



## IMVEPI SETTLEMENT HEALTH AND NUTRITION COORDINATION MEETING HELD AT OPM ON 22TH/FEBRUARY/2018

### AGENDA

1. Prayer/self-introduction
2. Communication from the chairperson
3. Review from the previous minutes/action points
4. Partner briefs/reports and commitments for next week
5. Discussion and way forward

### IN ATTENDANCE

Uganda Red Cross, MTI, UNHCR, SCI, OPM, MSF, UNFPA, TPO, CARE, ACF-Action Against Hunger

Agenda/item	Minutes/Observation	Reactions	Action points	Responsible IP
<b>Prayer/self-introductions</b>	<ul style="list-style-type: none"> <li>• Opening prayer was followed by self-introductions</li> </ul>			
<b>Communication from the chair/UNHCR</b>	<ul style="list-style-type: none"> <li>• Proposed for the shift of the meeting venue to the UNHCR meeting facility</li> <li>• RVF Alert: one case diagnosed positive in Bidibidi and all the 5 suspected cases from Imvepi were all negative upon testing</li> <li>• Trained 18 health workers with 110 VHT'S in RVF/VHF</li> <li>• Rolled out NCD's strategy and the settlement has 3 TOT's trained</li> <li>• Immunization campaign schedules for next March 2018</li> <li>• Training and assessment for the mosquito net hung-up campaign in April 2018</li> </ul>	<ul style="list-style-type: none"> <li>• Slots for NCD training only 3 that is 1 from each settlement</li> <li>• Training for more VHT'S can come in from other Partners</li> <li>• Balance score card based majorly of prescriptions matching MOH Uganda UCG</li> <li>• Partners encouraged to follow treatment guidelines of MOH Uganda</li> </ul>	<ul style="list-style-type: none"> <li>• Training of more partner health workers and settlement VHT's in NCD encouraged</li> <li>• Monthly follow up on quality of prescriptions</li> </ul>	<p>All partners</p> <p>UNHCR</p> <p>UNHCR &amp; MTI</p>

	<ul style="list-style-type: none"> <li>Balance score card findings: Overall scores Imvepi-68% Yinga-72% Zone 3-62%</li> <li>Balance score card findings: - quality of prescriptions for the patients Imvepi-75% Yinga-45% Zone 3-80%</li> </ul>	<p><b>Challenges observed from health facilities during balanced score card assessments</b></p> <ul style="list-style-type: none"> <li>Lack timers in consultation room</li> <li>Lack dry heat sterilizer-zone 3 (Addressed already)</li> <li>Stock outs of vaccines</li> <li>No refrigerator-zone 3</li> <li>Few staff trained in IMCI and BeMONC</li> <li>Microscope needed for zone 3,</li> <li>Lack of N95 masks</li> <li>Zone 3 has no standby Ambulance for referral</li> </ul>	<ul style="list-style-type: none"> <li>Follow up with DHO and District cold chain technician for possibility of a fridge for zone 3</li> <li>Planned meeting organized by UNICEF, UNHCR, MOH and DHO to discuss the situation vaccines in health facilities.</li> <li>MTI to follow up with pending challenges</li> </ul>	
<p><b>Review of previous minutes</b></p>	<ul style="list-style-type: none"> <li>Sensitization of the community through VHT's and community dialogue</li> <li>Lobbying for more tents and PPES for Yinga HCIII</li> <li>Number of NCD cases within Imvepi to be documented</li> <li>Monthly medicine consumption to be submitted to UNHCR every 5<sup>th</sup> of every month</li> <li>Follow up on nutrition support for PHA'S</li> <li>Brief CME to be provided to Red Cross volunteers on HBV</li> <li>Clearly define whether the SGBV cases are new or follow up</li> <li>Mobile clinics to be carried out in tank 76 once every week by SCI</li> <li>GRI referring hepatitis B cases to Yinga HCIII</li> <li>List of all health implementing partners within Imvepi to be submitted to OPM</li> </ul>	<ul style="list-style-type: none"> <li>Dialogues to be done through the community</li> <li>There is no nutrition supplements for PHA's currently in Imvepi settlement.</li> </ul>	<ul style="list-style-type: none"> <li>Health partners to attend integrated community meetings in the settlement.</li> <li>Monthly medicine consumption to be submitted to UNHCR every 5<sup>th</sup> of every month</li> <li>Mobile clinics to be carried out in tank 76 once every week by SCI</li> <li>List of all health implementing partners within Imvepi to be submitted to OPM</li> </ul>	<p>All partners</p> <p>UNHCR</p> <p>SCI</p> <p>UNHCR/OPM</p>

<p><b>Partner reports and commitments UNFPA</b></p> <p><b>URCS</b></p>	<ul style="list-style-type: none"> <li>• Work plans for training including MISP has already been submitted to MOH Uganda for approval. As soon as approvals are received the trainings will be rollout this year.</li> <li>• A consignment for RH kits from 2A-11 already cleared at Kampala ready to be dispatched</li> <li>• Dignity kits have been delivered to health facilities.</li> <li>• HIV testing kits in place in the district health office, requests can be made based on needs and requirements</li> <li>• Funding for midwives already secured to support them,</li> <li>• There is also an opportunity this year to provide ambulance services</li> <li>• MPDSR posts already discussed and committee to be trained in each health facility</li> <li>• Routine community based care and first aid activities through volunteers</li> <li>• Other partners have not expressed interest in training their staff for first aid. The same to schools.</li> </ul>	<ul style="list-style-type: none"> <li>• UNICEF trained TOT'S for MPDSR</li> <li>• Consideration should be made for kit 12 for Omugo health center IV as there is possibility of being functionalized this year.</li> </ul> <p>UNICEF trained 3 staff in MPDSR</p> <p>MSF-F training of staff in First AID starts this week.</p>	<ul style="list-style-type: none"> <li>• Training of health workers in MISP, MPDSR, CMR to be conducted after MOH approval of work plan</li> <li>• RH kits to be delivered to health facilities in the coming weeks.</li> <li>• Facilities in need of test kits should request through the District health Office for additional supplies.</li> <li>• Identify need for additional midwives and share with DHO Arua</li> <li>• MPDSR committee should be formed per health facility.</li> </ul>	<p>UNFPA/CARE</p>
<p><b>MSF</b></p>	<ul style="list-style-type: none"> <li>• 0 deaths recorded, AWD'S are on the increase (tank 66,59,110,34,56,63,24,109,15), no blood diarrhea</li> <li>• 14 births: 12 at health facility, 2 from home</li> <li>• Programs ending in March: EPI for new arrivals, TB screening, SGBV, mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Appreciate MSF-F for supporting activities</li> <li>• Any partners willing to take part up the following activities under MSF-F should do so</li> <li>• Look in to the AWD'S in under 5 years at different tanks: major causes were food preparation,</li> </ul>	<p>MSF-F will stop carrying out EPI for new arrivals, TB screening among new arrivals, SGBV/CMR, Mental health by 31<sup>st</sup> March 2018. Partners should plan to takeover</p>	<p>MSF-F, MTI, GRI</p>

	<ul style="list-style-type: none"> <li>First aid training by URCS for 70 staff in two groups starts this week</li> </ul> <p>Challenges</p> <ul style="list-style-type: none"> <li>Collecting data at health facility level</li> </ul>	<p>breastfeeding, water quality (water quality testing needed)</p> <ul style="list-style-type: none"> <li>Called upon other partners to collaborate with MSF-F surveillance team in collecting data in health facilities.</li> </ul>		
<b>CARE</b>	<ul style="list-style-type: none"> <li>Organized meeting in Yinga, Imvepi to strengthen the role of the HUMC in leadership and management of health facilities.</li> <li>Distributed digging kits (50-yinga, 40-imvepi)</li> <li>Trained 10 CBHFA'S on RH and they do sensitization</li> <li>14 community sensitizations carried out:673 people reached in point I, H, J</li> <li>Ongoing renovation of Yinga HC 2</li> <li>6 Community health outreach done in Yinga and Imvepi supported by CARE</li> </ul>	<ul style="list-style-type: none"> <li>Zone 3 did not receive dignity kits because</li> <li>The contractor renovating Imvepi HCII is taking long and interrupting services</li> </ul>	<ul style="list-style-type: none"> <li>Imvepi zone 3 to be considered for dignity kit distributions as the it has a population of 37,000</li> <li>Joint monitoring of the renovation works at Imvepi HC II to be conducted</li> </ul>	<p>CARE/UNFPA</p> <ul style="list-style-type: none"> <li>OPM, UNHCR and district engineer</li> </ul>
<b>SCI</b>	<ul style="list-style-type: none"> <li>Training of active VHT'S' for Omugo extension of Imvepi and rhino camp (1<sup>st</sup> week of March 2018</li> <li>Mobile clinic services conducted at tank 9,</li> <li>Integrated RH and EPI outreaches,</li> <li>Supported nutrition mass screening</li> <li>RVF: no deaths and no suspected cases</li> </ul>	<ul style="list-style-type: none"> <li>Mobile clinic activities to be continued at respective tanks named for cases of AWD'S</li> </ul>	<ul style="list-style-type: none"> <li>Training of active VHT'S' for Omugo extension of Imvepi and Rhino camp( 1<sup>st</sup> week of March 2018)</li> </ul>	<ul style="list-style-type: none"> <li>SCI</li> </ul>
<b>TPO</b>	<ul style="list-style-type: none"> <li>6 on PSS: 2 females and 4 males</li> <li>5 clients on depression: 3 males and 2 females and no case on SGBV</li> <li>2 cases of SGBV from Rhino Camp, 1 case of epilepsy with no report from zone 3</li> <li>12 cases handled last week</li> </ul> <p>Challenges</p>	<ul style="list-style-type: none"> <li>8 Outreaches to be conducted for psycho education</li> </ul>	<ul style="list-style-type: none"> <li>Partners should invite TPO during trainings of VHT's in order to equip them with basic mental health aspects</li> </ul>	<ul style="list-style-type: none"> <li>TPO</li> <li>SCI and MTI</li> </ul>

	<ul style="list-style-type: none"> <li>No tents for seeing clients</li> </ul>			
<b>WFP</b>	<p>Observed challenges in health facilities</p> <ul style="list-style-type: none"> <li>Limited storage facilities</li> </ul>			
<b>NUTRITION</b>				
<b>MTI</b>	<ul style="list-style-type: none"> <li>2-day MCHN activities to be conducted at point G</li> <li>3 deaths (1 death of a newborn presenting with a limb while on referral this week)</li> <li>Surveillance of RVF: Trained 18 on HF, RVF, trained 110 VHT'S last week Saturday</li> </ul> <p><b>Challenges/opportunities</b></p> <ul style="list-style-type: none"> <li>Linkage of nutrition beneficiaries after discharge to the community with livelihood programs and activities</li> </ul>	<ul style="list-style-type: none"> <li>Mass mosquito net hung-up campaign to be done</li> </ul>	<ul style="list-style-type: none"> <li>Training of Health Promoters on RVF/VHF</li> </ul>	<ul style="list-style-type: none"> <li>MTI</li> <li>Oxfam</li> </ul>
<b>ACF</b>	<ul style="list-style-type: none"> <li>Distributed potis, mama kits, wash kits for infants</li> <li>Hand washing demonstrations conducted and encouraged</li> <li>Follow up of IMAM beneficiaries</li> </ul>	<ul style="list-style-type: none"> <li>Table the integration on the livelihood programs to people</li> <li>Continued sensitization and awareness</li> </ul>	Continued sensitization and awareness on handwashing at health facilities and in the community	All partners
<b>OPM</b>	<ul style="list-style-type: none"> <li>Mass sensitization on RVF/VHF in communities</li> <li>Testing water quality per tank</li> <li>Ambulance problem in zone 3</li> <li>Called upon other partners to submit in work plans</li> <li>Called upon the other partners for coordination</li> </ul>	<ul style="list-style-type: none"> <li>Sensitization needed among the partners</li> </ul> <p>Challenge</p> <ul style="list-style-type: none"> <li>Variance in talking points while administering information to communities</li> <li>Request for data split for different settlements to help work better</li> </ul>		<ul style="list-style-type: none"> <li>All partners</li> </ul>
	Meeting adjourned at 01:10pm		Next meeting scheduled for 9 <sup>th</sup> /march/2018	<ul style="list-style-type: none"> <li></li> </ul>

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Emmanuel Kerukadho

Chairperson

Asc. Public Health Officer- UNHCR

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Afeti Dawin

Secretary

Health facilitator -URCS