

MINUTES FOR HEALTH & NUTRITION SECTOR MEETING HELD ON 22ND /03/2018 AT UNHCR CONFERENCE

ROOM-IMVEPI

IMVEPI SETTLEMENT.

Agencies Present	Agencies absent with Apology
<ul style="list-style-type: none">• UNHCR & OPM• MSF-F, ACF, MTI, HI, URCS & CTEN	<ul style="list-style-type: none">• CARE International• Save the Children

Agenda

1. Prayer and self-introductions
2. Communication from chairperson/UNHCR
3. Review of previous action points
4. Partner briefs and plans for the coming weeks
5. Discussions and way forward
6. Joint monitoring exercise in Imvepi zone 3 health center.

Minute 1: Prayer and Self Introduction

The meeting commenced at 10:42am with an opening prayer from ACF and self-introduction. The meeting was chaired by UNHCR.

Minute 2: Communication from Chairperson/UNHCR

- The Chairperson commended members for the good work done, there has been noticeable reduced mortality rate compared to last year.
- Commended partners in community based care for working tirelessly towards behavioral change of persons of concern, there has been improved health seeking behavior.
- He informed the meeting that there has been an outbreak of meningitis in South Sudan and suspected measles cases reported in Amuru and Bidibidi. Partners were urged to be vigilant in identification of these illness and do mass education and CMEs in

that regard. Bearing in mind that POCs have freedom of movement. 117 cases of meningitis have been reported in South Sudan out of which 17 died.

- National Celebrations of world TB day shall be in Arua, all partners to attend, participate in mass screening in the settlement and also raise awareness among the population we serve.
- **UNHCR to share IEC messages with CTEN on TB talking points.**

Minute 3: Review of Previous Action Points

Action point	Update on actions taken
Training health workers on MIHSP&MPDSR	Activity is ongoing with MTI in the lead, MPDSR committees have been formed in Yinga and Imvepi HC. Guidance from UNHCR was to complete formation of committee and then have a half day induction training on roles. UNFPA/CARE to take lead in the training. Proposed to take place first week of April 2018.
RH kits to health facilities	MTI received 205 mama kits from UNHCR last week CARE not present to give update on the following ; Dignity kits-imvepi HC , Renovation works in Imvepi HC
Zone 3 Ambulance	URCS has an ambulance to support but pending official communication from MTI that is indicative the existing gap CARE and UNFPA also to support with ambulance hire
VHT training	Save the children trained 85 VHTs at Oxfam board room on basic VHT package , URCS also trained 20 VHTs on reproductive health and epidemic control
MSF handover process	Bilateral talks have taken place between MTI and MSF to hand over EPI and TB screening at Imvepi Reception by the end of March 2018. MSF but will take time to train the incoming MTI staff about procedures before they completely phase out. Mental health and SGBV services with MSF-F support will continue at reception.
Training Hygiene promoters on Rift valley fever (RVF).	Still ongoing by Red cross
Joint monitoring report on WASH and Health	MTI missed the WASH sector meeting but the report is ready and will be presented in the next scheduled meeting

Humanity and Inclusion	Taking up community based MHPSS in Imvepi zone 3 , (both Psychological and Psychiatry services) Psychiatry services to be delivered in partnership with PCAF.
CME on data entry - Nutrition	All facilities to give health talk about gap in nutrition data capturing, all nutrition data should be captured at OPD by all partners. CUAMM to train facility staff that don't know how to enter this data.
Hygiene at Point J market area	Nothing has been done yet, MTI (Atati) to follow up with Oxfam
Veterinary surveillance	No update, OPM still waiting for district veterinary officer
Unregulated drug shops in the settlement.	OPM tried to reach health assistant Odupi sub county, he has not turned up. UNHCR informed the DHO and regional NDA to regulate operations of drug shops in the settlements. OPM to follow up All partners urged to sensitize community about these unauthorized drug shops.

Minute 4: Partner Briefs

Update	Discussion	Planned activities
CTEN <ul style="list-style-type: none"> Awareness on RVF is ongoing and daily routine 	Suggested areas of information are meningitis, measles, TB, diarrhea, cholera	Routine work
MSF Surveillance report <ul style="list-style-type: none"> 3 deaths in week 10 and 1 in week 11 Hygiene in the market continues to be poor No partner has shown interest in surveillance. 	Uganda Red Cross Society and MTI to take over surveillance in the community.	Routine Activities

<ul style="list-style-type: none"> • MTI & MSF to work together beginning 29th March 2018 as they transition at Reception. • MTI to write a request for equipment needed for EPI from MSF-F <p>QUERRIES</p> <ul style="list-style-type: none"> • MSF queried on allegations of refugees having guns in the settlement , this was refuted by OPM as false allegations by media • Asked about accreditation status of sky lab & Clinic at point J Tank 2. 	<p>All POCs are disarmed at the border points, when they get to the settlement they are given tools to use for construction after they have been allocated a plot of land.</p> <p>UNHCR to follow up with district dispenser- sky lab</p>	
<p>UGANDA REDCROSS</p> <ul style="list-style-type: none"> • Community health activities are on going • Focus is put on prevention on STIs and clearing of breeding ground for mosquitoes. <p>Community concerns for discussion</p> <ul style="list-style-type: none"> • Health workers of Yinga and Imvepi segregate refugees when they come to seek care. • Language barrier 	<p>These health unit are manned by government staff, UNHCR to investigate and give feedback in next meeting</p> <p>Health practitioner to take time to explain to patient or seek translators</p>	<p>Follow up on pregnant mothers, food security and nutrition.</p> <p>Continue sensitization on community about drug adherence and usefulness of completing the doze.</p>
<p>Humanity and Inclusion (HI)</p> <ul style="list-style-type: none"> • Have started work in zone three 2 weeks ago , village 1,2,& 8 • Made 30 PSS groups and continuing to form more. • Individual psychotherapy is ongoing • Harmonization meeting with TPO still pending 	<ul style="list-style-type: none"> • Join hands with TPO to start a mental health working group • UNHCR gave ago ahead on implementation 	<ul style="list-style-type: none"> • Assessments of PSS groups • Routine MHPSS work

<ul style="list-style-type: none"> • To start psychiatric care in imvepi HC 		
<p>MTI</p> <ul style="list-style-type: none"> • Increased consultations with leading morbidity as malaria and RTI, • Admissions have increased in Imvepi and Yinga especially mothers although a few deliver in the community. • Massive HIV screening rollout started on 7th March 2018 with 968 screened, 10 positive. • Moonlight test on women’s day celebrations; 356 (29 nationals,327 refugees). Out of which 3 national and 3 refugees were positive. • Outreaches – HIV screening 254 screened 2 positive • Integrated nutrition services in Yinga 124 mothers screened and 1 positive, Tank 8, 234 and 1 +ve. • Outreach point J, H and C, and Odupi sub county sputum samples obtained from coughers of 171 screened, 105 presumed, 4 diagnosed. • EPI mapping Data collected not analyzed 	<p>UNHCR to share Obulamu posters</p> <p>To share report of the mass TB screening in next meeting</p>	<ul style="list-style-type: none"> • School health programs • Vaccination of partners • Continued outreaches
<p>ACF</p> <ul style="list-style-type: none"> • Distribution of water filters for IMAM beneficiaries • Follow up of 28 IMAM beneficiaries 		<p>Continue sensitization and follow up ACF and MTI to share schedules for school health to avoid clashing programs in same schools</p>

<ul style="list-style-type: none"> • Cooking demos reaching 104 females and 20 males • Continued with school health programs; planned 4 reached 1 		
<p>Joint monitoring exercise –zone 3 Imvepi HC</p> <p>Joint monitoring was done at Zone 3 health facility Imvepi settlement with partner representatives from UNHCR, MSF-F, MTI, Action Against Hunger (ACF), HI, URCS & CTEN. The team was well received by the in charge of the facility and the areas visited included; OPD, CONSULTATION ROOM, LAB, NUTRITION UNIT, STORE, INPATIENT UNIT, ANTENATAL, MATERNITY WARD, & the waste disposal area.</p>	<p>Findings;</p> <p>See report attached</p>	<p>Recommendations;</p> <p>Triage; Include mental health in the list of health services offered and displayed in triage Fill parameters of weight, height, oedema, MUAC in OPD register In triage, develop a list of medical conditions for immediate attention of the clinicians. Further analyze the reasons for reduced OPD attendance from 100 to 80 per day.</p> <p>In consultation rooms; practice hand washing; explain to patients health workers findings; open windows for proper ventilation; curtains</p> <p>Laboratory; lack of microscope Procedure room; need for additional waste bins Nutrition/ OTP; document defaulters and those tracked on a weekly basis.</p> <p>Medicine store; educate patients on how to take medicines; avail thermometers to monitor temperatures, provide additional pallets</p> <p>In patient; ensure windows are kept open; avail wide curtains, additional waste bins and hand washing kits</p> <p>ANC; requires additional waste bins, follow up with mama kits supplied from UNHCR; shelves for ANC</p>

		<p>Maternity ward; fast track installation/ connection of generator from UNHCR; additional waste bins; shelves for maternity</p> <p>Waste management area; supervise cleaners; SOP's/ job aids for management of placenta, incinerator and deep pit.</p> <p>Overall; fencing of the health facility</p> <p>Patient interview; reduce patient waiting time as one of the patients interviewed left without receiving services a day before.</p>
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UNFPA update

- UNFPA provides its supplies like mama kits through government of Uganda/ MOH through established health facilities
- Proposed a criteria of distributing dignity kit, not every new arrival qualifies

Below is the criterion of distributing dignity kits

- a) Priority goes to teenage mothers with a refugee status
- b) Any mother who is pregnant due to rape, or survivor of SGBV
- c) Assess for financial capacity , if they can't afford then give
- d) Widows
- e) HIV/AIDS positive mothers
- f) As a motivation all mothers who have completed at least 4 ANC visits

Communication from OPM

- OPM appreciated efforts of partners
- Partners to share their MOU for easy coordination, in question was ACF and URCS
- Partners to share work plans

Action points

- **UNHCR to share IEC messages with CTEN on TB talking points and Obulamu templates**

- **UNHCR to follow up with district dispenser on accreditation of sky lab and clinic**
- **UNHCR to investigate on discrimination against refugees practices at Yinga and Imvepi HCs**
- **OPM update on veterinary surveillance and authorized drug shops**
- **All partners to attend National Celebrations of world TB day shall be in Arua held on the 24th march 2018**
- **CARE to update the meeting on Dignity kits-Imvepi HC , Renovation works in Imvepi HC**
- **MTI to write an official communication to URCS about ambulance needs in zone 3**
- **Joint monitoring report WASH and health to the WASH sector meeting**
- **MTI to follow up on garbage issue at the market with Oxfam**
- **MTI to share EPI report**
- **ACF and MTI to share schedules for school health to avoid clashing health programs in same schools**
- **Joint monitoring exercise –zone 3 Imvepi HC**

Meeting was adjourned at 1:15pm.

Signed.....

Emmanuel Kerukadho

Asc. PHO- UNHCR

Signed:

Namara Dorothy

Humanity and Inclusion