**LLITN meeting**

**Time: 9:00 AM**

**Date: 19th Feb 2018**

**Venue: UNHCR board room**

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| **Agenda**   1. Self-introduction 2. Communication from chair 3. The past experience 4. Current funding 5. Roles and responsibilities 6. Action plan 7. Distribution plan 8. Detailed budget 9. Risk management plan | |
| **Minute 2**   * MoH was awakened by the influx of South Sudanese in early 2017 * 3.5 million dollars was secured by Global fund for HIV, TB, Malaria specific for commodities including nets, ACT and RDTS other interventions like infrastructure, human resource was not supported. * Funds came with conditions such as accountability for all commodities that requires a risk management plan to be in place. * The nets distribution will be in a campaign mode and they beneficiaries must be encouraged to use the nets * NMS will be responsible for logistics. Receive nets at national level and store them. All the commodities will go through the national system. * There must be proper documentation to account for the commodities * Partner engagement with the IPs and how the MoH will engage with IPs especially for activities not funded such as monitoring and reporting | * Health facilities should document clearly how commodities will be used and provide a report * Distribution costs for nets were factored in the budget but no M&E costs * Commodities record must include batch numbers and are being recorded in all HFs for the 25% borrowed ACTs * Data must be disaggregated by refugees/Host population including nationality. * A template to be shared for reporting by the Technical team |
| **Minute 3: The past experience**   * Trainings are carried out by partners targeting VHTS, RWCs * Drama groups, demonstrations are done in the community to create awareness * School going children are taught in class on malaria and given tests of which the best performing children are given nets * Ropes should be distributed for tying the nets * Hang ups are done to avoid * Mark nets with UNHCR ID numbers to avoid selling the nets * Intensify BCC activities mainly after distribution. | * Nets should be marked with refugee ID numbers * BCC should be intensified before and after distribution * Must Action against Malaria(MAM) intervention targeting household held to be responsible for the health of their family members * Messages to address misconceptions about mosquito nets * Clear roles of all stakeholders should come out clear in the implementation strategies |
| **Minute 4: Current funding**   * Transparency is required * 100% accountability required * National database has been built and has details and contacts of every household that has received nets * 532,000 nets will arrive on 11th march 2018 in Uganda * Coordination mechanism should be in place. The national committee will be expanded to include UNHCR * Operation subcommittee that deals with logistics, preparation of district, Human resource in the camps and the refugees themselves. The will ensure that there will be availability of storage space for the nets. * The implementation guidelines is being updated to address that. Risks involve lost during receiving the nets in the country and delivery to the various ware houses * The refugees will be registered plus the sleeping spaces * Secondly is during departing the warehouse to the final beneficiaries * The structure is manned by human resource | * Receipts for nets shall be provided in the settlements * Police will be escorting the nets from the national ware house to settlements locations. * Police officer will be provided allowances to safeguard the nets during storage and during transportation and distribution. * Clear roles of district local governments should be shared for the distribution. * ACTS given to public HFs run by government should be properly accounted for providing details of refugees who were treated. Using the primary registers at the facilities. * Implementation guidelines must be completed by end of march * Trainings must have occurred by end of March * Distribution should be done by end of June 2018 * When will be final biometric number of refugees form UNHCR/OPM * Independent registers to be used to assess the number of refugees * Either a ration card or refugee IDs will be used to identify the refugees and asylum seekers. * Different IPs should participate in the implementation. As one is distributing, the other is doing BCC while verifying the nets hanged and results are compared at the end * Validation methods to ensure the data is consistent and reliable. * Implementing partners per settlement to be represented in the committee and contacts of each should be provided. * Clarification of funds flow should be provided * Next meetings should involve the DHOs. |
| **Minute 5: Roles and responsibilities**   * Update on the consumption of the 25% ACTs distributed * Initiation of the process should get started | * Consumption of the ACTs should be captured by nationality/Refugee status * Nationality of the refugees should be added onto the OPD registers * Treatment of malaria must be as per the guidelines of test and treat. An ACT per positive result RDT/Slide. * An updated list of UNHCR IPS shared and the IPs brought on board |
| **Minute 6: Distribution plan**   * 535625 nets expected to arrive on 11th march, RDTS arrived on 15th Feb, and ACTs will arrive on 23rd Feb. * 25% was already borrowed and distributed | * A line should be drawn between the old stock and the new ones * Health facilities that are not accredited should report under nearest facilities that are accredited. * Share list of HFs for accreditation and inclusion into the DHIS2 |
| **Minute 7: Detailed budget**   * Budget template should be shared to guide planning |  |