**Uganda Refugee Public Health Coordination Mechanism**

**Background**

Uganda hosts over 1,400,000 refugees in 13 Settlements located in 12 districts owing to its relative stability enjoyed by Uganda and the asylum seekers in an otherwise turbulent region. The asylum seekers and refugees are mainly from South Sudan, Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Kenya, Rwanda, Somalia and other States.

The Uganda operation drafted a 2016–2020 Protection and Durable Solutions Strategy which ensures that all elements of the country operation set their priorities through a protection and solutions lens. The vision for this Strategy, as agreed between the Office of the Prime Minister Refugee Department (OPM) and UNHCR, is to ensure that “*Refugees are protected by the Government of Uganda, live in safety and dignity with host communities, and progressively attain lasting solutions*”, and the five strategic objectives cover: 1)Protection including emergency response; 2) Peaceful co-existence with local communities promoted; 3) Self-reliance and livelihoods improved; 4) Social service delivery integrated with local government systems; and 5) Durable Solutions achieved.

In line with Strategic Objective 4 under which health (as part of social service delivery) is integrated with District Local Government (DLG) systems. A 4-pronged approach that will include:

1) Accreditation and alignment of refugee health care facilities so that they are recognized by the government;

2) Building the capacity of the health & WASH systems;

3) Strengthening strategic coordination at central and operational levels; and

4) Re-orientation of the roles of IPs more to support and less direct service delivery.

**Goal and Objectives**

**Goals:**

* To provide a platform for strategic engagement on ongoing crises, response and recovery efforts in Uganda
* To work in partnership to highlight and address major health issues contributing to high morbidity and mortality in the Uganda refugee operation.
* To identify and disseminate evidence-based strategies, guidelines and health information to members to improve humanitarian response in the Public Health sector and related areas of work.

**Objectives**

1. To identify key priorities and the required interventions for strategic direction and share relevant information, guidance and tools.
2. To advocate for evidence-based health interventions to address the refugee critical needs in Uganda
3. To disseminate timely health information from disease surveillance data to inform decision making
4. To facilitate collaboration, coordination and synergy among health partners and between health partners and other sectors
5. To advocate for increased resources to meet the health response plans
6. To strengthen communication and information sharing amongst UN agencies, government and humanitarian organizations at national, regional and districts level.
7. To support district health offices in coordination, planning and assessments.
8. To ensure harmonization, alignment, accountability and impact for refugee public health services
9. **Specific Tasks**

In line with the above objectives, the group will undertake the following:

1. Build consensus on health response strategies and issues in the Uganda Operation
2. Collate, analyze, interpret and disseminate health and Nutrition and epidemiological information
3. Facilitate and promote dialogue on and support the coordination of refugee Public Health issues and activities
4. Collaborate with other forums such as WASH, Site Planning, Shelter to ensure collaborative effort and synergy
5. Actively participate in MoH-led thematic meetings, Development Partner coordination mechanisms and ensure that health and nutrition issues are on the agenda and advocated
6. Foster joint resource mobilization plans for refugee and host population activities.
7. Provide strategic guidance to country level health sectors and partners including support to strengthen disease surveillance, emergency health preparedness and response planning and resource mobilization
8. Provide strategic direction to the guide refugee – host community health response
9. Coordinate and approve field assessments of the health sector response to refugees and host communities.
10. Build the district and national capacity for response of refugee hosting districts
11. Deployment of surge capacity to support district response overwhelming influx.

**Structure/Membership/Meeting Frequency**

**Structure:**

A quarterly country wide public health coordination meeting will be held (but frequency will be increased during refugee influx) and this will receive inputs from the regional health coordination meetings. The regional health meeting will receive in puts from the monthly settlement/district level refugee health coordination meetings.

**Frequency/leadership/membership**

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| --- | --- | --- | --- | --- |
| S/No | Meeting | Frequency | Coordinated by | Membership |
| 1 | National level Public Health Coordination | Quarterly | MOH & UNHCR | UN agencies, MoH, DWD, OPM, IP, OPs |
| 2 | Regional Public Health Coordination meetings | Quarterly | UNHCR Sub-Offices | UN agencies, MoH, DWD, OPM, IP, OPs |
| 3 | Settlement level Public health coordination meetings | Monthly | UNHCR or Sector IP | UN agencies, MoH, DWD, OPM, IP, OPs |

**Exchange visits**

Health partners will conduct exchange visits to settlements outside their implementation and learn from the best practices from their counterparts.

**Public Health Unit**

**UNHCR-Uganda**