**Minutes of the Refugee Health and Nutrition Coordination meeting – 3rd December 2019**

**Venue: Lourdel MoH 4th floor boardroom**

**Time: 2:00 PM**

Agenda

1. Communication from the chair – MoH
2. HSRRP secretariat actions – Ibrahim (UNHCR)
3. IMAM review & FSNA updates – Isaac (UNHCR)
4. SRH, HIV & Family planning project in West Nile – Peter (UNFPA)
5. Study by the London school of hygiene and tropical medicines - LSHTM
6. ACF project interventions in Kiryandongo and Bidibidi - ACF
7. Project proposal under the World bank - MoH
8. Reports by partners - All partners

**Absent with apologies**

Dr. Kasozi Julius – UNHCR

Dr. Ibrahim Wadembere - UNHCR

**Attendance**

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| **Sn.** | **Name** | **Organization** |
| **1** | Ayikobua Emmanuel | IDI |
|  | Dr. Isaac Kadoowa | MoH (Chair) |
| **2** | Basemera Doreen | LWF |
| **3** |  Mukasa Peter | UNFPA |
| **4** | Lorna Muhirwe |  |
| **5** | Sandra Opoka | AFI |
| **6** | Nina Vitalia |  |
| **7** | SUMIT Karn | UNICEF |
| **8** | Sheila Natukunda | UNICEF |
| **9** | Adrian Ssali | SOLETERRE |
| **10** | Giovanna Gaiba | SOLETERRE |
| **11** | Andrian Ssali | SOLETERRE |
| **12** | Rubangakene Moses | MTI |
|  | Robinah Alwori | MTI |
| **13** | Andrew Kririma | AHA |
| **14** | Yakobo Kahesi | AHA |
| **15** | Margaret Nagawa | Action Against Hunger |
| **16** | Marriam Kisembo |  |
| **17** | Joan Nanyonja | AVSI |
| **18** | Ronald Nyakoojo | UNHCR |
| **19** | Kabaazi Isaac | UNHCR |
| **20** | Emmanuel Omwony | UNHCR |
| **21** | Elena Vicario | Action Against Hunger |

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| **Communication from chair**Meeting and steering committee meeting will be held in January and request is for the Secretariat to carry on with the monitoring activitiesThe joint monitoring meeting is already finalized and the findings will be shared in the next H&N meeting | Action* UNHCR to share the report from the joint monitoring in the settlements
* Partners urged to continue disseminating the HSRRP
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| **UNFPA presentation of ASRH project in West Nile and Acholi Sub regions-Peter Mukasa**Unmet need for FP in west Nile, private facility support**,** About 180 facilities, public and PNFP facilities to be supported. Commodities through ADS through JMS.HIV component is small, FP, PWDs, young people and refugees is the focus.Working with the additional partners and the Teenage pregnancy and high school drop outs. Sexuality education framework not yet availableSexuality education framework was approved, guidelines are near approval.  | * Components of HIV to be supported
* Need to ensure that district led interventions extend to the settlement based facilities
* Scale up of interventions or SGBV. Culturally sensitive information to be provided.
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| **Review of IMAM Guidelines and FSNA-Isaac UNHCR****FSNA**FSNA October bimodal seasons calendar ends in October**Discussion**Actions: WHO technical consultation in December 2019.Data collection Jan 2020, analysis Feb 2020 and dissemination of findings**ACF Margaret Naggawa Nutrition overview****Discussions**Family MUAC: Mother MUAC initially, target care group volunteers trained and conduct at HH, Fathers also empowered to conduct the MUAC. Given MUAC tapes**Stunting amongst refugee populations**: Refugee and Host community (70:30) within first 1000 days, pregnant and lactating to 2 years, host community also targeted. Cluster for screening, reporting disaggregated for host and community. MCHN package of many other services that increase uptake of nutrition services.Kits to mothers relapsed: Food security kits, promoting small scale farming. Olum approach 30X30 diverse foods being grown. | * Relapses avoided through sensitization of mothers, linkage to other services. Strong community health system.
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| **Updates from partners****MTI Updates**West Nile has adequate test kits. Receiving additional batches and canMost facilities have been accredited but credit lines sitting at finance. Re-distribution.Starting up health facilities: new settlement, distant areas cannot access and open up health posts, need for continuation.**Kyangwali**: Delayed honouring of requests by NMS. TB campaigns in the camp but with inadequate quantities. Redistributed whatever was available. Last 2 weeks have provided drugs to cater for the stocks.High attrition rates in West Nile. Arua operation, to school, DLG and other partners. March-May 10 clinicians left but recruited. Health infrastructure, many clinicians staying in tent. VHT activity report, improved with a number of indicators, fil in log most cases using Public Health Officers and. Kobo tool kit for reporting. MOH has given a go ahead to roll out. Presented to e-health TWG. Actions: Link to DHIS2, present**Humanity and Inclusion****The guidelines for** Mental health and PsychosocialCommittees gathering to form new guidelines | * MoH to update in the next meeting on the Mental health and Psychosocial guidelines readiness
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| AOBNext meeting will be on 7th January 2019 |  |