

## Minutes of the meeting of the health and nutrition working group

Date: 29<sup>th</sup> January 2007

Venue: World Health Organization Boardroom-Kampala

Agenda;

1. Communication from the chair,
2. Presentation on VHT
3. Minutes of the previous meeting,
4. Update and discussions on
  - a. Cholera
  - b. Meningitis
5. Cluster report for 2006
6. Report on Karamoja
7. Strategy and work plan for 2007
8. AoB

Summary of discussions	Decisions/action to be taken	Focal point
<p><b><u>Minute 1/07 (Opening remarks and general comments),</u></b></p> <ul style="list-style-type: none"> <li>• The chairperson Dr. Olu Olushayo called the meeting to order at 02:00 pm</li> <li>• He wished members a happy new year and thanked them for support given during the Christmas period with the meningitis outbreak in Kotido.</li> <li>• Told members that they are two sub working groups:           <ul style="list-style-type: none"> <li>○ Health and Nutrition sub working group and</li> <li>○ HIV/AIDS sub working group</li> </ul> </li> <li>• Informed members that there will be a Global Health Cluster meeting in Geneva on the 7 and 8<sup>th</sup> February 2007. The purpose of the meeting is to share experiences with members of the Global cluster on cluster roll out in the three pilot countries of Uganda, Liberia and the Democratic Republic of Congo.</li> <li>• Uganda will be represented by Dr Lukwiya (WHO) and Dr. Filippo Ciantia (AVSI).</li> <li>• Dr. Lukwiya Michael, Dr. Filippo Ciantia and Dr. Luka (ICRC) were nominated by members to meet and prepare the presentation for the Global cluster meeting.</li> </ul>	<p>Dr. Lukwiya Michael to coordinate</p>	<p>Dr. Lukwiya Michael</p>
<p><b><u>Minute 2/07 (Presentation on VHT)</u></b></p> <ul style="list-style-type: none"> <li>• Mr. Paul Kagwa (Ass Com. Health promotion) made a presentation on integrating health promotion and behavior</li> </ul>		

<p>change communication for disease control (the village health team concept).</p> <ul style="list-style-type: none"> <li>• He said VHT concept was recommended as a strategy for community empowerment in Health Sector Strategic Plan,</li> <li>• VHT is the equivalent of Health Centre I and takes services nearer to the community.</li> <li>• MoH has training modules for VHT</li> <li>• On the funding of VHTs, the commissioner stressed on the need to pull resources together to ensure that VHTs are motivated and the need to incorporate VHT activities into district health plans.</li> <li>• On the VHT remuneration method, the commissioner said that VHT will be remunerated based on activity.</li> <li>• On the success of VHTs, the commissioner said that VHTs have been successful in Kabale where by they were instrumental in IRS activities, child day activities and improving latrine coverage from 25-80%</li> <li>• There is plan for holding a VHT harmonization meeting on the 14<sup>th</sup> Feb 2007. the objective of the meeting is to update stake holders and build consensus on the operationalisation of the VHT strategy.</li> <li>• Members were encouraged to attend</li> </ul>	<p>VHT harmonization meeting at Imperial Resort Beach Hotel Entebbe on the 14<sup>th</sup> Feb 2007. Members encouraged to attend</p>	<p>All members</p>
<p><u>Minute 3/07</u></p> <p><u>Update and discussions on Meningitis</u></p> <ul style="list-style-type: none"> <li>• Cumulative total as of 28<sup>th</sup> January 2007 is 1012 with 48 deaths.</li> <li>• Out of that Arua reported 830 cases with 24 deaths</li> <li>• The districts affected are Adjumani, Moyo, Koboko, Yumbe, Arua, Pader, Nebbi and Kotido district,</li> <li>• The health cluster response to the West Nile outbreak <ul style="list-style-type: none"> <li>○ Supported MoH to send a team to investigate the outbreak</li> <li>○ 1,500 doses of oily chloramphenical sent to West Nile region and Karamoja region</li> <li>○ Laboratory supplies, medical materials including IVF, giving sets, cannulas, syringes, needles etc sent to the affected districts</li> <li>○ Laboratory supplies</li> <li>○ Meningitis treatment guidelines</li> <li>○ 5 Million shillings given to each of the affected districts to support case management, active case search, training, specimen transportation and</li> </ul> </li> </ul>		

<p>community mobilization</p> <ul style="list-style-type: none"> <li>○ IEC materials for meningitis and a film van</li> <li>○ Procurement of vaccines</li> </ul> <p><u>Update and discussions on Cholera</u></p> <ul style="list-style-type: none"> <li>● In Kitgum district, the cumulative cases are 1670 and 31 deaths</li> <li>● The cases are now confined to Kitgum town council.</li> <li>● Pader district 145 cases and 15 deaths. No case reported in the last two weeks</li> <li>● Kampala district, cumulative total of 1057 case with 11 deaths. The epidemic is coming down.</li> <li>● In Ntungamo the cumulative total is 156 cases with 9 deaths</li> </ul>		
<p><u>Minute 4/07 (Cluster report)</u></p> <ul style="list-style-type: none"> <li>● Work in progress to write cluster report for 2006,</li> <li>● The current delay is that only 5 partners have submitted in their report,</li> <li>● Final date for submitting in cluster members report is 7<sup>th</sup> Feb 2007. Members should note that after that date the report will be submitted without their input.</li> <li>● First draft of the cluster report to be out on 15<sup>th</sup> Feb 2007</li> </ul>	<p>Members are asked to submit in their report</p> <p>Draft to be circulated to members for comments</p>	<p>All members</p> <p>Dr. Vincent Orinda/Brenda</p>
<p><u>Minute 5/07 (Report on Karamoja)</u></p> <ul style="list-style-type: none"> <li>● The trip took place-Mid December</li> <li>● Kampala team was composed of staff from MoH, WHO, UNICEF, WFP, CUAMM, AMREF, IRC and Caritas</li> <li>● The district team was composed of LCV chairman, CAO, DDHS, RDC and Head of Health Sub-district from the districts of Abim, Kaabong, Kotido, Moroto and Nakapiripirit</li> <li>● Priority problems raised were <ul style="list-style-type: none"> <li>○ Insecurity,</li> <li>○ Increase in incidences of gun shot wounds,</li> <li>○ Poor coverage of EPI activities,</li> <li>○ None functional health centre IV (EmOC and emergency surgical care)</li> <li>○ Poor health seeking behavior of the population</li> </ul> </li> <li>● Recommended priority interventions <ul style="list-style-type: none"> <li>○ Improve functionality of HC IV (renovate and make theatres operational to handle emergency surgical cases)</li> <li>○ Increase coverage of health promotion activities (child</li> </ul> </li> </ul>		

<p>days and support routine EPI activities)</p> <ul style="list-style-type: none"> <li>○ Strengthen EPR activities (training, drugs, equipments and support supervision and monitoring)</li> <li>○ Improve community participation in health promotion activities (training and mobilization)</li> <li>○ Support recruitment and retention of staff <ul style="list-style-type: none"> <li>❖ Incentives of staff</li> <li>❖ Motivation</li> <li>❖ Housing</li> </ul> </li> </ul>		
<p><b><u>Minute 6/07 Cluster strategy and work plan,</u></b></p> <ul style="list-style-type: none"> <li>○ A draft 2006 cluster strategy has been circulated to members for comments,</li> <li>○ There is no need to reinvent the wheel in 2007. what we need is to revise the 2006 cluster strategy and adapt that for 2007 bearing in mind the performance of the cluster in 2006</li> </ul>	<p>Circulate cluster strategy for 2006 for comments</p>	<p>Dr. Olu/Dr. Lukwiya</p>
<p><b><u>Minute 7/07 AoB</u></b></p> <ul style="list-style-type: none"> <li>● IRS in the North <ul style="list-style-type: none"> <li>○ Malaria Consortium is conducting IRS in institutions in Gulu, Kitgum and Pader,</li> <li>○ WHO is planning to launch IRS activities in IDP camps in Acholi and Lango region.</li> </ul> </li> <li>● Cluster capacity building <ul style="list-style-type: none"> <li>○ 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 advised to consult <a href="http://www.who.int/hac/techguidance/training">http://www.who.int/hac/techguidance/training</a> for further details.</li> <li>○ 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.</li> <li>○ 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</li> </ul> </li> </ul>	<p>Update on the training plan will be given in the next meeting</p> <p>Need for members to identify priority</p>	<p>Dr. Olu/Lukwiya</p> <p>All members</p>

<p>training needs before such plans can be executed.</p> <ul style="list-style-type: none"><li>○ Next meeting is scheduled for 26<sup>th</sup> February 2007 at 2:30 pm in WHO-boardroom</li></ul> <p>The meeting was adjourned at 04:30 pm</p>	areas	
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**Health and Nutrition sub working group of the health, nutrition and HIV/AIDS cluster meeting, WHO boardroom, 29/1/2007**

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