)

ACTION POINT:

- WHO and UNICEF to coordinate for distribution of refrigerators**

4. FPOP

- a. MISP target areas
 - i. Ondoy areas (Bagong Silangan (QC), Bulacan Pampanga, Pangasinan, Isabela
 - ii. Pepeng areas: Tarlac, Pangasinan, Baguio, Benguet, La Union
- b. RH kits I, 2a,2b, 3, 6, and 8 to be distributed
- c. Orientation of MHOs, CHOs, PHOs

- d. To be done by end of February
- e. MISP training in same target areas

ACTION POINT:

- To coordinate with UNFPA to prevent duplication of training and double-distribution of RH kits**
- Coordinate with Save the Children regarding possible augmentation of training staff**

5. IOM

- a. Free **mobile health teams** to existing ECs, returned communities, still-flooded areas
 - i. Laguna and Rizal will be initial focus (possibly Zambales)
 - ii. *Will appreciate any recent assessment reports pertaining to these areas*
- b. Health Kit distribution
 - i. *To coordinate with WHO regarding existing standards or existing kits developed*
- c. Info Kits
 - i. *Will use available material, as much as possible*
- d. Assessment of sites in Zambales (for displacement tracking, with DSWD)
 - i. Major needs to be shared with the cluster
- e. Repair Kits, Shelter Kits, Family Kits to be done until end of June
- f. All activities planned with local government

ACTION POINT

- Coordinate with Save the Children esp in Muntinlupa and Laguna**
- Coordinate with WHO if assistance is needed for mobile health teams (supplies, kits)**

6. MSF

- a. Mobile Clinic work in Mindananao (Datu Piang, etc)
- b. Mobile Clinic suspended in Libutan (security problems)
- c. Assessment
 - i. In Ampatuan municipality with 400 IDP families underserved
- d. Mental Health program
 - i. Cases of PTSD, other psychosocial problems
- e. FiMA taining
 - i. SGBV, perceptions of community
- f. No more activities for floods response

7. Child Fund

- a. December – integrating nutrition, health, WASH into regular programming

8. WHO Philippines

- a. Assistance to:
 - i. **Primary health care facilities** - BHS kits (contents of a barangay health station, other than medicines) and RHU kits
 - 1. Formulated with DOH
 - 2. Yet to be evaluated
 - 3. Target: 100 BHSs, 20 RHUs in Laguna and Rizal, NCR (Marikina), Region I
 - ii. **Hospitals** - Amang Rodriguez; with the aim of strengthening the referral system from PHC facilities to hospitals

ACTION POINTS:

- To coordinate with STC regarding assistance to BHSs
- Damaged health facilities in Region IV a uploaded to Health Cluster Response Page, available for download
- Share BHS/RHU kit contents

- b. Post-Ondoy evaluation
 - i. Role of the cluster partners
 - ii. **Given the evolution of the cluster since the time of Typhoon Reming, a need for a more pro-active, participatory involvement of the cluster agencies in this research has been voiced (see below)**
 - iii. Concept paper to be shared with cluster partners
- c. Disease Surveillance
 - i. Funding from USAID / OFDA
 - ii. Syndromic surveillance system to support existing system of DOH
 - iii. Other agencies planning similar projects to coordinate with WHO
 - iv. UNICEF: info issues are a function of decentralization, proposed a possible pre-arranged set-up with LGUs to enhance information transmission

Direction of the Health Cluster

1. Engaging other groups (private groups) in the cluster for the next response
2. The cluster should be the channel for information to guide interventions and improve outcomes in disaster response
3. Activation and capacitation of regional, provincial health cluster (citing the example of Bicol, ARMM)
4. Developing a **Common Results Framework** (including development of common forms, based on common needs, among others)
5. Advocacy for policy change, health systems change to better respond to emergencies
6. Advocate for disaster preparedness
7. Need for monitoring and evaluation
8. Assessment of all kits being distributed in the cluster by cluster agencies

9. Health Cluster Strategic Planning

- a. Possible venue for developing cluster input and formulating cluster involvement in the POS
- b. For more directed planning of future directions of the cluster in preparation for the upcoming emergencies
- c. Development of Cluster Workplan by Technical Working Group
- d. To be organized by WHO as the health cluster lead

Schedule of Meetings

TBA

Any other business

1. Mindanao

- a. CERF underfunded - Possible delay in funding due to Haiti earthquake
- b. Need to meet with Mindanao focal points to develop proposals for CERF
- c. Child Fund Philippines – ongoing security assessment in Maguindanao
- d. WHO – plans to establish field office and provide assistance to selected hospitals
- e. USAID – review of health strategy for ARMM; feedback on 2 February

Recap of Recommended Bilateral Meetings:

1. **Save the Children → WHO → IOM:** support to barangay health stations, BHS/RHU kits
2. **FPOP → Save the Children:** segmentation of training staff
3. **FPOP → UNFPA:** distribution areas of RH kits