**Minutes of the Refugee Health and Nutrition Coordination meting – 06th June 2019**

**Venue: MoH – Lourdel tower boardroom**

**Time: 2:30 PM**

**Agenda**

1. Introductions
2. Opening remarks and updates on the Refugee Health Sector Response plan - **Dr. Olaro Charles**
3. Updates from the Reproductive health and HIV sub-working group – **UNFPA/UNHCR**
4. Presentation of the Palliative Care and Chronic Diseases assessment in Adjumani – **Makerere University school of Public Health**
5. Updates on the Food Security and Nutrition Survey – **MoH**
6. Mental Health and psychosocial working group updates – **Tutapona**
7. Updates from each of the health partners from the refugee operation – **All partners**
8. AOB

|  |  |  |
| --- | --- | --- |
| **Attendance List** | | |
| **Sno.** | **Name** | **Org/Dept** |
| **1** | David Wikes | **Tutapona** |
| **2** | Tom Aliti | **MoH – HSP** |
| **3** | Wadembere Ibrahim | **UNHCR** |
| **4** | Lagen Marjorie Judith | **WAR CHILD HOLLAND** |
| **5** | Ahmed Balayo | **UNHCR** |
| **6** | Ritah Nakigudde | **DFID** |
| **7** | Engwau Nicholas | **VSO** |
| **8** | Ray Otim | **APOD** |
| **9** | Pio Ndahilo | **ADRA** |
| **10** | Isaac Kabazzi | **UNHCR** |
| **11** | Albert K Lule | **MoH** |
| **12** | Namusoke Ruth | **MOH** |
| **13** | Samuel Malinga | **SAVE THE CHILDREN** |
| **14** | Alex paul tezita | **RMF** |
| **15** | Roy Asiku | **CARE INTERNATIONAL** |
| **16** | Akumu Jennifer | **URCS** |
| **17** | Ronald Nyakoojo | **UNHCR** |
| **18** | Daniel Bogere | **CDC** |
| **19** | Byarugaba Benjamin | **Humanitarian AID** |
| **20** | Dr Olaro Charles | **MoH** |
| **21** | Julius Kasozi | **UNHCR** |
| **22** | Innocent Komakech | **WHO** |
| **23** | Joe Collins Opio | **UNICEF** |
| **24** | Luyimbazi Tonnies | **CCM Secretariat** |
| **25** | Atfield Boehrings | **MTI** |
| **26** | Akiko Kobayashi | **UNHCR** |
| **27** | Joseph Akellot | **Health Right International** |
| **28** | Enid Mbabazi | **OPM** |
| **29** | Opia Vicky | **Peace Hospice** |
| **30** | Shivan N | **ACORD** |
| **31** | Atuhinde Muhini | **ACORD** |
| **32** | Dr Peter lachoro | **CUAM** |
| **33** | Evelyn Namubiru | **Humanity and Inclusion** |
| **34** | Constance Agwang | **Infectious Disease Institute** |
| **35** | Dorothy Adeke | **MoH** |
| **36** | Ronald Lubega | **IRC** |

|  |  |
| --- | --- |
| **Opening remarks and communication from chair**   * RRP was launched in January 2019 and need to form a steering committee and also set up a secretariat. Aliti has been nominated to coordinate the meetings * Validation of the health workers who are refugees and MoH will support in this * Partners should align their resources towards the same goal * Worked with KOFI and supported projects in Arua (Western region) | * A functional steering committee should be in place by end of June 2019 – Tom Aliti * Health facilities must be encoded in the MoH list but beginning with the permanent facilities – Dr. Olaro Charles * MoH and country Rep UNHCR has scheduled a meeting to discuss activities which are being done by partners – Dr. Olaro Charles * Health facilities in the refugee settlements should be upgraded according to the services being provided – Dr. Olaro * Districts should be helped to cost their plans * surveys should be integrated to have both refugees and Nationals – Tom Aliti |
| **RH updates**   * Had a coordination meeting with UNHCR -UNFPA received CERF funding starting 1st may lasting for 9 months * Received funding from UNFPA HQ for Kyaka and Nakivale * National strategy and implementation guidelines for sexual and reproductive health HIV and AIDs * Conducting pregnancy mapping by the VHTs and IPs that showed low FP methods uptake, high teenage pregnancy, home deliveries, late ANC visits * Field visit by PEPFAR mission to SW in Mid-June * Received support from IGAD to increase TB case detection and treatment | * Conduct a focus maternal death reviews - UNFPA * Pregnancy mapping and linkages to facilities - UNFPA * Monitor and share RH updates including stock status of FP commodities - UNFPA * Facility staff to adhere to criteria for distribution of dignity kits – MoH/DHOs * Pregnancy mapping will be tested outside the settlements - UNFPA |
| **Palliative care assessment in Adjumani**   * Patients with chronic life limiting illnesses and care givers were part of the study * Major causes of chronic illnesses included Musculoskeletal conditions, sickle cell, mental health, neurological conditions, progressive organ failures, HIV/AIDS and Cancer * Only 7% of the patients had access to morphine and 22% on analgesia * Low access to appropriate symptom control and palliative care services | * Palliative care should be integrated into planning and implementation * Involve community leaders * Ensure mental health and related trauma issues are fully integrated * Ensure a training curriculum is developed to train health workers, community VHTs and policy makers * Need for palliative care to the refugees * Need support for training VHTS and Health workers * Need to train the Nurses in the refugee settlements * Need for more funds for more oral morphine for the refugees * Morphine can be moved from high level health facilities to lower level health facilities as long as there is a trained palliative care nurse – All partners * Identify the health workers to be trained and then they will be sponsored for the training – All partners * Develop, disseminate and monitor indicators for palliative care integration and access to essential medications in line with the MOH and international documents such as SPHERE guidelines. - MoH * Ensure effective referral processes to support people in their own homes but also allow further management of complex problems. - MoH * Ensure adequate resourcing for this integration within MOH and humanitarian sector planning including for emergency response. - MoH * Continue to research palliative care in humanitarian settings to ensure effective planning and interventions - MoH |
| **FSNA updates**   * MHPSS Working group has been formed having humanitarian participants and also development partners * It will coordinate, understand Who is doing what where * Look for more resources and share experiences * Establish an annual work plan in the next TWG which is monthly on June 25th at 9:30 at LWF | * MPHSS TWG should contribute to the refugee health response plan and should share clear gaps that need funding – MHPSS TWG * Share with all the members a copy of the refugee integrated response plan - UNHCR |
| **Uganda country coordination mechanism – Global fund**   * CCM conducts quarterly meetings on behalf of IGAD since IGAD has no office in Uganda * Refugee constituency needs to be represented in the meetings and the partners can help identify who to represent | * No objection to the CCM idea and select who can represent. * Aliti will work with the CCM to come up with the criteria – Aliti Tom * Chairman write to refugee hosting districts to choose a leader to represent the refugees – Dr. Olaro Charles/Tom ALiti * Settlements have refugee leaders RWcs that can be used * CCM should send specifications of the person required for this CCM and share with partners - CCM * Use refugee associations which are already existing to represent the refugees * UNHCR to take lead to aid refugees to nominate three refugees from the refugee communities. Among these three, the steering committee at Ministry of Health to nominate one representative. * The representative is needed by 25th July 2019 |
| **Updates from partners**   * **VSO –** will conduct ASRH in Rhino camp * **ADDRA** is building a Hospital in Kyaka II settlement to be more than 100 bed capacity to start with OPD and emergency cases for 247 and the services will be * free of charge * **UNICEF** – received funds from CERF for Health, Education, Nutrition, WASH and Child protection | * Partner updates should be first item on the agenda – Aliti Tom * Next meeting will be on the 25th June. * **UNICEF** – will support the secretariat position role of operationalizing the HSIRRP |

**Compiled by:** Emmanuel Omwony