



Minutes of the Refugee Health and Nutrition Coordination meeting – 25th June 2019

Venue: MoH – MoH boardroom

Time: 2:30 PM

Agenda

1. Introductions
2. Opening remarks from the chair – **TOM ALITI**
3. Reproductive Health TWG updates – **UNFPA**
4. Self Help plus assessment in Rhino – **HRI**
5. MHPSS TWG updates - **TUTAPONA**
6. Updates from Nutrition **TWG - UNICEF**
7. Updates from partners (including Ebola preparedness and response)
8. AOB

Attendance List		
Sno.	Name	Org/Dept
1	Onyanaga Daniel	Strongminds Uganda
2	Magaret Nagawa	Action Against Hunger
3	Constance Agwang	Infectious Disease Institute
4	Balikagala Magaret	Volunteer Services Organization
5	Akumu Jennifer	Uganda Red Cross Society
6	Wasereka Samuel	Health Right International
7	Yiga Peter	Andre Foods International
8	Christopher Orach	Makerere University School of PH
9	Leah Camach	ADRA Uganda
10	Hilde Camacho	ADRA Uganda
11	Benson Odong	Medical teams International
12	Namusoke Samalie	Nutrition Division MoH
13	Mariam Nakisembo	MSF – France

14	Herbert Kirinya	AHA
15	Ronald Nyakoojo	UNHCR
16	Evelyn Namubiru	Humanity and Inclusion
17	Ray Otim	AFOD
18	Enid Mbabazi	OPM
19	Julius Kasozi	UNHCR
20	Tom Aliti	MoH
21	Nakasi Cathy	AVSI Foundation
22	Etyang Edgar	Humane Africa Mission
23	Florence Turyahemerwa	UNICEF
24	Albert K Lule	MoH
25	Jesca Nsungwa S	MoH MCH
26	Justus kamugisha	Hunger Fighters Uganda
27	David Pikes	TUTAPONA
28	Yori Francx	Humanity and inclusion
29	Dr Joseph kabanda	CDC Uganda
30	Laura Ahumuza	MoH
31	Peter Kivinnike mukasa	UNFPA
32	Kahesi Yakobo	AHA
33	Emmanuel Omwony	UNHCR

<p>Communication from the chair</p> <ul style="list-style-type: none"> • The RRP has been signed and both hard and soft copies are available • Letters for nomination to the steering committee have been sent out • Mapping of partners to aid management has kick started. Communication has already been sent to the host districts to map partners using a designed template • Fast track of the accreditation of the health facilities to enable them be accredited • ToRs for the steering committee are to be shared 	<ul style="list-style-type: none"> • Partner mapping should be shared • Refugee representation in the CCM for should be conducted
<p>SH+ project in Rhino camp</p> <p>Women in Rhino Camp experience significant psychosocial distress, and SH+ is helpful for addressing that problem</p> <ul style="list-style-type: none"> • We saw improvements in psychological distress, depression symptoms, PTSD symptoms, self-defined problems, functional impairment, subjective wellbeing, but not psychological flexibility • We had difficulty engaging men in our pilot, and will now adapt SH+ for men separately • Women were interested in learning more about/utilizing SH+ skills 	<ul style="list-style-type: none"> • Adapt existing SH+ to ensure active engagement of male South Sudanese refugees • Should work together with other partners on ground to avoid duplication of services • Should implement with line with the existing country guidelines • MHPSS should take lead in scaling up the SH+ services to other locations
<p>RH updates</p> <p>There is a planned stakeholders meeting on SRH, rights and HIV in July focusing on maternal death causes and reporting and also come up with solutions, family planning and abortion will also be discussed</p> <p>World population day is upcoming and preparations are underway</p>	<ul style="list-style-type: none"> • The RH platform should coordinate with the RH&HIV technical working group and should be led by MoH • A sub-committee for refugee response should be created out of the Rh and HIV TWG to handle refugee response
<p>Nutrition updates</p> <ul style="list-style-type: none"> • Potential disruption of markets, limited access to food at the community level • Deterioration of the already poor nutrition status – • increased risk for acute malnutrition • Symptoms like poor appetite, weakness, nausea, vomiting, sore throat, dysphagia and diarrhea affect food consumption and/or nutrient absorption and retention • Ebola virus is present in breastmilk and can be transmitted to infants during breastfeeding if the mother has Ebola. 	

<ul style="list-style-type: none"> • 	
<p>One health project - IDI</p> <ul style="list-style-type: none"> ▪ District inception and planning meetings conducted <ul style="list-style-type: none"> ▪ For Arua and Yumbe ▪ Adjumani ▪ Maracha, Koboko and Moyo ▪ Baseline assessment of coordination and management structures conducted <ul style="list-style-type: none"> ▪ In 5 refugee hosting districts ▪ Structures in place, need strengthening ▪ At sub-county thru the SAC, one health surveillance teams set up <ul style="list-style-type: none"> ▪ Sub-counties in Arua, Moyo, Koboko, Yumbe and Adjumani ▪ Trained Health facility and sub-county human and animal health workers on event based surveillance <ul style="list-style-type: none"> ▪ 125 health workers trained in disease surveillance (20 VETS) ▪ 272 health workers mentored ▪ Strengthened and integrated NSTRS to include animal samples ▪ 8 hubs supported in the region ▪ Improved TAT to average of 48 hours, especially VHF suspected samples ▪ Increased number of animal samples collected from communities and transported National labs for analysis ▪ Local and central animal laboratory capacity supported <ul style="list-style-type: none"> ▪ NADDEC, ARVL and ARRH lab <ul style="list-style-type: none"> ▪ Identified, assessed and supported for preparedness as an ETU for the region ▪ Green and Red zones separated ▪ Doffing area constructed ▪ Suspect, probable, confirmed case units identified ▪ Water system improved ▪ Prepositioned supplies (IPC) ▪ Medical supplies to be prepositioned ▪ Facilitation of Arua district weekly DTF meetings 	<ul style="list-style-type: none"> • Align the activities with IOM and Red cross • Share reports with partners

<ul style="list-style-type: none"> ▪ In conjunction with WHO, Arua and Yumbe HWs trained in case management ▪ Conducted TOT and cascade training for PoE officers in Arua district ▪ Prepositioned assorted supplies to districts ▪ Support response to VHF alerts in the region ▪ Conducted population cross connectivity and PoE risk assessments in Arua, Zombo, Nebbi and Pakwach districts 	
<p>Updates from partners</p> <p>Red Cross;</p> <ul style="list-style-type: none"> • Red cross is assessing diseases in West Nile majorly focus on Ebola, malaria, RTI by strengthening surveillance in the communities, support mapping of pregnant women to help in referring for ANC services and ensure they deliver from HFs. Support HFs with dignity kits • Strengthening the response to Ebola majorly community sensitization and awareness in the communities <p>MTI</p> <p>Nutritional support;</p> <p>2 ambulances in Kyangwali and Mbarara</p> <ul style="list-style-type: none"> • Screening at PoEs and technical supervision to URCS teams at sites with no physical presence • Screening at Transit centres & communities • IPC training and supervision at Health facilities • IPC and PPE supplies • Transportation of samples for investigations (in May/ June tested 7 samples from suspects -6 -ves 1-ccf) • Ambulance services • DTF supervision • IPC and PPE supplies • Dedicated ambulance services on standby. • Logistical support • Direct Health Services in the event of an outbreak 	<ul style="list-style-type: none"> • Partner updates must come with figures (statistics) • Next meeting is 30th July 2019 all partners should come with annual performance report • All partners must submit a report by end of July 2019 for incorporation into the health sector annual performance report. • Next meeting is scheduled for 30th July 2019

Humane Africa Mission

- Carrying out Mobile medical theater
- How do u manage post operation care? Should be well managed and reported on

AHA

- Weekly task force meetings held, mass sensitization held 9 video shows held, VHTs trained technical staff and non-technical have been trained challenges of supplies like gloves, PPEs – AHA to submit a report on RH due to many rising issues

AFORD – doing MAM in Koboko working in 4 HFs targeting SFP and MHCN. Conduct messaging to refugees in Adjumani and Moyo

AFI – WFP partner –general food assistance in Kiryandongo and Rhino camp.

HI – targeting PWD, in 7 settlements – comprehensive approach for disability and vulnerability, physiotherapy, improvise devices.

Tutapona – MHPSS TWG

- Terms of Reference finalized and leadership established in June
- Work Plan drafting group meeting next week. Will establish goals and activities expected for the next year.
- 4w's mapping is in process. Requested deadline for partners' submission is next week. Will share with Health/Nutrition group after completed.
- Last MHPSS meeting updated participation at the Health and Nutrition
- Representation Delegation. Because MHPSS is a cross cutting sector there is need for representation at a number of meetings, but capacity (time/resources) for representation remains a concern. MHPSS has committed to representation at the Health/Nutrition Group and UNHCR Protection Group. Group has identified members active in SGBV, Child Protection, Education, and Peaceful Co-Existence that can represent the TWG on an ad hoc basis.
- Leadership of MHPSS TWG scheduled to meet with Dr. Hafsa on July 3rd and discussion alignment and coordination with Ministry of Health priorities.
- Following Feedback from last Health and Nutrition meeting we have a volunteer looking into how our group best aligns with National Health Response Plan.

Makerere University – Public Health

Public Health disaster management graduate course has a presentation on Friday – 29th June 2019 and invitations are sent out to partners to evaluate the matters of Public Health in Disaster management to improve the course

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Compiled by: Emmanuel Omwony