

# IMVEPI SETTLEMENT HEALTH AND NUTRITION COORDINATION MEETING HELD AT OPM ON THE 8<sup>TH</sup>/FEBRUARY/2018

## AGENDA

1. Prayer/ Self Introduction
2. Communication from the Chair
3. Review of the action points
4. Partner briefs and commitments in the coming weeks
5. Discussions and way forward

## IN ATTENDENCE

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

Agenda item	Minutes/ observations	Reactions	Action Points	Responsible IP
<b>Prayer/ Self Introduction</b>	<ul style="list-style-type: none"> <li>• Opening prayer was followed by self-introductions.</li> </ul>			
<b>Communication from the chair (Dr. Emma – MTI)</b>	<ul style="list-style-type: none"> <li>• RVF: A suspected case in week 04 – A 14 year old female from tank 15, isolated in Yinka HC III, sample taken was tested negative for RVF and allowed home.</li> <li>• So far 3 suspected cases in Imvepi, all were tested negative for RVF</li> <li>• <u>VHF Alerts</u>: Surveillance continues. However, not all cases of nose bleeding should be taken for isolation. Additional signs and symptoms should be obtained through detailed history taking. The existing isolation tents at Yinka HC III can accommodate only a few suspected cases</li> <li>• <u>Mass Nutrition screening</u>: This shall be conducted in the next two weeks by CUAMM and SCI.</li> </ul>	<ul style="list-style-type: none"> <li>• RCWs and VHT's to be briefed on RVF such that they can disseminate the information to the rest of the community.</li> <li>• Community to be sensitised about RVF during dialogue meetings.</li> </ul> <p>Challenges at Yinka HCIII</p> <ul style="list-style-type: none"> <li>• Inadequate isolation facility</li> <li>• Staffs not adequately prepared</li> <li>• Challenges in feeding patients</li> </ul>	<ul style="list-style-type: none"> <li>• Sensitisation of the community on VHF/RVF through VHT's and RWC's and community dialogue meetings</li> <li>• Lobby for more tents and PPEs for Yinka HC III</li> </ul>	<p>All Partners</p> <p>UNHCR</p>

<b>Emmanuel - UNHCR</b>	<ul style="list-style-type: none"> <li>Health and nutrition coordination meeting: It is once every two weeks, partners should endeavour to attend.</li> <li>Balanced score cards: Concluded and report for HC III completed. Result shows prescription practices between 63 – 75% in line with MoH UCG</li> <li>VHF: Veterinary and health departments working together to address the challenge of VHF/RVF. Isolation facility should be established in each Settlement. This is to reduce on number of contact cases.</li> <li>Noted WHO supplied PPE to Arua District. To be followed up for distribution.</li> <li>Non communicable diseases: It is imperative to ascertain approximate number of cases of non communicable diseases including DM, asthma and HTN for proper planning and resource allocation.</li> <li>District coordination meeting: Organised for Tuesday 13/2/2018</li> <li>Monthly medicine consumption: This should be compiled by each IPs and submitted to UNCHR</li> </ul>	<ul style="list-style-type: none"> <li>Training of health workers on RVF in two weeks time</li> <li>Additional structures for isolation should be considered for settlement/ Zone III</li> <li>At triage, priority symptoms and signs should include abnormal bleeding from orifices. Ensure proper use of PPE</li> <li>Selected Health staffs to be trained on non communicable disease probably from 13/2/2018</li> <li>IPs invited to attend the coordination meeting</li> </ul>	<ul style="list-style-type: none"> <li>Follow up on PPE at the district health office such that it can be distributed to various facilities</li> <li>Number of NCD's cases within Imvepi to be documented.</li> <li>Monthly medicine consumption to be submitted to UNCHR by 5<sup>th</sup> of every month</li> </ul>	<p>UNHCR (Emma) &amp; MTI (Allan)</p> <p>MTI, MSF and CARE All IPs</p>
<b>Review of previous minutes</b>	<ul style="list-style-type: none"> <li>Incinerator at Yinga HCIII:</li> <li>Food for malnourished children under 5 years</li> <li>First Aid training by Red Cross: Requires identification of target groups to be trained</li> </ul>	<ul style="list-style-type: none"> <li>Work complete and awaits handover</li> <li>No information yet obtained from WFP</li> <li>PAG providing nutrition support for People Living with HIV/AIDS and other chronic conditions in Rhino Camp</li> <li>IPs to show interest and submit their request to Red Cross for this activity</li> <li>Schools should be considered such that some selected pupils and teachers are trained on first Aids provision.</li> </ul>	<ul style="list-style-type: none"> <li>Follow up on nutrition support for PHA's</li> <li>Each IPs manager to arrange for first Aid training of its staff</li> </ul>	<p>UNHCR</p> <p>All partners</p>
<b>Partner briefs RED CROSS</b>	<p>Activities:</p> <ul style="list-style-type: none"> <li>First Aid Education, 125 people reached</li> <li>ITN distribution: A total of 5025 ITNs distributed in</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate community awareness on HBV</li> </ul> <p><b>Ways forward:</b></p>	<ul style="list-style-type: none"> <li>A brief CME to be provided to Red Cross volunteers on</li> </ul>	<p>Dr. Emma MTI</p>

	<p>Zone II and Zone III</p> <p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• Management of Hepatitis B Virus (HBV) positive cases and sleeping sickness.</li> </ul>	<ul style="list-style-type: none"> <li>-Red Cross volunteers to be educated on HBV</li> <li>-CME to the health team</li> <li>-Counselling and guidance of HBV positive clients</li> <li>• Cases of sleeping sickness identified should be referred to Yinga HC III from where they will be transported to Omugo HCIV for management.</li> <li>• As well leprosy cases should be referred to Yinga HCIII</li> </ul>	HBV	
MSF	<p><b>Update:</b></p> <ol style="list-style-type: none"> <li>1. Disease surveillance activities ongoing</li> <li>2. <b>Week 4</b>, crude mortality rate for &lt; 5 years = 0.1, same as for &gt;5 years. Death of a neonate reported at tank 105, was delivered from home. One case of RTA reported, died before arrival to the facility. AWD = 47 cases &lt;5years and 10 &gt;5years Out of 14 community reported cases, 9 reached a health facility.</li> <li>3. <b>Week 5</b>, Crude mortality rate = 0.1 One death of &lt; 5 years old from tank 38 due to AWD and an elderly who died from point I</li> </ol> <ul style="list-style-type: none"> <li>• Leading morbidity = Acute Watery Diarrhoea</li> <li>• Bloody diarrhoea = 3 cases of &lt; 5years and 5 cases of &gt; 5years</li> <li>• <b>SGBV</b>: 8 cases registered, 1 case reported within 72 hours and 7 reported beyond 72 hrs.</li> </ul> <p><b>Challenge</b> Challenge with stool containers for transporting sample to higher facility for analysis.</p>	<p>For SGBV cases , not sure whether those are new cases or follow-ups</p>	<ul style="list-style-type: none"> <li>• Clearly define whether the SGBV cases are new or follow up</li> </ul>	MSF
SCI	<ul style="list-style-type: none"> <li>• Mobile clinics continued in Imvepi.</li> <li>• EPI/RH out reaches within Imvepi with a significantly remarkable turn up</li> <li>• The health team had a one day refresher training on HMIS/disease surveillance data tool management</li> </ul> <p><b>Planned Activities:</b></p>	<ul style="list-style-type: none"> <li>• EPI/RH outreach services is carried out twice in a week i.e. Tuesday and Thursday</li> <li>• A request was made by MSF to SCI to extent its mobile clinic to tank 76 since MSF no longer</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile clinic activities to be carried out in tank 76 once every week by SCI</li> </ul>	SCI

	<ul style="list-style-type: none"> <li>Community dialogue to sensitise them about SCI health activities and as well to get feedback from the community on the services offered.</li> <li>VHT refresher training</li> </ul>	<p>operates a health post in that area.</p> <ul style="list-style-type: none"> <li>The VHTs to be refreshed on basic health education shall be identified from the existing ones. This will be possible by liaising with MTI.</li> </ul>		
<b>GRI</b>	<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Routine primary health care ( EPI, ANC, OPD consultation)</li> <li>Average daily OPD consultation = 70 – 130 (a drop in the number of consultation as compared to the past months).</li> <li>Leading cause of morbidity is RTI</li> <li>Had mass screening for HBV infection: 2774 tested; 195 positive, and 2597 negative – were given 1<sup>st</sup> dose vaccine.</li> </ul> <p><b>Challenge</b></p> <ul style="list-style-type: none"> <li>What to do for those tested HBsAg positive????</li> </ul>	<p>More community sensitisation on HBV</p> <p>Harmonise with MTI to have GRI as a service point for ART</p>	<p>GRI was to refer all the Hepatitis B cases to Yinga HCIII for bookings and referral for investigations using abdominal Uscan, RFT and LFT's for eligibility for treatment.</p>	
<b>MTI</b>	<p><b>Activities for next week.</b> Curative and preventive nutrition services</p> <ul style="list-style-type: none"> <li>OTC – 59 cases of SAM, 90% refugees and 10% National</li> <li>MAM – 350, 79% Refugee and 21% National</li> <li>Preventive measures: 1463 children reached.</li> </ul> <p>Conducted a refresher training of staff in preparation for mass nutrition assessment. 18 cases of abortion reported in the month of January 2018</p>	<ul style="list-style-type: none"> <li>The screening exercise has started and will take 4 days. Results will be available in few weeks time. MTI and SCI in partnership in this activity. Other IPs called upon to join hands in support</li> </ul>	.	
<b>ACF</b>	<p><b>Activities</b></p> <ul style="list-style-type: none"> <li>Cooking demonstration in tank 7; 126 females and 16 males reached.</li> <li>Distributed hygiene kits to the community in zone II and conducted hand washing demonstration</li> </ul>	<p>The content of the kits included soap, tooth paste and jerry cans More hand washing demonstration in the coming weeks</p>		
<b>OPM Representative</b>	<ul style="list-style-type: none"> <li>Appreciated the IPs for organising the meeting and encourage a spirit of coordination of activities.</li> <li>Requested that a list of all health implementing partners in Imvepi should be availed to the office of the OPM</li> <li>Invited all partners present for interagency meeting at 3pm that day.</li> </ul>		<ul style="list-style-type: none"> <li>A list of all health implementing partners within Imvepi to be submitted to OPM office</li> </ul>	MTI

The Meeting was adjourned at 2:10pm. Next meeting to be held at OPM on 22/02/2018

**Chairperson**

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**Dr. Emmanuel**

**MTI**

**Minute secretary**

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**Dr. Eric Kidega**

**SCI**