

Minutes of the meeting of the health, nutrition and HIV/AIDS cluster

Date: 5th February 2007

Venue: World Health Organization Boardroom-Kampala

Agenda;

1. Communication from the chair,
2. Minutes of the previous meeting,
3. Update on community based disease surveillance (CBDS)
4. Reports from the working groups
 - a. Health and Nutrition
 - b. HIV/AIDS
5. CMIS
6. AoB

Summary of discussions	Decisions/action to be taken	Focal point
<p><u>Minute 1/07 (Communication from the chair),</u></p> <ul style="list-style-type: none"> • The meeting was called to order at 2:30 pm by the chairperson Dr. George Melville (WHO Country Representative) who welcomed members to the 1st meeting of health, nutrition and HIV/AIDS cluster in 2007 • He informed members that the new Humanitarian Coordinator has arrived in the country. He promised to invite her to attend the cluster meeting and address members • He informed members that there will be a Global Health Cluster meeting in Geneva on the 7th and 8th of February and Uganda will be represented by Dr. Lukwiya Michael (WHO) and Dr. Filippo Ciantia (AVSI). The purpose of the meeting is to share experiences with the members of the Global cluster on cluster roll out in the three pilot countries (Uganda, Liberia and Democratic Republic of Congo). • Epidemic outbreaks <ul style="list-style-type: none"> ○ Meningitis; <ol style="list-style-type: none"> i. Has affected 6 districts in West Nile region ii. A cumulative total of over 1,000 cases reported and 48 deaths iii. Vaccination is on going in Arua and Koboko districts 		

<ul style="list-style-type: none"> iv. The epidemic outbreak in Kotido is coming down, 5 new cases were admitted at the treatment centre last week v. Proposal for funding has been prepared and will soon be submitted to donor for funding o Cholera; <ul style="list-style-type: none"> i. Epidemic is coming down in all the affected districts. ii. 0 Cases have been reported in Pader district in the last 7 days, iii. Kampala has registered decline in the number of new cases of cholera iv. In Kitgum district the epidemic is confined to Kitgum town council • There will be a joint ECHO/WHO evaluation of WHO emergency response in Uganda. • As part of the evaluation, the team will hold discussions with cluster members on the 6th Feb 2006 at 2:00pm at WHO-boardroom. Members were invited to attend the meeting • Report on Karamoja <ul style="list-style-type: none"> o A team visited Karamoja to conduct a rapid assessment in the region. Major concerns were no access to emergency surgical care, poor coverage of EPI, poor HMIS/IDSR, under staffing at health facilities and low utilization of health facilities. The report will be circulated to members as soon as it is complete 	<p>Report to be circulated to members</p>	<p>Dr. Lukwiya Michael</p>
<p><u>Minute 2/07 (minutes of the previous meeting)</u></p> <ul style="list-style-type: none"> • Cluster performance report <ul style="list-style-type: none"> o So far only 7 members have submitted in their report o He urged members to submit in their report otherwise the draft will be circulated without their input o Members were informed that the last day for submitting in report was 7th Feb 2007, o Draft report will be circulated to members for comments on 9th Feb 2007 • Cluster website <ul style="list-style-type: none"> o OCHA has established cluster website, o Google share group has also been established, o Consultations are ongoing with OCHA to make presentation on cluster website in the next meeting 	<p>All members</p> <p>Dr. Orinda/Flavia</p> <p>WHO to coordinate</p>	<p>All members</p> <p>Dr. Orinda/Flavia</p> <p>Dr. Olu/Michael</p>

<ul style="list-style-type: none"> • 2007 cluster strategy and work plan <ul style="list-style-type: none"> ○ The following points were noted <ul style="list-style-type: none"> ▪ Cluster strategy and work plan for 2006 exist and there is no need to reinvent the wheel, ▪ What is needed is to review the 2006 cluster strategy in light of the current situation and cluster performance in 2006. ▪ WHO, UNICEF, WFP, UNAIDS, IRC, Malaria consortium, UPHOLD and AVSI volunteered as core team to draft cluster strategic document • Update on Karamoja <ul style="list-style-type: none"> ○ CUAMM <ul style="list-style-type: none"> ▪ Has posted a Doctor to Kotido, ▪ The doctor will among others support the district to reactivate Kotido HC IV ▪ Support EmOC activities at the health facility ▪ Plans underway to fly doctors from Matanyi hospital to Kotido HC IV ○ IRC <ul style="list-style-type: none"> ▪ Has opened office in Moroto district, ▪ Plans to conduct comprehensive assessment in the region, ▪ Has started HIV/AIDS program in the district ○ Malaria consortium; <ul style="list-style-type: none"> ▪ Plan to distribute(long lasting insecticides treated nets) LLITN through ANC, ▪ Plan for training health staff on ITN distribution is underway ▪ Assessment of malaria control interventions and interventions on diarrhea disease is underway ▪ Case control study for risk factors for contracting Leishmaniasis is underway ▪ Sero-prevalence study for Leishmaniasis ○ UPHOLD <ul style="list-style-type: none"> ▪ Plans to support child health activities, RH, and HIV/AIDS activities in the region ▪ Need to identify partners to work with • Sleeping sickness <ul style="list-style-type: none"> ○ See attached report 	<p>WHO to coordinate the meeting</p>	<p>Dr. Olu/Lukwiya</p>
<p><u>Minute 3/07</u></p> <p><i>(Update on CBDS)</i></p> <ul style="list-style-type: none"> • CBDS activities have started in two camps in Kitgum. The CBDS are sending in reports 		

<ul style="list-style-type: none"> Plans are underway to scale it up in to other areas in Kitgum During the training of CBDS persons in Kitgum most NGOs did not send representatives for the CBDS roll out. There is need for NGOs to participate in such activities CBDS activities are going on smoothly in all the pilot camps. All CBDS focal persons are working on voluntary basis. This is contrary to the belief that the spirit of voluntarism no longer exist. <p><u>Mortality survey</u> UDHS has been conducted in all regions of Uganda. Districts in northern Uganda have been over sampled and the results are soon to be released. It is therefore advisable to wait for the report from UDHS before deciding upon the need for another mortality survey</p> <p><u>VHT</u> Members were informed that there will be a one day stake holder meeting on VHT harmonization at Imperial Resort Beach Hotel Entebbe on the 14th Feb 2007 beginning at 8:00am. The objective of the meeting is to update stake holders and build consensus on the operationalisation of the VHT strategy.</p>	<p>Members are encouraged to attend</p>	<p>All members</p>
<p><u>Minute 4/07 Report from the working groups</u></p> <ul style="list-style-type: none"> Two working groups formed <ul style="list-style-type: none"> Health and Nutrition working group HIV/AIDS working group The health and nutrition working group held its first meeting under the chairmanship of WHO on the 29th January 2007. In the meeting, it was agreed that health and nutrition be joint together as one working group pending the decision of IASC <i>The HIV/AIDS working group</i>; consultations are on going with NACAES, UAC and UNAIDS for NACAES to chair HIV/AIDS working group. WHO made a presentation on cluster approach to members of NACAES during the last quarterly meeting of NACAES which took place in Adjumani. In that meeting it was agreed in principal that NACAES will coordinate the HIV/AIDS working group however, more consultations are still needed to harmonize the ToR of NACAES with that of the working group of the cluster. It was also suggested that since OPM is the 	<p>WHO/UNAIDS/ UAC to follow up</p> <p>Invite OPM to the</p>	<p>Dr. Olu/ Lukwiya/ Joyce Kadowa</p> <p>Dr. Olu/</p>

<p>co-chair of NACAES and are responsible for coordinating humanitarian interventions in the north, they should be invited to attend the next cluster working group meeting.</p>	<p>next cluster working group meeting</p>	<p>Lukwiya/ Joyce Kadowa</p>
<p><u>Minute 5/07 CIMS presentation</u></p> <ul style="list-style-type: none"> • UNICEF consultant made presentation on cluster information management system (CIMS) • CIMS will provide the humanitarian community with consistent, accurate and regularly updated information related to humanitarian beneficiaries (IDPs), their needs and the services that are being delivered to them. • The information will be used primarily by IASC cluster lead to support planning, monitoring and reporting. • CIMS will collect data of two type <ul style="list-style-type: none"> ○ monthly basis; district data base ○ Six monthly basis; random sample survey • Cluster needs to identify key indicators that can be collected on either monthly or six monthly basis to measure services and gaps • Members proposed that a small group be constituted to identify key indicators. WHO, AVSI, CUAMM, UNICEF and UPHOLD volunteered as members of this group • The group was asked to meet and give feedback to the cluster in the next meeting 	<p>WHO to coordinate</p>	<p>Dr. Olu/Dr. Lukwiya</p>
<p><u>Minute 6/07 AoB</u></p> <p><i>Avian flu</i></p> <ul style="list-style-type: none"> • The chairperson informed members that he has received report on suspected case of Avian influenza in Koboko district. • Samples have been collected for investigation. Result of the investigations will be disseminated to members as soon as it is available. <p><i>Indoor Residual Spray (IRS)</i></p> <ul style="list-style-type: none"> • Members were informed that Malaria consortium has conducting IRS in education institution in Kitgum and Pader district • WHO also informed members that it is planning to conduct IRS in the first week of March in IDP camps, military barracks and education institutions in the districts of Amuru, Gulu, Kitgum and Pader. 		

<p>Advocacy and sensitization of district leaders is complete in the above districts. Baseline entomological and environmental study is underway and funds have been released for epidemiological study</p> <ul style="list-style-type: none"> • All the above was being done with MoH in the know. There is need for coordination of interventions in the north to avoid duplication of activities. • It was therefore resolved that in future members should coordinate while implementing such activities <p><i>Cluster capacity building</i></p> <ul style="list-style-type: none"> ○ Pre-deployment course; Members were informed that WHO Geneva will conduct pre-deployment course for humanitarian actors this April in Russia. The PHPD course is an important step towards improving the capacity of the international humanitarian community in emergencies. The course is designed to give health and other professionals the public health, personal and operational skills they need to work as part of public health response teams in emergency settings. ○ Members were advice to consult http://www.who.int/hac/techguidance/training for further details. ○ Training for health cluster coordinators; WHO is planning to conduct a similar courses for health cluster coordinator. Details will be availed to members in the next meeting. ○ Members were informed that initial consultation has been made with the HAC team in Geneva to conduct training for cluster members on priority gap areas. However, there is need for cluster members to identify training needs before such plans can be executed. ○ Next meeting is scheduled for 5th March 2007 at 2:30 pm in WHO-boardroom <p>The meeting was adjourned at 04:30 pm</p>	<p>Members to identify training needs</p>	<p>All members</p>
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**Health Nutrition and HIV/AIDS Cluster Meeting, WHO Board Room, 05/2/2007
Attendance List**

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