



RHINO CAMP SETTLEMENT HEALTH AND NUTRITION COORDINATION MEETING HELD AT OMUGO HC III (MTI) ON THE 24TH OF JANUARY 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 ATTENDANCE

NAME	STATION	TEL: NO
Kalyegira Juma	TPO	0782043693
Dr Wadria Baker R	IDI	0772577552
Okwada Isaac	MTI	0787440157
Enosh Magumadi	MSF	0774930413
Mugume Roy	IDI	0781899879
Adrama Geoffrey Bob	AFI	0771484160
Dr Okutiru Jane	MTI Olujobu HCIII	0777884344
Iname Harouna	UNHCR – Arua	0789483093
Suzan Otim	MTI	0774256220
Kakyo Sandra	AFI	0771948008
Emmanuel Kerukadho	UNHCR- Arua	0789503981
Ronald Mutumba	SCI	0779220421
Okello Justin	SCI	0782048943
Akong Jackeline	CARE	0759209629
Olema Charles	CARE	0775441282
Augustine Omalla	Handicap International	0752004447

Agenda item	Minutes/ observations	Reactions	Action Points	Responsible IP
Prayer/ Self Introduction	<ul style="list-style-type: none"> Opening prayer was by Enoch Magumadi (MSF) which was followed by self-introductions. 			
Communication from the chair	<ul style="list-style-type: none"> <u>Food security update</u>: Draft report indicates that the GAM rate for Arua district is at 10.3% with a confidence rate of 7.8% - 11.8%. GAM rate for MAM stands at 9.8%. Final report is in the pipeline. <u>VHF Alerts</u>: Surveillance continues with a need to continue sensitizing HWs and VHTs on diseases of potential outbreak. <u>Balance Scorecard Assessment</u>: This is ongoing and is to be concluded within this week for Rhino camp. <u>Non communicable disease strategy training</u>: Planning for this training was ongoing. The training is important since 60% of burden in the communities is due to such diseases. <u>Maternal and Perinatal death TOT training</u>: This training is being organised by UNICEF. MOH and UNICEF are also organizing a training on VHF and partners will be updated on the developments. <u>Mental Health Working Group</u>: There's a need for MH partners to create a MH-WG since Rhino camp now has quite a number of MH Partners. <u>Introduction of Dr Harouna</u>: Dr Iname Harouna (PHO-UNHCR) was introduced to the partners present. 		<ul style="list-style-type: none"> HWs and VHTs to be sensitised about diseases of potential outbreak. Balance Scorecard assessment for Rhino Camp to be concluded within week 04. Analysis to be done in week 05 Mental Health Partners to create a Working Group. Dates for its meetings at Arua district and Camp level should be shared in next sitting. Nutrition Partners to create a Working Group. Dates for its meetings at Arua district and Camp level should be shared in next sitting. 	<p>UNHCR and All Partners.</p> <p>UNHCR</p> <p>Mental Health Partners</p>
Dr Harouna Iname	<ul style="list-style-type: none"> Database for non-communicable diseases has been created and will be shared with partners to track the burden of such diseases He also encouraged creation of working groups. These groups can sit once a month. <u>Vaccination campaigns</u>. Measles and Penta-3 vaccination campaigns have been planned for February 2018. Exact details will be communicated. 		<ul style="list-style-type: none"> Exact details on the vaccination campaigns to be communicated. Database on non-communicable disease to be shared 	UNHCR

<p>Review of previous minutes</p>	<ul style="list-style-type: none"> Balanced score card assessments for Rhino camp settlement will be in the week starting 22nd of January 2018 Child mapping exercise for vaccination status to be done for children under 5. Referral committees to review referred patients and maintain a referral database both in the camp and Arua. More CMEs on VHF. UNHCR to share the 3 W' matrix for the health sector. AFI to distribute VHT tools for reporting on community nutrition data to all VHT's in Rhino Camp settlement AFI, SCI, CUAMM to train VHTs in Rhino Camp settlement on nutrition assessment and screening and reporting. Meeting with staff of Siripi HC III to further address challenges Meeting between Rhino Camp HFs, MTI and AFI for full integration of nutrition and health activities and reporting of nutrition data. Meeting between the In-charge and data personnel to effect data into the HMIS106 UNHCR and OPM to organize community meetings to address ownership of village assets like ambulance, street lights among others. 6 outreaches to be supported per month by the Arua district in Odoubu and Siripi HCs in addition to CUAMM support Dr Jane, health assistants and public health team and to follow up on all cases of bloody diarrhoea in the community 	<ul style="list-style-type: none"> The assessment was kicked off and was to be concluded that week. Analysis to be done next week. Currently receiving tools for the child mapping exercise. Formation of referral committees is ongoing. The process cannot be finalised until ongoing transfers are completed CMEs on VHF are ongoing. Partners urged to remain alert. Draft of 3W matrix was shared with coordinators. Final version will be ready by next week. VHT training for Omugo to start on 25/01/2018. 48 participants expected. Meeting with staff of Siripi HC III was to take place at Yoro base on 24/01/2018 Meeting between the HFs, MTI and AFI happened. All partners attended. Nutritionists will move around to conduct trainings. Meeting between In-charges and data personnel was held. The meeting between UNHCR, OPM and village leaders happened. However, there may be a need to organize another meeting. Development of the outreach schedules is ongoing. Follow up of bloody diarrhoea is being done. Cases are being referred for stool analysis. However, there is a rise in AWD in Agulupi. 	<ul style="list-style-type: none"> Final version of the 3W matrix to be ready by week 05. AFI to communicate on VHT tools distribution. Schedules for outreaches to be supported by Arua district in Odobu and Siripi HCs should be shared. UNCHR to visit Agulupi to investigate AWD cases. 	<p>Emmanuel UNHCR</p> <p>Sandra AFI</p> <p>MTI</p> <p>UNHCR & MTI</p>
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	<ul style="list-style-type: none"> • CARE to fund the renovation of Imvepi HCII. • 800 more dignity kits to be procured and be distributed across all HF's 	<ul style="list-style-type: none"> • Handover to contractors for the renovation of Imvepi HC II to be done next week • Dignity kits were procured. Distribution to start next week. 		
Partner briefs IDI Dr Wadria Baker	<ul style="list-style-type: none"> • Gave a background on IDI's intervention in West Nile. He noted IDI majorly provides technical support and system strengthening of already existing structures. • Planned Activities for this year. <ol style="list-style-type: none"> <u>Trainings</u>: These will be mainly for Health Posts with a goal to transform them to community drug distribution points. <u>Support outreaches</u>: This will be done through Health Posts and accredited sites. • He noted that Refugees have low awareness about facts on HIV. He appealed to partners to organize community dialogues and health education talks on HIV. • He promised that IDI would update partners on their activities. 		<ul style="list-style-type: none"> • IDI to share details of its planned activities for the refugee settlement with UNHCR. 	IDI
TPO Kalyegira Juma	Activities for next week: <ol style="list-style-type: none"> 1. Strengthening existing WGs about mental health 2. Psychoeducation in Ocea, Odoubu and Ofua. 3. Outreaches in Ocea, Odoubu and Ofua. 4. Distribution of MH drugs to MTI 5. Adhere to referral pathways <ul style="list-style-type: none"> • There's a need to know the alcohol and drug abuse prevalence in the settlement since these two factors also play a role in SGBV cases that are currently on the rise. • There is a good report from the community on epileptic clients who are now on treatment. Challenge <ul style="list-style-type: none"> • TPO is receiving MH clients that were initially under MSF and on very expensive drugs. It's hard for TPO to take up such patients. 		<ul style="list-style-type: none"> • TPO and MSF to hold a meeting about MH clients that were under MSF's care. • MSF and TPO to involve community leaders to sensitize people about MSF's withdraw. • The chairperson emphasis sticking to MOH guidelines and standards of treatment. 	TPO and MSF
SCI Dr Justin	<ul style="list-style-type: none"> • Mobile clinics to continue in Omugo. • <u>Construction of Ocia HC III</u>: This has been completed. The HC to be equipped next week. The HF will be fully operational in 1-2 months' time. Mobile clinics to continue before that time. 	<u>Dr Harouna UNHCR</u> : Inquired about the number of MBA sites_SCI has in Rhino Camp. <u>Roy IDI</u> : Inquired on how Akinio HC makes referrals of HIV clients	<ul style="list-style-type: none"> • Ocia HC III to be equipped within week 05. • Community dialogue to be held on the opening of Ocia HC III. 	SCI

<p>Dr Ronald</p>	<ul style="list-style-type: none"> • Community dialogue about opening of Ocia HC is being organised. • A skeleton health team to start moving to SCI MBA sites in rhino camp to meet their health needs. • <u>Security Incidence</u>: Van carrying SCI staff was stoned twice in Omugo on 23/01/2018. Issue was reported to OPM. • <u>Mosquito net distribution</u>: This is ongoing at SCI MBA sites and HFs. • <u>Ambulance</u>: Ocia HC now has a state of the art ambulance on ground in Omugo. • <u>RH and EPI outreaches by Akinio HC</u>: These started last week with an outreach made in Ofua 6. An outreach in the host community of Ejoni parish in Uriama S/C was ongoing at the time of the sitting. • <u>Next week's plan</u>: Continue with routine activities and outreaches. 	<p><u>Emmanuel UNHCR</u>: Inquired on how the Ambulance would operate in Rhino camp.</p> <p><u>Dr Ronald SCI</u>: SCI has 5 MBA sites in Rhino Camp. HIV clients identified at Akinio HC are referred to Uriama HC (MTI) for care but reporting is done through Bileafe HC using the HMIS 105a.</p> <p><u>Dr Justin</u>: The ambulance will majorly operate in Omugo but can help in other parts of Rhino camp and Imvepi depending on its availability at the time.</p>	<ul style="list-style-type: none"> • Referral Nurses accompanying patients should always sit with the patient during transit and conduct monitoring of the patients conditions. 	
<p>CARE</p> <p>Akong Jackeline</p> <p>Olema Charles</p>	<p>Activities for next week</p> <ol style="list-style-type: none"> 1. Commence distribution of dignity kits. 2. Recruitment and training of community based facilitators. Shortlisting was done this week. 3. Integrated outreaches in the first week of February. This is to be conducted by MOH HWs in Yinga. 4. Commence renovation of a house in Imvepi HC 5. Continue sensitization on reproductive and maternal health. 	<p><u>Dr Harouna UNHCR</u>: Inquired on how distribution of dignity kits would be done.</p> <p><u>Jackline CARE</u>: Distribution will be through HFs and areas where new arrivals are being resettled will be prioritized.</p> <p><u>Emmanuel UNHCR</u>: Partners can interest themselves in a study to find the extent at which mama kits and dignity kits have an impact on the place of delivery a mother chooses.</p>	<ul style="list-style-type: none"> • Distribution of dignity kits to begin in week 05 • Recruitment and training of community based facilitators in week 05 • Renovation of OPD structure in Imvepi HC to begin in week 05 	<p>CARE</p>
<p>MTI</p> <p>Dr Jane</p>	<p>Activities for next week.</p> <ol style="list-style-type: none"> 1. Continue with outreaches. 2. Provide an update on formation of referral committees 3. Schedule a visit to Agulupi on 31/01/2018. 4. Dental camp in Ofua HC III. 5. Conduct interviews for new translators and cleaners. 6. Plan for the integration of EPI and nutrition services to improve KPI indicators. <ul style="list-style-type: none"> • <u>Request</u>: Omugo HC (MTI) and Olujobo HC have no isolation tents for TB suspects and yet the HCs have TB cases admitted. Partners urged to help if they can. 	<p><u>Emmanuel UNHCR</u>: Tricycle ambulance is managed by MTI and partners should coordinate with them in case they need to use the service.</p> <p><u>Enosh MSF</u>: Was concerned about the aeration of the ambulance.</p> <p><u>Isaac MTI</u>: Reassured partners that the ambulance was well aerated.</p>	<ul style="list-style-type: none"> • Update on formation of referral committees. • Planning for the integration of EPI and Nutrition services to improve KPI indicators. 	<p>Dr Jane MTI</p>

Isaac	<ul style="list-style-type: none"> • Omugo MTI clinic now has a tricycle ambulance for community based referrals. • Routine services to continue. 			
Handicap International Augustine Omalla	<ul style="list-style-type: none"> • He introduced himself and Handicap International's plan to the partners present. • Requested Partner to support Handicap Int. during its intervention in Rhino camp. 	<u>Emmanuel UNHCR</u> : Welcomed Augustine and Handicap Int. to Rhino camp.		
AFI Bob	<ul style="list-style-type: none"> • Noted much improvement in ANC attendance since the outreaches with MTI started. 130 mothers have so far been reached with this program. <p>Challenge:</p> <ul style="list-style-type: none"> • Malnourished HIV+ client under AFI's care is deteriorating on treatment. 	<p><u>Isaac MTI</u>: Deterioration of the HIV+ client could be due to the fact that he is now taking alcohol which may be affecting his adherence to medication.</p> <p><u>Emmanuel UNHCR</u>: AFI should liaise with other IPs like TPO since the client clearly has psychosocial issues too.</p>	AFI to liaise with TPO about Malnourished HIV client.	AFI & TPO
AFI Sandra	<ul style="list-style-type: none"> • Informed partners how the gender and protection sector in AFI operates. • Requested Partners to support AFI with IEC materials to enable it make sensitisation sessions more understandable to mothers. 	<p><u>Juma TPO</u>: TPO has good IEC materials. It will be glad to share with AFI.</p> <p><u>Jackline CARE</u>: AFI should join the GBV WG.</p>	<p>TPO to share IEC materials on GBV with AFI.</p> <p>AFI to start attending GBV WG meetings.</p>	<p>TPO & AFI</p> <p>AFI</p>
MSF Enoch Magumadi	<ul style="list-style-type: none"> • Thanked Partners for support rendered to the surveillance team. • Urged partners to share with him gaps created due to MSF's withdraw from Omugo for him to cascade them further. • <u>Water unavailability</u>: This has been constantly flagged in Omugo but has been rephrased. Sometimes the water supply is just controlled by the water committees in the community. <p>Challenges:</p> <ol style="list-style-type: none"> 1. Two tanks in Omugo were found to be without residual chlorine. 2. No feedback on VHF alerts made in Imvepi. 3. Most bloody diarrhoea cases identified have not been having their samples taken. However, challenges of cold chain in terms of transporting such samples is acknowledged. 	<u>Emmanuel UNHCR</u> : Acknowledged poor communication on the VHF alert. He informed Partners that the Physician who interfaced with the patient ruled out VHF.		
Meeting was adjourned at 1:45pm with the next meeting to be held at Olujobo HC III on 7/02/2018				

Chairperson

Emmanuel Kerukadho

Associate Public Health Officer-UNHCR

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Minute secretary

Ronald Mutumba

Medical Doctor - SCI

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