

Nutrition Sub-Working Group Meeting 19th of January 2016
Updates and Action Points

Date: Tuesday 19th January 2016

Venue: SCJ Office-Amman

Time: 10:00 – 12:00

Agenda:

<ul style="list-style-type: none">• Introduction
<ul style="list-style-type: none">• Review of previous action points
<ul style="list-style-type: none">• IYCF support at the border (operational guideline and training plans) / UNICEF
<ul style="list-style-type: none">• Complementary food on the borders
<ul style="list-style-type: none">• MUAC Screening and Referral of Cases in the Community
<ul style="list-style-type: none">• Nutrition Survey 2016
<ul style="list-style-type: none">• SFP/OTP updates
<ul style="list-style-type: none">• Updates from the camps
<ul style="list-style-type: none">• Updates from other sectors / IYCF – Framework presentations
<ul style="list-style-type: none">• AOB<ul style="list-style-type: none">- Milk donation- Inter-sectoral linkages and coordination

Minutes:

Review of previous action points

• Micronutrient Impact Study:

- UNICEF waiting for donor's feedback. **(Still pending)**
- Could be linked with the nutrition survey 2016. **Action point: Discuss this in a separate meeting.**

• plumpy sup:

- UNHCR will seek for a 5 year approval for plumpy sup only if UNHCR plan for it.
- ICRC received approval previously on plumpy Sup and they have a supply.
- Previously, the NWG ordered a 6 month supply of plumpy sup. The quantity ordered will soon run out.
- UNHCR already received a 5 year approval for Plumpy nut. **Action point: UNHCR to send contact details of focal point with UNICEF.**
- UNICEF to seek a 5 year approval from JFDA. **Action point: Share with unicef quantities needed for one year "under 5 and PLW".**

• Collecting qualitative data according to agreed IYCF indicators:

- JHAS sent their data. SCJ finalizing June-December 2015 (SCJ have changed the IYCF tracker for 2016). **Action point: set a separate meeting.**

Jordan University Hospital (JUH) (follow up on F75 and F100)

- **Action point: JUH to share a list of ingredients available in order to share with global advisers.**

Discussion:

- Is there any added value for SAM children with complications to be referred to JUH?

- A unified protocol must be shared to all JUH staff.
- In the meantime referring to only JUH is the ideal situation.
- Building capacity of other hospitals is also important.

• **Agreed on/ Action points:**

- Continue monitoring referred cases to JUH: **(UNHCR and JHAS)**.
- A unified protocol must be shared to all JUH staff. (A protocol was shared; however it must be shared to all staff having different shifts).
- In the meantime referring to only JUH is the ideal situation.
- Building capacity of other hospitals is also important. (use the experience of JUH for capacity building of different hospitals)

• **Nutrition Surveillance in host community: Communicate with the 25 clinics to find out who will be committed to carry out MUAC screening, data collection and referral.**

- Training materials and reporting forms have been shared.
- Partners have shared their comments.
- Draft list of 25 clinics has been shared.
- Clinics will be divided between SCJ, JHAS, IMC and Medair.
- **Action point SCJ: The final list of clinics, with contact details will be shared, in order to start contacting focal points.**
- **Action point: SCJ to share a unified invitation message.**
- The aim is to finalise the trainings by the end of February 2016.

• **SFP/OTP:**

Malnutrition Cause questionnaire.

- A separate meeting was conducted between SCJ, JHAS and IMC to decide on a unified and simple questionnaire.
- The questionnaire will be added to cases files for extra info.
- The questionnaire will cover nutrition, hygiene, health and protection.
- The questionnaire was developed by JHAS.
- The questionnaire was shared for comments. **Action point: SCJ to share again for comments.**

Compiled SFP and OTP Data.

- Narrative was added to the graphs.
- **Action point: SCJ to share compiled graphs to the group.**

• Nutrition Survey 2016:

- MoH approved with close supervision by their side.
- **Action point: UNHCR will circulate approved letter sent by MoH / Done**
- **Action point: UNHCR will call for an interagency meeting to agree on the funding and who will be collecting the data.**
- A committee has been formed to approve and revise the questions and methodology.
- Proposed date is April 2016.

Updates from JHAS regarding coordination with IOCC:

- IOCC has a programme that will be implanted after Feb 2016. A List of SAM, MAM cases and PLW has been shared to be included in the food parcels distribution. **Action point: JHAS to share any updates regarding IOCC.**

•Agreed on/Action points:

- **NWG need to coordinate with FSWG. (WFP to raise this in the next FSWG meeting).**
- **To share with UNICEF a list of malnourished cases to include in their cash program (only in host community).**

• MUAC Tapes Supply:

- **Action point: SCJ to provide JHAS with under 5 MUAC tapes.**
- **Action point: IMC to check if they can provide PLW MUAC tapes to SCJ and JHAS.**
- **Action point: UNICEF to provide left over tapes to JHAS.**
- UNICEF has procured <5 MUAC tapes. However, they PLW tapes are not available.
- **Action point: SFP and OTP partners to share with UNICEF quantity of PLW tapes needed.**

	<ul style="list-style-type: none"> - UNICEF have started IYCF services in Rukban (provide health education and counselling services). - Population registered in Rukban is 16,000. (baseline is 20'000) - Children under 6 months. estimated in Rukban is 400 and 30 children in Hadalat (majority of children in Rukban). - Pregnant women are about 350 in Rukban. - 30-40/month deliveries inside the camp, while in Hadalat number of deliveries is 3-4/month. - In Rukban there are 3000 children under 5 years. - 9 nurses and 2 managers have started working in Rukban. 1 staff from RS SCJ team helped the team starting in Rukban. - No toilets, UNICEF is fixing the damaged toilet and installing new toilets for the staff within the next 2 weeks. - UNICEF will start working in Hadalat too when it is open. - SCJ and UNICEF conducted a 4 day IYCF training for the nurses and the midwives. The team also spent 4 days in Zaatari and Azraq with SCJ team. - Plumpy sup is high priority at the moment. (ICRC supporting with this until the new quantity arrives) - Donation of milk comes in occasionally. - WFP distributed 75,000 welcome meals through ICRC. This will carried out from Jan 2016 until December 2016. . As well as 17,400 food parcels are distributed. Usually ICRC distributed but when there is a gap WFP fills it. The distribution procedure and content is unclear. <p>Challenges:</p> <ul style="list-style-type: none"> - Policy at the borders remain unchanged this is due to security related issues.
Action Points	<ul style="list-style-type: none"> ● SCJ: To share meal content sent by ICRC. ● WFP: To share details of food parcel distribution (content and how often and what is being actually distributed on daily basis?) ● NWG to share with WFP if they have any food items they would like to add.

Updates from the camps	
	<ul style="list-style-type: none"> - Expired milk formula being sold in Za'atari camp market. - WFP items were sold in the market. MoH investigated this. - Translocation of the IYCF milk prescription/JHAS in Zaatari camp. It has been located to district 5. - In Apr 2015 JHAS and Medair conducted MUAC training for midwives and nurses in Zaatari RH clinics. Planning to conduct another one. - SCJ facing some issues with the milk prescription clinic in Azraq camp. - Complaints regarding welcome meals in Azraq reception area.
Action Points	<ul style="list-style-type: none"> ● SCJ: To share updates from the meeting with IMC regarding milk prescription. ● WFP: To share content of welcome meal being distributed in Azraq camp reception area.

AOB	
	<p>Inter-sectoral linkages and coordination:</p> <p>The NWG has to focus on the wash and food security sectors.</p> <p>Action point: NWG to share with SCJ any ideas on how the NWG could link with the wash sector.</p>
	<p>Milk donation /WFP:</p> <ul style="list-style-type: none"> - Saudi Arabia campaign has donated 4,000 tins of infant formula. This should not be distributed. If we do not utilise it in anyway, the Saudi campaign will distribute it randomly. - SCJ will use 2,000 milk tins to produce their IYCF nutrient dense snack. The reason why the 4000 tins were not used by SCJ is the small quantity of milk used to make the biscuit. Also a lack of fund to make extra quantities of biscuits. - Other partners need to manage the cost of using the other 2000 tins for making the biscuits. Estimated cost to produce 14000 Kg is 56,000 JD. - The tins will expire in June 2016. - Action point: WFP will check if they can manage the cost or use it for their biscuits. - Action point: Check if the Saudi campaign can cover the cost of making the biscuits. The biscuits will be labelled with the Saudi campaign and will be distributed at the borders (good visibility for them).
	<p>JHAS: An increased number of anemic mothers referred for delivery outside the camp. Therefore, a nutritionist will be available in Za’atari twice a week to follow up with mothers who are at risk of developing anemia and gestational diabetes.</p> <ul style="list-style-type: none"> - Action point: SCJ and JHAS to coordinate the referral of cases as SCJ will start the anemia program in Zaatari camp soon.
	<p>Next meeting: Tuesday the 16th of February 2016</p>

Attendants to the NWG Meeting on the 19th of January 2016:

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