

## BIDIBIDI HEALTH AND NUTRITION COORDINATION MEETING

**Date:** January 31<sup>st</sup>, 2018

**Venue:** UNHCR shade -Bidibidi

**Time:** 11.00am

**Attendance:** UNHCR, ACF, IRC, RMF, MSF, HHI, CUAMM, Global Aim

### Agenda

1. Prayers
2. Welcome remarks and updates from Chairperson
3. Updates from Partners and discussions
4. Closure

### Agenda 1:

A short prayer was successfully made

### Agenda 2:

The Public Health officer welcome members for the meeting. He also welcomed Dr. Iname and introduced him to the team as the roving PHO for west Nile based in Arua.

He appealed to members on time keeping for coordination meetings and other working group meetings to minimize time waste. He further called on managers to support their staff to complete the Non Communicable Diseases (NCD) database which will be vital for proper planning.

The support to the district Health office and HFs from partners needs proper documentation; all partners to provide regular updates on support provided, and quarterly updates provided to the District.

### Updates:

Updates	Actions
<u>Viral Hemorrhagic Fever:</u> VHF strategic planning meeting was held with district officials and health partners on VHF emergency response; a number of actions were agreed including identification of isolation facility, engagement of District Veterinary Officer, heightening surveillance, observance of standard infection prevention and control practices, trainings for VHTs and Health workers.	The next meeting is scheduled for Thursday (1 <sup>st</sup> February); All HFs to ensure staff are oriented on RVF through CMEs; All HFs to put in place hand washing facilities at every service point including entrances; Continuation for surveillance activities; <b>[Actions for all managers to report during the thursday meeting]</b> Training for HWs and VHTs to be done urgently <b>[PHO to solicit for support]</b>
<u>Maternal and prenatal death surveillance and reporting:</u> Major concern; a number of perinatal deaths neither reported nor audited. Some maternal deaths are not notified in time as recommended, and HFs do not share audit reports with staff for action	A training has been organized by MoH; to benefit a few partner staff who should cascade the trainings to fellow staff; <b>[IRC and RMF]</b> Partners to prioritise death audits; list of non-audited deaths with ADHO/MCH. <b>All Health Partners to provide update on implementation</b>
<u>Inventories of the warehouses:</u> Physical verification for medicines started; was completed for RMF while partially done for IRC. Noted issues with stock card updating, as well as physical condition of warehouses (not suitable to house medical supplies), Consumption reports not yet submitted	All partners to submit consumption reports up to January within second week of Feb. Partners urged to implement previous Pharmacy mission recommendations <b>[IRC, RMF]</b> Supplies will only be received after stock status report submitted (Deadline is Thursday, 1 <sup>st</sup> Feb for 2017 stock status update)

	Baseline Rational prescription analysis for all HF's to start in second week of February; activity to be done on a monthly basis; a league table for facilities will be developed. HF's that do not improve will be sanctioned <b>[PHO]</b> .
<u>Balanced Scorecard Assessment:</u> Training for MOs completed, Joint Assessment started across HF's; IRC MOs to assess RMF HF's while RMF will assess IRC supported HF's. More assessments within 6 months and a year later. However, MOs expressed a lot of expectations for facilitation during implementation of activity	The UNHCR Public Health team to meet health coordinators to discuss what is expected of MOs/TORs for engagement of MOs in Bidibidi settlement health service delivery <b>[PHO]</b>
<u>Medical Waste management:</u> MSF to take over Yoyo fencing of the waste management facilities	OXFAM to hand over and orient people on usage of constructed facilities Construction team to visit Yoyo
<u>Hepatitis B Vaccination</u> The district has a stock of 70,000 doses which they have offered for use for refugees, Hep B vaccination scheduled for march (possible integration with upcoming immunization campaign)	A comprehensive plan to be developed by the PHO in consultation with coordinators

### Agenda 3: Updates from partners and discussions.

Partner updates	Actions/way forward
<b>Action Against Hunger</b> <ul style="list-style-type: none"> <li>○ Had a mission from WFP</li> <li>○ Facility Storage gaps among issues raised; WFP promised to prioritise nutrition supplies storage in the next budget</li> <li>○ Mass Nutrition screening was finalized, report being finalised</li> <li>○ Nutrition working group to convene early next month</li> <li>○ Working with IRC to functionalise ITC at Yagani</li> </ul>	To share report on mass nutrition screening
<b>RMF</b> <ul style="list-style-type: none"> <li>○ Infrastructure/constructions in final stages of completion</li> <li>○ 4 staff supported to attend Basic epidemiology and surveillance training in Gulu</li> <li>○ On RVF Control/prevention, hand washing facilities established across all facilities, CMEs for health workers ongoing, community dialogues ongoing</li> <li>○ Central warehouse renovations; liaised with landlord to improve on ceiling works, power connections. There is need for generator power back up.</li> </ul>	Renovations to be complete in a week, UNHCR to facilitate relocation of generator at Bidibidi reception HC to warehouse <b>[PHO]</b>
<b>CUAMM</b> <ul style="list-style-type: none"> <li>○ ITC in Midigo has been functionalized with support from CUAMM,</li> <li>○ Refurbishment for ITC facility at Yumbe HCIV to start soon</li> </ul>	

<ul style="list-style-type: none"> <li>○ CUAMM willing to support establishment of ITC in Yangani especially with ITC kit</li> <li>○ Supplied district with reporting tools</li> <li>○ Held Midwife dialogue meeting</li> <li>○ However, it has been noted that Nutrition data reporting is still poor at facility level, there is shortage of water in Zone 4</li> </ul>	<p>Discussion on functionalization of ITC in Yangani referred to Nutrition working group meeting scheduled for second week of Feb</p> <p>Nutrition partners urged to avoid using parallel reporting tools; to ensure use of HMIS tools available at facilities <b>[ACF, CUAMM, SCI]</b></p> <p>To engage WASH partners to support HFs with reservoir tanks, with direct connection to piped water where possible <b>[PHO]</b></p>
<p><b>Global Aim</b></p> <ul style="list-style-type: none"> <li>○ Global aim was engaged in the recently concluded Hep. B vaccination in the host community, thus with experience to support Hep B vaccination rollout in the settlement</li> <li>○ However, expressed concern over availability of vaccines, screening kits</li> </ul>	<p>PHO to liaise with the DHO on screening kits, and other investigations especially for those found positive</p> <p>To share implementation plan for Hep B vaccination in the next meeting <b>[PHO]</b></p>
<p><b>HHI</b></p> <ul style="list-style-type: none"> <li>○ Continuation of physiotherapy and Occupational therapy services</li> <li>○ Receiving referrals from across all zones</li> <li>○ However, experiencing overwhelming number of patients; Insufficient supplies, manpower and equipment (especially traction beds) Inadequate tracking beds</li> </ul>	<p>Need to liaise with other partners for possible support for physical rehabilitation, especially new partners like Plan International which recently launched in Bidibidi and are currently assessing gaps in Health and Nutrition [for invitation in the next coordination meeting]</p>
<p><b>IRC</b></p> <ul style="list-style-type: none"> <li>○ Routine health service delivery ongoing across HFs,</li> <li>○ Received US delegation; held dialogues including with the district leadership,</li> <li>○ Warehouse stock card updating completed,</li> <li>○ Heightened VHF surveillance, distributed IECs, and held CMEs across HFs on RVF,</li> <li>○ IRC and DHT members held a staff meeting with Ariwa HC IV staff to discuss issues previously raised during dialogue meetings with community especially regarding poor staff attitude and neglect of patients</li> <li>○ Supported 2 HWs for Basic Epidemiology training in Gulu</li> </ul>	<p>Partners to organize more community dialogues, establish more feedback mechanisms <b>[all partners]</b></p>
<p><b>MSF</b></p> <ul style="list-style-type: none"> <li>○ Bolomoni HC attends to an average 600 OPD consultations per week,</li> <li>○ Noted increases in watery diarrheas and increased admissions in IPD especially pediatrics</li> <li>○ Infection prevention and control practices in place and CMEs for RVF</li> <li>○ Blood transfusion ongoing</li> <li>○ MSF will extend SGBV and Mental health activities across Bidibidi; first meeting with SGBV working group was held while a meeting with Mental health working group to harmonise on gaps will be held soon</li> </ul>	<p>Bloody diarrheas to be investigated to identify cause; partners urged to report on time for follow up <b>[All partners]</b></p> <p>Next SGVB is 7<sup>th</sup> Feb.2018, MSF to attend the next Mental Health working group; for proper identification of gaps and avoid duplication <b>[MSF]</b></p>

#### Agenda 4: Closure

The meeting closed at 13:20 pm and the Next meeting will be communicated.

.....  
**Eva Nabirye [Min. Secretary]**

.....  
**Samuel Onyait [Chairperson]**