

INTER AGENCY HEALTH MEETING MINUTES-IMVEPI REFUGEE SETTLEMENT

Date; 09th /03/2018.

Meeting Chaired by; **Nandutu- staff ACF**

Attended by (Partners present); Humanity and Inclusion (HI), MTI, ACF, CARE International, OPM, Red Cross and MSF.

Agenda;

1-Opening prayer

2-Self introduction

3-Communication from the Chairperson

4-Review of previous action points.

5-Partner reports and commitments

6-Discussions.

The meeting started at 11:00 am with opening prayer and introduction by members from the different NGOs. The chairlady mentioned that Emmanuel UNHCR will not be attending the meeting with us as he is committed in another meeting at the same time and below are his **communications for today's meeting;**

1-Vigilance in emergency response.

2-Working with other sectors like WASH for disease preventions.

3-Using VHTs as the key in community based approaches

4-coordination of key partners to address the needs.

REVIEW OF PREVIOUS ACTION POINTS;

MTI Made a report finding about the joint communication at the water tanks as regards to acute watery diarrhea cases. In line with the community based approach, Save the Children international has organized training for the VHTs starting on Monday next week.

Accordingly, the following were tasked with joint monitoring of tanks in relation to acute watery diarrhea cases and the following tanks were sampled 110, 111, 104, 59, 66, 34 and tank 29. MTI, ACF, MSF, OXFAM, SCI and the following members were involved; Enosh, Medhi-MSF, Johnson MTI, Scovia, Bernard- Oxfam, Priscilla ACF and Agnes SCI.

Outcomes;

Tank 110,

- Chlorine levels were at 1.2,
- Water jerry cans were mostly dirty
- Inadequate water trucking
- 5.2 meters average latrine distance from most households
- Low latrines coverage in villages
- Water sources were not fenced hence sharing water source with animals was a possibility
- Settlement was congested

Tank 59

- Chlorine levels were at 0.3
- Water sources were not fenced
- Latrines were closer to water points
- Low latrine coverage

Tank 66

- Chlorine levels were at 0.0 in the tank.
- In at the water point 3.0

Tank 29

- Chlorine in water tank 0.0
- Reported dirty water supplied

Tank 34

- Chlorine levels at 1.6
- Reported dirty water being supplied.

RECOMMENDATIONS

- To submit and share the report with WASH partners especially those involved in hygiene promotion. To have feedback from WASH partners
- Thoroughly investigating water trucking trucks and water sources
- To have joint awareness campaigns with health partners in communities
- Tank 104 and 106 chlorine levels were found to be at 3.0 hence these needs review.
- Find a solution to congestion around the water sources
- Strengthening hygiene and sensitizing on recommended latrine distance

PARTNER REPORTS AND COMMITMENTS;

Humanity and Inclusion focal person Dorothy gave an introductory remark about their HI planned activities, the change in its name from handicap international and activity areas they operate in.

- Accordingly, they have mental health and psychosocial support,
- Yet to be allocated areas of operation after meeting OPM and UNHCR.
- Currently they give psychosocial aid at reception center
- They are also doing service mapping with the other partners
- Plan to set up rehabilitation center at Omugo
- They plan to set up an office at base camp near to Red Cross office next week.
- Intends to compliment gaps with psychiatric programs already in existence with other partners like MTI

Care International;

Planned activity;

- Giving of dignity kits (towels, pants, soaps, buckets etc) in Zone 3 was done and yet to be done for other health facilities.

Challenges,

- Transportation of the dignity kits to the various health facilities.

MTI, SCI, GRI

- Training of active VHTs by SCI in Omugo was done and to be done in Imvepi for three days starting from Monday next week at Oxfam compound.
- TPO, MTI and SCI to train VHTS on basic mental health aspects.
- Continued sensitization on hand washing at community and health facilities by all partners.
- In Zone 2 soap distribution in communities was done in an attempt to step up hand washing strategies.
- UNFPA to supply one ambulance.

Red Cross

- They are currently involved in community services
- They have community referral forms with community focal persons and trained health volunteers. In general there are 20 focal persons and 10 trained health volunteers
- They also do follow ups on usage of mosquitoes nets in communities
- Plan to have condom distribution points for use by all health partners.
- To continue with usual routine activities.

ACF

Activities and updates

- Distribution of kits and follow up of usage
- Hand washing demonstrations at health facilities and at community levels
- Distribution of potty to children.

Action plan

- Continue with distribution of kits
- Planned cooking demonstrations at community levels twice this month
- To have hygiene sessions and hand washing at health facility sessions.

MTI-MEDICAL REPORT.

- Consultations were on the increase, Yinga had 40, Imvepi health center had 70 and Zone 3 health post had 80 consultations respectively this week.
- Rift valley surveillance ongoing
- HIV testing in schools and communities and condom distribution to tested clients after counseling
- Pregnancy testing in schools and STIs screening
- There was also observed increase in number of deliveries and IPD admissions.
- There was one death reported in tank 8 due to mob- justice by community people in which a 35 years old male refugee originally from rhino camp and staying in point J was killed on 8th/03/2018. MTI did the postmortem and report revealed skull fracture leading to intra cranial hemorrhage (ICH) and finally death. There was also sustained rib fracture.

MTI-NUTRITION REPORT

Activities and updates

- CMAM screening of under-fives in the community
- 1033 screened in February and 125 referred into the various facilities more than January records
- IYCF sensitization during food distribution

MCHN

- 4,451 below 2 years were served in February versus 3,785 in January.
- 2,224 mothers were served in February which is more than in January.
- In general, 79% of those on program were cured, 18% were defaulters and 3% didn't respond as expected.

Challenges,

- There is need to address challenges on data capturing on Tuesday.
- The HIS and HMIS were different and all health posts reports needed to be compiled at Yinga HMIS according to the report from the district.

Way forward,

- To conduct CME on data capturing by Monday next week.

MSF;

Updates and activities,

Surveillance, EPI, mental health and SGBV activities at Imvepi reception center, will stop by end of March 2018.

Week8 report,

- One death reported in point I tank 65, an 18 year old male died after being referred to Arua hospital, he presented initially with fever, vomiting and chest pain.
- Top morbidities were Malaria and Acute watery diarrhea cases as seen in health facility consultations.
- 88% of the watery diarrhea cases recorded occurred in under-fives.
- There were 21 births with 18 deliveries occurring at health centers
- Point F community appreciated the presence of MTI mobile health team on the ground every Mondays and requests for more days since they are very far from Imvepi health center.

Week 9 report.

Two community deaths reported all in point J

- A neonatal death from tank 14 occurring at Bulomoni health center shortly after birth.
- A 28 year old male from tank 42 died at mizale (Yumbe district) after presenting with yellowing of the eyes and darkened skin. The relatives took him to a traditional herbalist and died there according to reports.

Morbidities

- There is an observed slight reduction in acute watery diarrhea cases as compared to week 8.
- An increase in Malaria cases more than in week 8.
- There is an observed subsequent increase in total consultations across health facilities from a total of 1,200 in week 5 to 1,900 in week 9.
- There were 18 births with 17 occurring at health facilities.

Challenges,

- Some of the details on patient's residential addresses were not properly documented on the HMIS registers making follow up for acute watery diarrhea cases difficult.
- There is an accumulating waste due to improper garbage disposal at the trading center (point J) which is posing threat to health and sanitation within the area.

DISCUSSIONS.

On the issue of point F,

- There was suggestion that the landlords in the area were willing to offer a piece of land for temporary health center at point F as the total population was approximately 3,000 people.
- That either there is need to increase outreaches days or put an ambulance in place for point F.

Recommendations

- There is need to work on the issue of Zone 3 ambulance
- New midwives to be employed
- Partner representatives to meet on the issue of sanitation at the market.

Proposals by assistant camp commandant (Mr. Adebo Ben);

- Zonal coordination meetings to be attended by health partner representatives in forums with the communities.
- We all need to think on the issue of Drug shops in the settlement, are they worthy to be there?

Meeting adjourned at 1:15 Pm.

Next meeting on 22nd March 2018 at the same Venue at 10:30am prompt.

Minutes taken by **DOKI SIMON JAMES-MSF health surveillance supervisor**

ACTION POINTS

S/N	ACTION POINTS	RESPONSIBLE IP
1	Training of health workers in MISP, MPDSR, CMR to be conducted after MOH approval of work plan MPDSR committee to be formed per health facility RH kits to be delivered to health facilities in the coming weeks Identify need for additional midwives and share with DHO arua Imvepi zone 3 to be considered for dignity kit distributions Joint monitoring of the renovation works at Imvepi HC 11 to be conducted Sharing of IEC materials with RedCross Imvepi in need of ambulance, Zone 3 still has no ambulance	UNFPA/CARE
2	Joint monitoring of the renovation works at Imvepi HC 11 to be conducted	OPM/UNHCR and district Engineer
3	Training of active VHT's for Imvepi to be done the next week at Oxfam boardroom	SCI
4	Partners planning to take over after MSF-F	MSF-F, MTI, GRI and SCI

5	Partners to invite TPO during trainings of VHT's in order to equip them with basic mental health aspects	TPO, SCI, MTI
6	Training of health promoters on RVF/VHF	MTI
7	From the findings of the joint monitoring in Tanks 110,111,104,59,66,34 and 29 by MTI, MSF-F, ACF, SCI and OXFAM on the high diarrheal cases; <ul style="list-style-type: none"> • To submit the report to WASH partners. • Thoroughly investigating water trucking trucks and water sources • To have feedback from WASH partners • To have joint awareness campaigns with health partners in communities • Tank 104 and 106 chlorine levels were found to be at 3.0 hence these needs review. • Find a solution to congestion around the water sources • Strengthening hygiene and sensitizing on recommended latrine distance 	MTI
8	Humanity and Inclusion formerly Handicap International Yet to be allocated areas of operation. HI is offering services in mental health and psychosocial support	OPM, UNHCR
9	From the previous NTWG in Arua, to have CME's on data entry at all facilities	MTI, GRI, SCI, MSF-F
10	HIS focal persons overwhelmed, need recruitment of HMIS personnel to improve data capturing	DHO
11	Harmonizing of HP's, VHT's and CBV's	All partners
12	Maintaining of proper hygiene and sanitation at point J. partner representatives to meet.	All partners
13	Veterinary surveillance to ensure animal quality given the risks of RVF	OPM, DHO
14	Outreaches reduced, communities should be sensitized on health seeking behavior	All partners
15	Health partners could attend zonal co-ordination meetings	All partners
16	There is need to assess usefulness of the rising drug shops in the settlement	OPM, UNHCR, DHO,

