

## Health and Nutrition Coordination Meeting.

**Date and time:** 2th November 2017, 14:30 – 16:30.

**Venue:** UNHCR Conference Room.

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### Agenda items

- Annual Public Health Review Workshop by UNHCR.
- Nutrition Survey in Assossa and Afar camps by UNHCR.
- Update by ARRA
- Update by partners
- AOB

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Title of discussion	Discussions	Recommendation for action	Responsible
<p><b>Annual Public Health Workshop</b></p> <p><b>UNHCR</b></p>	<p>The main purpose of the workshop is to see the gaps and achievements of the year and plan for the next year. The broad contents will include topics in public health, HIV, nutrition and WASH. Specific topics will include topics such as Management of Acute Malnutrition in Infants (MAMI) by GOAL, the new and harmonized nutritional screening tool by UNHCR and the Standardized SOP for the implementation of Community Outreach Workers (COA), Comprehensive Refugee Response Framework (CRRF).</p> <p>The following issues raised from participants during the meeting were presentation of action points of the previous workshop, inclusion of refugee representatives in the workshop, the number of participants expected, the date of notification of participants and the submission of presentations.</p> <p>Action points of the previous workshop will be included. The total number of expected participants will be 65. Each organization will be represented by 1 or 2 participants and due date for notification of participants will be Tuesday. Each organization should select the appropriate participant and contribution of participants from the field is highly valued.</p> <p>It is logistically challenging to include refugees at this point of time. Refugee participation was mostly ensured in the mid-year review and Participatory Assessment. However, if there is great need, urban refugees may be</p>	<p><b>Include action points of the previous workshop</b></p> <p><b>Notification of proposed participants</b></p>	<p><b>UNHCR</b></p> <p><b>Partners</b></p>

	<p>considered. In future, refugees will also be part of the Preparation of the Public Health strategic Document which will end at 2018.</p> <p>The SOP on the COA another point of discussion and is expected to bring a major change on how we are implementing the outreach work.</p>		
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<p><b>Standard Extended Nutrition Survey (SENS) in Assossa and Aysaita camps</b></p> <p><b>UNHCR</b></p>	<p>The survey result shows decrease in Bambasi and Sherkole. But increase in Tongo and Tsore. Out of the five camps including the new camp Gore- Shombola, the GAM in the three camps are below 10%. Assossa camps experienced ration cut. Among Eritrean Afar, in both Barahale and Aysaita, the GAM and SAM showed increase in in spite of no ration cut and no significant change in population dynamics and continuous registration exercise in which all the new comers benefit from food distribution therefore no impact of the new-comers on the existing case-load. The assumptions thought as possible factors for increase in GAM and SAM is Afar camps were high degree of interaction with the local community with significant back and forth movement between the local residences and the camp, high sharing culture, sell of ration to diversify food and persistent drought and high preference for sugar which very expensive . On the other hand, refugees in Assossa have wider options for coping such as availability of stable market, involvement in the local agriculture activities, work opportunities such daily labour and better provision of non-food items.</p>	<p><b>Conduct casual Analyses on the possible cause of increase in GAM and SAM.</b></p> <p><b>Follow up with both Assossa and Afar cases and comeback with feedback in the next meeting.</b></p>	<p><b>UNHCR</b></p> <p><b>UNHCR</b></p>
<p><b>Mission to South Omo</b></p> <p><b>ARRA</b></p>	<p>So far, more than 2,700 Sudanese refugees were registered in South Omo. However, the wereda estimate of asylum seekers is more than 8000 and therefore registration is going on by ARRA and UNHCR protection team. The wereda is very supportive to the refugees and, for example, they provided non-food items from the safety net programme. Food distribution for the month of October was undertaken for the registered 2,700 refugees. With regard to provision of healthcare services, the plan is to support the local health facility which is currently having 4 nurses, 2 midwives, 1 druggists and 1 laboratory technician. ARRA will continue to support the</p>	<p><b>Continue discussion with the region and zone to allocate adequate human resource</b></p>	<p><b>UNHCR/ARRA</b></p>

	local health facility without establishing a separate structure. However, referral is still a challenge that should be settled. Generally, the assistance given to the refugee is not that satisfactory and no NGO exists in the area that works on health		
<b>Evaluation of C-MAMI kits</b>  <b>GOAL</b>	Evaluation of C-MAMI kits was undertaken where it is operational in the local community	<b>Update on the outcome of Evaluation of C-MAMI</b>	<b>GOAL</b>
<b>Implementation of ROV</b>  <b>DICAC</b>	Started Implementing Refugee Outreach Volunteer (ROV) Programme to link refugees with the public health facilities used for referrals and facilitate referral care.		
<b>Ration update</b>  <b>WFP</b>	<p>WFP will introduce 19% reduction in ration as funding is not promising. However, there is no reduction in the size of ration for nutrition programme. Notification on ration-cut for general food distribution will be sent to the field.</p> <p>WFP will send November ration to South Omo refugee after receiving the population figure from ARRA. Last month ration was sent to 3000 refugees. The ration will consist of oil of 0.4 kg/month which is a relief standard in order not to conflict with the relief structure of the wereda. The refugee standard of oil is 0.9kg/month</p>	<p><b>WFP to provide update on the notification and ration cut.</b></p> <p><b>WFP to decide on the type of ration to be sent to South Omo refugees either relief or refugee standard.</b></p>	<p><b>WFP</b></p> <p><b>WFP</b></p>

<p><b>Health Facility Support</b></p> <p><b>Maternity Foundation</b></p>	<p>Maternity foundation supports health, WASH and maternal and child health components in Gambella camps where they are operating. Maternity Foundation will undertake mid-term review in Mid-November. They are planning to undertake need Assessment on MCH in Dollo Ado camps at the end of November to secure additional funding</p>	<p><b>Update with the progress made</b></p>	<p><b>Maternity Foundation</b></p>
<p><b>MSF-H</b></p>	<p>MSF-H is operating in Gambella and Shirie. MSF-H has started mobile medical service in Nguenyyiel targeting under-fives. Similar service was being provided in Pagag and at reception sites.</p>	<p><b>Update on the progress made during the next meeting</b></p>	<p><b>MSF-H</b></p>
<p><b>Health facility Support</b></p> <p><b>Doctors with Africa CUAMM</b></p>	<p>Doctors with Africa CUAMM has identified items needed for supporting the health facilities at Nguenyyiel with medical equipment. Also undertook bidding process for upgrading the water and infection prevention facilities such as placenta and sharp pits. Capacity building on hygiene and health promotion will be undertaken next week</p>	<p><b>Doctors with Africa CUAMM to update with progress made.</b></p> <p><b>Doctors with Africa to coordinate with Maternity Foundation on the type of medical equipment support to health facilities</b></p>	<p><b>CUAMM and maternity Foundation</b></p>
<p><b>AOB</b></p>	<p>UNHCR in coordination with ARRA to give training to ARRA and partner staff on 28<sup>th</sup> November 2017.</p>		