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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
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| **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
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| **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
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| **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
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| **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
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| **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.
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| **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
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| **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
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| **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
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| **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
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| **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
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| **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
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| **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
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| **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
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