

Food Assistance Working Group Meeting

19 March, 2018

Attendance

	Name	Position	Organisation
1.	Marta Ortiz	Head EPRR	WFP
2.	Julius Kasozi	Public Health Officer	UNHCR
3.	Ojok Tonny Ongom	Prog. Assistant	WFP
4.	Nelson Okao	Sen. Program Associate	WFP
5.	Simbarashe Gava	Food Assistance Manager	World Vision
6.	Achayo Comfort Cynthia	Dep. Food Assistance Manager	World Vision
7.	Stella Adoch	Grants Compliance and Reporting PO	World Vision
8.	Robert Kalega	Refugee Livelihoods	WFP
9.	Siva Jamal	Programme Policy Officer, (Forced Displacement)	WFP
10.	Ting Huang	Retail Engagement	WFP
11.	Prudence Komujinya	Protection and Gender Officer	WFP
12.	Ndungutse Amos	Senior Nutrition Advisor	Doctors with Africa ,CUAMM
13.	MORE-CHEVALIER Sebaka	Deputy CD	Action Against Hunger
14.	James Bishesho	PRO	ADRA, Uganda
15.	Juliet Namayanja	M&E Officer	MTI
16.	Michael Chapman	Program Manager	MTI/US
17.	Nanungi Robinah	Nutrition Officer	AFI
18.	Alfhild Boehrinjer	Country Representative	Johanniter
19.	Ray Otim	Programme Advisor	AFOD
20.	Fisher Mike	NPM	SP

Issues Arising and Proposed Action

Agenda Item	Issues arising	Proposed Action/ Comments
Min I: Introductions	<ul style="list-style-type: none"> The meeting was chaired by Marta Ortiz from WFP. She communicated that the meeting had representation from nutritional partners and this is an arrangement expected to happen a quarterly basis. 	
Min II: Food assistance updates from WFP	<p>These were shared by WFP.</p> <ul style="list-style-type: none"> Food and cash pipeline is solid through March cycle and will begin to break in June, 2018 	<p>In the next meeting, two presentations will be made:</p> <ol style="list-style-type: none"> Corporate retail engagement strategy;

	<ul style="list-style-type: none"> • Super Cereal will only be provided to nutrition beneficiaries and hot meals for new arrivals • WFP funding shortfall of \$47m to August, 2018 • Six-month net funding requirement of \$120m • Some delays in WN due to logistics constraints • Direct distribution in 7 settlements since March • New food collection procedures (scooping) using biometrics piloted on 6 March and formally began on 7 March in Oruchinga • Cooperating Partners –Transition period in 7 settlements; CP selection for 7 settlements was put on hold due to current biometrics/food collection procedures changes; RFP will be reactivated in April • Food collection procedures; On-going discussions with the task force team (UNHCR-OPM-WFP), and donors • Corporate retail engagement strategy is being developed • Gender protection and cash-based transfer study: Rhino Camp and Rwanwanja end Feb/March (WFP-UNHCR) 	<p>2. Gender and protection cash-based transfer study.</p>
<p>Min III: Review of WFP Refugee Response in Uganda (Moving Forward)</p>	<p>Siva Jamal, WFP Rome staff, briefed participants about its future approach to refugee programming, underlining that it will work to uphold the basic principle of providing the <i>right</i> people, with the <i>right</i> assistance in the <i>right</i> way. In the short- to the medium term, WFP will focus its efforts on CRRF Pillar 2 (emergency response), hereby providing the necessary foundation for any progress on CRRF Pillar 3 (self-reliance). Key programmatic features include:</p> <ul style="list-style-type: none"> • The use of the digital platform for identity management linked to biometrics • An eventual shift to needs-based targeting • Scale-up of cash, linked to a retail strategy and financial literacy trainings 	

	<ul style="list-style-type: none"> • Nutrition sensitive programming and Social Behaviour Change Communication for nutrition • Implementation of the innovative WFP tool “3 Prolonged Approach (3PA)”, to strengthen the design, planning and coordination of programmes through multi-stakeholder/multi-sectoral consultation and coordination • Further enhancing contribution to refugee protection and accountability to the affected population 	
<p>Min IV: Nutrition activities</p>	<p>Supplementary Feeding Programme:</p> <ul style="list-style-type: none"> • Total enrolment is 33,249 (WN 25,620 and SW 7629) • Cure rates for all settlements was above the acceptable threshold of 75% • Default rates: Most settlements in WN had above 15% default rates • All settlements had below 10% non-response rates <p>Severe Acute Malnutrition:</p> <ul style="list-style-type: none"> • Total Enrolment 2,387 (Marasmus 1658, Kwashiorkor 676 and other 53) • Recovery rates: Imvepi, Kyangwali, Kyaka, Palabek, Palorinya and Rhino camp had below or border line rates of 75% • Default rates: Bidibidi, Imvepi, Kyangwali, Palabek and Rwamwanja had above 15% rates • Mortality rates: All settlements with exception of Kyaka (6%) had acceptable rates. <p>Maternal and Children Health and Nutrition: Average monthly clients 71,059</p> <p>GAM rates: Settlements in SW had below 4% while those in WN had above 10%</p> <p>Stunting: Most settlements in WN had acceptable rates of below 17%, SW settlements had poor rates of above 17% while Kyangwali had serious rates of 32.6%</p> <p>Anaemia:</p>	<ul style="list-style-type: none"> • Limited Referral mechanisms from SAM to MAM; need to engage UNICEF • What is the status of the FNS report; almost being completed, it was for final feedback including WFP on the Food security indicators. • There mismatch in some of the findings like for GAM, which is low for the district health information system • Need to have concrete plans for areas with high default rates; important to pick good lessons from other organisations such as strong follow up, linkages between the community and health centres, home visits, attaching VHT to defaulters. Despite implementing some of the above measures, the rates remained in WN due movement of refugees between settlements; important to strengthen relocation procedures to enable follow up. • Host community default rates affected by long distance to health centres and it would be good if TFP/SFP are extended to the host community in the future • Poor implementation of IYCF: important to target right people for training, translate guides local languages, strengthen social and behaviour change communication, strengthen livelihood since information without options limits adoption, strengthening the retail engagement to increase available food communities to be in markets • Important to streamline settlement and district data and reporting templates

	<ul style="list-style-type: none"> • Children 6 to 59 months- All settlements above 40% except Nakivaale and Oruchinga which fall between 20-40% • Women 15 to 49 years all settlements fall between 20-40% with the exception of Palabek, which is above 40% <p>Other Achievement:</p> <ul style="list-style-type: none"> • IMAM training – 125 partner staff trained • YCF training: 90 partner staff from WN • UNHCR – SCU Partnership to strengthen YCF implementation in refugee settlements • Improved service intake – MCHN • Complementary activities at settlement level <p>Challenges:</p> <ul style="list-style-type: none"> • Limited storage spaces at health facilities • Lack of waiting shades for clients • Inadequate staff in some health facilities against MCHN cliental • Double dipping in some settlements among MCHN clients • Week community components 	
<p>A.O.B.</p>	<ul style="list-style-type: none"> • Limited representation of Nutrition in the Health and Nutrition sector working; over 90% of the discussion is about health; • Frequency of participation for nutrition partners in the food assistance sector meeting. 	<ul style="list-style-type: none"> • Important for the nutrition partners to share issues for inclusion in the Health and Nutrition sector working group meeting; • Nutrition partners to continue being invited once in a quarter. • Important to communicate clearly to enable partners come with relevant staff regarding nutrition • Nutrition partners to suggest WFP/UNHCR/OPM on specific topics to be discussed every quarter (i.e. case studies, or activities implemented by partners, etc.) • Next FAWG to take place Monday 16th April 2018

Attachments:

1. WFP Update
2. Nutrition Presentation