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| **Health and nutrition coordination meeting**  **UNHCR boardroom**  19th December 2017  **Agenda**   1. Introductions (Include attendance list) 2. Opening prayer 3. Communication from the chair 4. Individual partner updates 5. Updating of the health and nutrition sector gap analysis matrix – UNHCR with inputs from all 6. Consensus on the health sector coordination minimum standards 7. Uganda integrated refugee response framework – Next steps – MoH 8. AOB   Chaired by Dr. John Baptist (representing Charles Olaro) | |
| **Minute 1: Communication from the chair**   * Sent apologies for Dr. Charles Olaro * The purpose of the meeting is ensure full participation of all agencies & sharing ideas and challenges * The FSNA was concluded in November and results are ready and will be shared in a week’s time * MOH is finalizing the refugee response framework. The purpose is to ensure that services are provided according to MoH standards and meets international standards * Uganda was declared Marburg free following the Marburg outbreak * Urged Implementing partners and operating partners to acquaint themselves with the national health policies, standards and also get to know the key focal points/persons at MoH. | **Actions/Way forward**   * All implementing partners and Operating partners must attend the meetings * UNHCR will share the FSNA results in the shortest time possible * The refugee response framework will be endorsed by the senior management team at MoH before its put to play * Uganda is Marburg free |
| **Minute 2: Individual partner updates**  **UNFPA**   * Ambulances lack emergency kits. * Partographs are not being used Improve quality of care especially during delivery * Poor management of cold chain at facilities | * Equipping of the ambulances to provide the necessary emergency care during referrals * Partographs should be used in all health facilities to monitor deliveries * Health workers should be trained on EPI and cold chain management |
| **IRC**   * Structures are temporary and difficulty is in having a mid-level structure * Hard to work in plastic sheeting * HWs accommodating is wanting * Attitudes of health workers in public hospitals and Health facilities * Government facilities have few workers to extend services to refugees * Challenges in ARVs medicines for HIV patients. * HC II using a shelter of plastic sheeting to conduct surgical procedures | * MoH has recommended semi-permanent structures at health facilities in the refugee settlements * More accommodation blocks should be provided to staff * Health workers must improve on attitude and code of conduct while on duty * Support should be extended to government hospitals and health facilities where refugees access health services from * Quantification should include the refugee population * Work closely with the DHO and quantify for Refugees * Coordination with MoH is key and information should be channeled thru MoH |
| **MTI**   * Training in Emergency response preparedness * Distances and large populations in Rhino and HC IVs are not allowed to have blood banks and this will prevent providing better level services (Inter sos) * Salary increment by government should be considered in partner budgets | * Funds are being soured to equip one HC IV for referrals within the camps for locations over 50 km – assessment has already be done * Blood transfusion and bank is allowed in HC IVs – MoH – must have a fridge which is assessed and can keep blood safe * No official document is yet out to conclude the issues of salary increment for government workers |
| **AHA - Rwamwanja**   * Challenges are being faced while referring to Kampala * Partners are doing late referrals * Poor communication is required to ensure smooth operation and coordination * Specialized health services are very expensive to access in refugee settlements | * MTI can receive the referrals from South western region * MoH to discuss how to improve services at fort portal hospital * Partners are urged to refer early * A forum to discuss challenges being faced in service delivery to harmonize health issues should be established * A frame work by MoH to guide the quality of services being provided and partners need to be sensitized on the quality assurance according to policies of Uganda * MoU with local government to work together and are facilitating specialist to come to the refugee settlements |
| **MSF**   * MSF Holland is taking lead and MSF France will follow * Completed a CTC setting with additional latrines in the community and handed over * Given donations of 100000 cholera cases kits * Donated to Moyo hospital around 300000 euros to the partners to provide services * Supplies provided to HFs for Moyo and DHO to support other facilities * Donated medical supplies for up to 6-7 months for 2018 after handing over to them * Handed over water to Uganda red cross and distributes 400000 liters per day * 3000 mosquito nets distributed and the main concern of the community is lack of water * Staff handed dover are being terminated and affects service delivery * Will share observations and experiences. Coordination is a major issue * SGBV SOP , HWs have been trained to provide services but the document is not well implemented by partners | * Partners taking over from MSF should not threaten staff as this demotivates them from work * SGBV SOPs should be implemented * MoH to streamline the guidelines on SGBV treatment * All sectors including health and protection must join hands and respond to the SGBV care and treatment. |
| **CDC**   * Poor surveillance system in the refugee settlements | * District veterinary officer will be brought on board * Improving work force capacity in west Nile including surveillance * Piloting a system to capture and manage surveillance in the camps |
| **PCAP**   * Lack of staff to implement Mental health activities * Linkages need to be strengthened * Look internally and clearly indicate where the MH falls * Lack of mental health medicines | * Training of partner staff to implement the MHGAP * Partners need to focus on their strength and refer what they cannot handle * Ops need to supported to access Psychotropic medicines |
| **AMREF**   * Inadequate ambulances in Rhino and need more ambulances to support * Ideal HFs would be permanent and the sheets are not enough to cover the whole facility * Poor communication network that affects referrals and health service deliveries * 1 ambulance serve 50,000 people standard by MoH | * Semi-permanent structure (mid-level) that MoH has given a go ahead to build * MoH has been given 912 code for dispatching/command center for ambulances by UCC * Communication networks need to be improved including roads networks and telecommunication * More ambulances should be planned for and supplied to the refugees settlements |
| **UNICEF**   * Thru UNEPI solar drive and fridges storing 100 cubic meters of vaccine distributed in Yumbe * Procured 800000 doses of polio * 3 doses campaign for PCV will be conducted early in 2018 * Partner staff lack knowledge EPI | * Partners advised to go thru the system to procure fridges(UNEPI) * Mentorship to be provided stem thermometer are outdated and thumps thermometer can retrieve temperatures for up to 30 days before * UNEPI has included Refugee population into the annual forecast and the rest of the refugees will be getting vaccines routinely * Train health workers on EPI * Catch up campaign for Penta and one round of measles in January * IIP immunization in practice will be rolled out and trainings will be done in 2018 |
| **WHO**   * 997 VHTs being enrolled into community surveillance in Yumbe * An ongoing training in emergency response * Infection prevention and control training * Cholera supplies PPEs and medicines are being provided to refugees |  |
| **Minute 3: Health and nutrition sector gap analysis**   * 3w matrix should be updated and shared * Gaps analysis to be populated and shared | * Tor partners can leave comments on the template provided * Telephone and email contact * Include indicators to be factored in the fact sheet * Administrative systems should be reflected |
| **Minute 5: Uganda refugee response framework**   * The document should be circulated * Comments to be sent on mail and will be captured and incorporated by tomorrow * Structure to be harmonized and draft shared |  |
| **Way forward**   * Updates from all partners and focusing on challenges * A district must have already held meetings at district levels and only present in for of a report * Reports shared with the secretariat before the meeting * Template (format) should be provided to partners to share the issues – UNHCR * The meetings to be held monthly every last Tuesday of the month. * DHOs are highly recommended to come along with support from * Secretariat should come up with a Programme for joint supervision/review | |