IAWG Advocacy/MISP Sub-Working Group Teleconference
Meeting Notes
April 29, 2015

Participants: Monica Onyango (Boston University); Carolyn Baer (CARE); Abdulraheem Yakubu; Habibat Sheidu; Bridget Nwagbara (FHI360); Sarah Knaster (IAWG); Matthew Kusen (IRC); Ali Doody (PAI); Sandra Krause, Mihoko Tanabe (Women’s Refugee Commission).

I. Who is planning to do what where in Nepal

- Carolyn mentioned that the first RH WG met in Kathmandu today, on April 29. UNFPA has procured RH Kits, and is currently undertaking health assessments to examine the extent of the damage. Please see annex (page 3) below for meeting minutes. UNFPA contacts are:
  - UNFPA regional humanitarian coordinator: Ms. Priya Marwah, marwah@unfpa.org.
  - UNFPA Nepal National SRH and humanitarian focal points: Dr. Shilu Adhikari; sadhikari@unfpa.org and Mr. Karki Hari; hkarki@unfpa.org.
  - UNFPA representative: Ms. Giulia Vallese, +977 1 5523880; Mob: +977 980 105 6001.

- Carolyn shared that CARE will be implementing the MISP in Gorkha, Lamjung, Dhading and Lalitpur Districts. Targeting 1.26 million people, CARE is liaising with UNFPA for RH Kits and hygiene materials to affected areas and is actively coordinating with the health cluster and SRH WG. Planned activities include:
  - Working with Female Community Health Volunteers (FCHVs) for clean delivery kit distributions, mobilizing communities to establish referral networks and encouraging pregnant women to continue seeking health services (ANC and institutional delivery).
  - Distribution of essential supplies for SRMH: Male condoms, clean delivery packages/kits; health facility delivery kits/supplies; and referral level (hospital) emergency supplies.
  - Work with UNFPA to deliver MISP activities, including focus on community mobilization.
  - Support to health facilities/birthing centres with equipment and work with midwives to support emergency obstetric care services and ensure effective referral systems.
  - Work with health cluster headed by Epidemiology and Disease Control Division, Ministry of Health and Population (MoHP).
  - Coordinate with other actors, to ensure referrals and communicate IEC materials for safe deliveries.

- Matthew updated that IRC is not planning an RH intervention in Nepal, but will support existing partners.

- Mihoko noted that the Association of Medical Doctors of Asia is UNHCR’s health implementing partner in the refugee camps in Eastern Nepal. They also provide RH service in other districts in Nepal, and have conducted MISP preparedness trainings in the past. It is unclear where they stand in the response for RH.
  - Action: Sarah to email IAWG steering committee members to learn about who is doing what where on RH in Nepal, and any challenges that the MISP SWG can help address.
Situation

1. 4 districts most affected; Gorkha, Dhading, Rasuwa, Sindhupalchowk
2. In almost all hard hit districts there are medical teams
3. Three district hospitals damaged
4. Ministry is working on assessment of the RH needs in districts once it is done will circulate the partners
5. For those agencies who are mobilizing the medical teams, the ministry planned separate meeting for registration (description of specialization, area of expertise and authorized license) and deployment to the needy districts and areas
6. RH Sub working group started working from today (29th April).
   a. Discussed on the possible modalities of support; such as minimum initial service package in emergencies in collaboration of ministry of health
   b. Possibility of working together with agencies
   c. Planning of mobile health camps, mobile health set ups
   d. Order of RH kits for 21 priority districts
   e. Through UNFPA big consignment of RH Kits coming on with delivery kits, mobile clinic logistics, and logistics of caesarian Section facility for hospitals
   f. UNICEF has also stocks of safe delivery kits and baby wrappers
   g. GoN has requested for procurement of some medicines to other agencies. The RH kits will also have some medicines so double check the quantity of medicines avoid duplications and if necessary additional amount then suggest for procurement
   h. Adding on the Chlorohexidine ointment for prevention of infection among newborns in the list of medicines to be procured

Needs

- Air lifting of obstetric emergencies an issue of advocacy with the health cluster/ministry of health
- Maternity care/service tents for hospital set up
- Shelter for lactating mothers and newborns for at least some days after delivery
- Tents for extended hospital set up. As the hub- hospitals (6 central hospitals are overcrowded and operating outside the building as well)
- Increase awareness about the location and service from hospitals which are operating nearer to them, increase awareness on prevention of outbreak
- Psychosocial counseling to the injured, victims and affected population