

## Nutrition Sub-Working Group Meeting 17th of November 2015

### Updates and Action Points

**Attendees:** Sura Al Samman (SCJ); Shahd Bader (IMC); Buthayna Al Khatib, Midori Sato, Lucio Melawdri (UNICEF); Maysa'a Al Khateeb (USAID); Anusara Singhkumarwong (ACF); Elsa Groenveld (Medair); Ruba Abu-Taleb (JHAS); Dina Jardaneh (UNHCR); Zainah Arabyat (ICRC); Amalia Mendes (TdH-Italy), Reema Alnajjar (WFP).

Discussion point	Action Point
<ul style="list-style-type: none"> <li>• <b>Review of action points of previous meeting</b></li> <li>• Orientation session for health providers in Zaatari after the IYCF mission: One of the key recommendations from IYCF mission is organizing orientation session regularly.</li> <li>• <b>Micronutrient Impact Study:</b> Finalised concept note has been submitted to donors. UNICEF has received both positive and negative feedback; positively they are still considering it. However, they have commented that it is a large scale survey with a big objective. Also, previously vitamin A has been covered in the “2012 Jordan Family Population Survey”. Also, vitamin A will be covered nationwide in the next “Immunisation Coverage Assessment Survey” by UNICEF. Furthermore, the “2010 Micronutrient Deficiency Survey” has shown that there is a problem. Also cost of the survey is another issue. UNICEF responded the donors with suggestions to split the survey into two parts, 1) household survey. 2) Intervention, priorities, mapping and costs and an aim to improve micronutrient deficiency in Jordan.</li> <li>• NWG to plan for new quantities of plumpy sub after 6 months.</li> </ul>	<p><b>Will be conducted every 3 months.</b></p> <p><b>UNICEF waiting for donor’s feedback. (Pending)</b></p> <p><b>ICRC to check if NWG partners can use their clearance for ordering quantities of plumpy Sup.</b></p>

- Collecting qualitative data according to agreed IYCF indicators was shared. The plan is for IYCF partners to share indicators for January 2015 –June 2015 and June 2015-December 2015. However, JHAS has missed data for the first 2 months of 2015 due to the confusion of the definition of “beneficiaries reached”.
- Successfully completed the training on the management of severe acute malnutrition with complications to Jordan University Hospital. At the end of the training, there was a discussion with Dr. Fareed from JUH regarding the preparation of F75 and F100. According to JHAS, all raw materials are available; JUH would gladly accept assistance from someone with previous experience in preparing the formulas.

**Partners to provide data by end of august. (Pending)**

**Arrange for someone to help with F75 and F100 preparation (Briony from Unicef?). Also arrange for a visit to JUH after October the 27th to check if everything is on track regarding raw material/ UNICEF to provide feedback.**

**To communicate to all partners regarding referral to JUH. (Should be done after MUAC screening is integrated in clinics. However, JUH training should be updated in the next Amman HCM ).**

- **Nutrition Surveillance in host community**

- Integration of MUAC screening for children under 5 and PLW on a primary health care level (NGOs clinics),partners to agree on a unified training package with what is expected from the clinics to do, agree on a specific referral and reporting system , discuss possibility of duplication. A group from the NWG, has met and discussed the training package, reporting mechanism and a list of clinics (25 clinics) has been agreed upon (the minutes of this training has been shared).
- Discussions on weather this should be done with NGOs or MoH , discussion on including MUAC and acute malnutrition in the syndromic surveillance system , and ensuring that health providers are actually willing to do it for all children (avoid bias).
- This is already in place in some clinics, but needs to be done in a more systematic way.

**To finalise training package and to divide health centres for different partners to train.**

**Partners in the NWG will start training for NGOs clinics as a pilot for 6 months and then look into the possibility of training MoH on the long term.**

- **SFP/OTP updates/compiled data**

- April 2015 till July 2015 there was a significant increase in the rate of new admissions to the SFP in both Za'atari and Azraq . Diarrhoea is one of the reasons. It is important to take a closer look on the causes.
- During August 2015, the rate of new admissions into SFP has decreased (back to normal). During September 2015, SCJ used IYCF biscuits (date biscuits) instead of plumpy nut. This was only carried out for children not for mothers. The cure rate was similar to August figures when they were using plumpy nut. For Za'atari camp the cure rate was 97% and for Azraq camp the cure rate was 74.
- During October 2015, new admissions in camps have decreased in comparison to previous months. However, in the urban, new admissions have decreased in comparison to last month.
- A draft of the questionnaire was circulated. Received some feedback from UNICEF. HFIAS and HDDS guidelines must be followed to make sure the data is analysed correctly. It is suggested to use the individual Dietary Diversity Score instead of the HDDS. The questionnaire is finalised and has been shared.
- JHAS has discussed the issue of following up with cases in the host community, UNHCR has suggested to carry out an orientation session to IRC regarding acute malnutrition and referral pathway in the host community. It was agreed to report suspected cases to their supervisors and then refer to JHAS. Regarding follow up of current cases, JHAS has coordinated transportation with IRC. JHAS's nutritionist will start joining their mobile clinic in Irbid and Mafraq. However, JHAS is unable to coordinate with them in Ramtha due to cross cutting MDM's work. Also JHAS met with PMI regarding defaulters in Amman and Zarqa. They agreed to exchange lists of cases to include them as vulnerable to receive assistance through PMI.

**Agencies working on OTP and SFP to include comments about new admissions so that they are included to the graphs (every 3 months).**

**Agencies to start using the questionnaire (only for new admissions).**

**JHAS to find an agency to support in Ramtha.**

- **Nutrition survey 2016**

- During 2014, it was agreed to carry out the survey every 2 years. The recommendation of the 2014 survey is to repeat it during 2016. Given that the holy month of Ramadan will start during the first week of June, therefore the survey will have to take place during April 2016 and May 2016. Also based on the recommendations, given the condition the nutrition survey must take place due to WFP budget cuts and limited access to health care. The funds for the 2014 survey came from Unicef and the consultant was

**UNHCR to contact MoH to get more information on the approvals needed.**

recruited by UNHCR. The data analysis was carried out based on SMART methodology and the report was written by UNHCR's consultant. Recommendations of 2014 were mainly on anaemia, therefore, will anaemia be included in the 2016 survey. No anaemia interventions were carried out during the 2 year period. Therefore, there is no point in including it. However, Azraq camp was not included in 2014. NWG agrees that anaemia should be included in the 2016 survey. MOH should be included in all the steps of the 2016 survey.

• **Guidelines for use of Plumpy Sup**

As we are starting to use plumpy sup, we should have common agreement on the messages we are giving to beneficiaries and directions for use.

SCJ and JHAS worked on a draft by compiling info from the approved Jordanian protocols. It will be finalised and shared with the group.

Discussion on whether to use plumpy sup for malnourished PLW. JHAS will go ahead with providing plumpy sup to PLW due to JHAS targeting Syrians, Sudanese, Somalis and Iraqis. Refugees other than Syrians are in a very bad condition due to not having anything to eat.

Both JHAS and SCJ agree that Plumpy Sup or any other therapeutic food is not a sustainable solution. Also the very low GAM rate will not justify the provision of another product such as "plumpy Mum". Longer term solutions such as coordinating with agencies to support malnourished PLW by providing food parcels. (stopped at 54:26)

**To check VA guidelines and what is currently done in health centers.**

**JHAS to share # of Sudanese, Somalis and Iraqis who are malnourished.**

**Look into other agencies that could provide food parcels to malnourished PLW due to WFP budget cuts.**

## **Infant Formula on the Borders**

The NWG carried out a meeting at the beginning of September 2015. At the end of the meeting, Unicef concluded by saying they are planning to move forward with distributing infant formula. However, no further update has been shared from Unicef. The action points set in the meeting were shared.

Below are the main action points set in the meeting:

- To train health providers in Ruwaished Hospital.
- To make sure Ruwaished hospital has the capacity to assess mothers and prescribe infant formula.
- To have an orientation session on basic IYCF messages for the army and anyone who has direct contact with refugees.

ICRC does not support the idea of infant formula being prescribed in Ruwaished hospital because refugees are immediately transported from Ruwaished to Rabaa Al Sarhan. Therefore, this process could be carried out by SCJ team in RS. Also ICRC suggests that it would be more efficient if SCJ or UNHCR conducts the assessment in Ruwaished hospital as they will not be involved in this. ICRC hopes Unicef does not go ahead with the distribution as they will not be involved in any process.

Based on evidence from different agencies and especially from RS tracker, there is no need for RUIF. Having RUIF will cause many problems due to storage, usage and also the effect on other women who are breastfeeding. What is needed is to support the timely introduction of breastfeeding and nutrition education.

A position statement was developed by the NWG last year. It is now being updated and has been circulated for all agencies to share their inputs. The position statement conveys that there is no need for RUIF distribution and the current situation is the best case scenario.

UNICEF's plan:

**NWG to send comments on the concept note.**

UNICEF has taken into consideration the NWG's feedback and has decided to look into other options on how they can support. UNICEF shared the European guideline for refugees entering Europe *"Interim Operational Considerations for the Feeding Support of Infants and Young Children Under 2 Years in Refugee and Migrant Transit Setting in Europe"*. Save the children, Unicef and UNHCR globally have developed this recently. Although this situation is a different context as we are dealing with a military zone on the border. However, there are a lot of similarities, therefore it was decided to develop an idea called Mobile IYCF- E. This mobile IYCF service will carry out the same activities that are currently being carried out in the host community and camps. However, only in extremely exceptional cases, advocating for the children who are malnourished and who are not breastfed to be urgently transferred inside the transit centre but if security issues that are not under control don't allow that, there will be an alternative solution which is providing RUIF under qualified supervision (the same as what is happening in Rabaa Al Sarhan). An amount of RUIF enough for 2-3 days will be provided to exceptional cases along with counselling (In Rabaa Al Sarhan, RUIF is fed in the caravan under supervision, an amount enough for a couple of days is not provided). The mobile IYCF caravan will be based in Ruwaished and will travel every day to a different area. Prior to implementation, training will be carried out for staff. Unicef is planning to measure/monitor mortality and morbidity on the long run. Also an ORT corner will be available to treat diarrhoea cases. This approach has already been shared and approved by the army. NWG concerned about the provision of RUIF for 2-3 days. Also the NWG agrees that their inputs should be integrated into the plan and the idea should be piloted for one month to see how it goes. Currently, Unicef is working on a draft for the SOP's and would like inputs from the NWG once the draft is completed.

**Unicef to share M-IYCF-E concept note draft with NWG for feedback prior to sharing it with the interagency taskforce.**

**MUAC Tapes Supply.**

Unicef has ordered <5 MUAC tapes. However, it will take time for them to reach the country (2 months).

Unicef doesn't have a supply of PLW MUAC tapes.

JHAS has shortage of both PLW and children's tapes. SCJ has shortage of PLW tapes but have a supply of children's tapes. Medair has left over MSF MUAC tapes and IMC have a supply of both tapes.

Reema from WFP informed Hannah from SCJ that they might procure PLW tapes from WFP Egypt.

**SCJ to provide JHAS with under 5 MUAC tapes.**

**IMC to check if they can provide PLW MUAC tapes to SCJ and JHAS.**

**Unicef to provide left over tapes to JHAS.**

**Follow up with WFP regarding the procurement of PLW tapes.**

- **AOB**

**Camp Updates:**

- Problems with the National Saudi campaign, as they provide huge milk donations. UNHCR coordinated for them to be distributed in systematic way through prescribing formula in the camp thorough midwife assessment. Due to the huge quantities, they coordinated for them to be used in Azraq camp as well. However, the formula expires during May 2015. Therefore, what should be done with the extra quantities? Nutridar confirmed that the formula is valid for 9 months. The Saudi campaign confirmed that they will not provide infant formula donations.
- WFP: UHT milk donation from the EU. WFP still did not accept it. If they do accept it, they provide it only for school children and the expiry date should at least be 6 months.

**UNHCR to check if the Saudi's could return the quantity to the suppliers.**

**WFP to make sure it will be on site feeding.**



**Next meeting: Tuesday the 15<sup>th</sup> of December 2015**