

Nutrition Working Group Meeting 29th of October, 2013
Updates and Action Points

Attendees: **Ann Burton**, **Yara Romariz Maasri** (UNHCR); **Farah El Zubi** (WFP); **Buthayna Al-Khatib** (UNICEF); **Ellen Stamheuis** (Medair); **Hannah Kalbouneh**, **Sura Al Samman**, **Wisam Qarqash** (SCJ); **Pranav Shetty** (IMC); **Ruba Abu Taleb** (JHAS); **Maysa Alkhateeb** (UNFPA)

Discussion point	Action point
<p>1. Action points from previous meeting</p> <ul style="list-style-type: none"> • IYCF consultant: 3 candidates have been shortlisted, and the one selected will be on board very soon (around 10 days). Initial contract is for 6 months. Will be based in Save the Children Jordan and undertake frequent travel to Syria, Jordan, Turkey, Iraq. Managed by the Regional Office, and main responsibilities are to provide technical support for IYCF, identify gaps, synchronize activities, and documentation (most important) • Anaemia protocols (discussed below) <ul style="list-style-type: none"> ○ One study in Saudi Arabia found that 3% of women who were anaemic had a thalassemia trait, need to check iron status to not give iron to someone who's not iron deficient • Nutrition survey consultant: consultant only available in December, which is too late because of the weather, and so the survey will be postponed until March 2014. There is, however, a need to keep momentum going because there's been a lot of work done (discussed below) • Anaemia Screening conducted in Zaatari by SCF; results can be shared very soon, biochemical indicators, good result, ferritin; there has been screening of pregnant women around 35% are anaemic • Operational guidance related to SAM and MAM; JHAS developed operational guidance for the SAM registers and follow-up, supervision checklists, based on global guidance (discussed below) 	<p>Finalizing recruitment</p>
<p>2. Nutrition Survey Updates and next steps</p> <ul style="list-style-type: none"> • UNICEF had a conference call with Lebanon to follow up on their Nutrition assessment, they will have primary results soon • Series of meetings have been held, issues were discussed such as hiring surveyors, questions about which sampling frame is used, whether to cover whole country, or governorates with large numbers of refugees; these points will 	

<p>be talked about closer to the time (March 2014)</p> <ul style="list-style-type: none"> Budget is now at a near-final draft. Once finalized, UNICEF will contract the implementing NGO and transfer the money to them. Already started putting that in the plan for next year. Materials are being ordered, and UNICEF has height boards and weighing scales, MUAC tapes for children but could not find for mothers. <ul style="list-style-type: none"> Other supplies can be procured locally. Need to finalize TOR for Consultant, and Protocol; will be getting CDC support as well. To be included: anaemia, MUAC, food security, WASH indicators and IYCF. 2 surveys: one in Zaatari and another outside of the camp Decided to not assess Jordanians, only for Syrians. There may be more interest in assessing Jordanians with the Host community platform. <p>If an activity is listed in the workplan for the year, is it still necessary to get explicit approval from the Ministry of Planning? Not a clear answer on this. Informing the Ministry is different from needing to seek approval.</p>	<p>UNICEF, UNHCR, WFP and UNFPA will be funding; to meet separately. Ask if WHO want to fund it as well. Finalize the budget and work out who is going to pay for what. Discuss the selection of NGO partner.</p> <p>Purchase needed equipment. To look into getting tapes made rather than ordering them from Copenhagen (simple technology, just need to mark the cut-off at 23cm). PLW tapes: MdM or Medair might have them.</p> <p>Finalize the study protocol.</p> <p>Share the results from last time with UNFPA.</p> <p>Continue to follow up on written approval from the Ministry for the survey.</p> <p>Determine whether approval from the MoH is satisfactory or whether need to get approval from MoPIC as well. Discuss this when meeting in 2 weeks' time.</p>
<p>3. <u>SAM and MAM implementation</u></p> <p>JHAS: Plumpynut has arrived (40 boxes with 150 sachets each), team has been recruited, GP and field will implement the program within southern governorates. Waiting on Supercereal + to be cleared, to launch both together. If process takes too long they will proceed with SAM. Screening is ongoing and if any child is identified as requiring it will receive it immediately.</p> <p>WFP: MAM Supercereal + has arrived in Jordan but is still pending JFDA clearance. People think it's medication rather than nutritious food. Still in the process of selecting a partner.</p> <p>SCF Jordan: Starting porridge distribution and following up on MAM cases, getting referrals from MdM and MSF, and also referring cases to MSF. So far a total of 152 cases, 131 are MAM (and 27 did not seek follow up); MAM cases are</p>	<p>Wisam from SCJ will try to assist in obtaining the clearance. WFP to meet with JFDA.</p> <p>UNHCR to send to WFP what was asked of them for Plumpynut</p>

<p>registered and given a token to collect the porridge. Training was given to JHAS on MUAC and also planning on training Saudi and Moroccan clinics so they get referrals from all the clinics. Operational Guidelines are to help people in the field for SAM and MAM based on the guidance approved by MoH. Protocols approved by MoH, in the introduction there was no mention of MAM, only SAM, although in the actual document it talks about MAM; can be revised after a year because has already been revised, title is Acute Malnutrition which includes both.</p> <p><u>Capacity building of MoH in SAM management - next steps</u> Little capacity within MoH to manage SAM at the moment. JHAS and Medair have been discussing with Jordan University Hospital and they are willing to do this. Need to be very detailed protocols because they're for severe malnutrition. F75 and F100 were on the list that was approved by JFDA.</p> <p>SCJ will be carrying out MUAC in the verification area, will check the start date; possibly Sunday. Need the tapes before then. Tailor tape should not be used because they're stretchable.</p> <p>A lot of women refused to be measured because of winter and/or privacy concerns; cases might be missed because people cannot be forced to cooperate. No practical way of dealing with this issue was found. This problem was also manifested with an outreach team, for security they can't go into separate rooms. It was discussed with UNHCR to have a special area, and have Syrian mobilizers who will be trained to do that. Pregnant women should be tested as part of prenatal care.</p>	<p>Ruba will circulate it, feedback to be received within 2 weeks</p> <p>Meeting to be arranged between JHAS, Medair, JUH and UNHCR when Gabrielle who was involved in the process from the beginning comes back.</p> <p>UNHCR has 1000 children's tapes some of which can be given to other agencies.</p>
<p>4. Anaemia in pregnancy draft guidelines – JHAS Wesam from SCJ and Ruba from JHAS worked on first draft. Feedback from the group is that it is already very good.</p> <p>Guidelines need to be provided for treatment and not only prevention. While researching, found national guidelines from India but no other protocols. Otherwise other data was available. Need to get MoH involved and part of the process. MoH follows WHO guidelines.</p>	<p>Document to be circulated for further comments by JHAS. Comments to be received within two weeks.</p>

<p>Child spacing might contribute to better haemoglobin levels but IUD contributes to bleeding. Not worried about obesity. IUDs in some women may lead to anaemia but not as much as pregnancy.</p> <p>Other issue that needs to be mentioned is how often we need to test in pregnancy. Two weeks is too often, if looking at goal-oriented ANC- Standard is 4 times during pregnancy.</p> <p>After screening in Zaatari of children under 5, mothers have been overheard stating all breastfed children are anaemic → Very dangerous message, needs to be emphasized to the caregivers that it's not true. Delaying cord clamping at delivery by 90 seconds could also decrease rates of anaemia, might be difficult to get people to implement it. Managing anaemia during pregnancy will also reduce chances of children being anaemic.</p>	<p>JHAS to review different strategy documents in finalising anaemia protocols</p>
<p>5. Review of Nutrition Working Group Plan of Action</p> <ul style="list-style-type: none"> • Some things are still outstanding, such as micronutrient powders. Not approved in Jordan. More will be known when survey results are in. A lot of products could be used. • Anti-malaria medication to be removed at MoH's request; plan should be about overall treatment, and not about how to manage individual cases. Malaria is unlikely. • Also take a look to see whether or not there will be any changes. Next WG can take more time to review what changes need to be made. 	<p>Ann will go through and update what changes have been made and then will circulate for others to add</p> <p>Decision needs to be taken regarding micronutrient powders</p>
<p>6. Selection process for NGO co-chair</p> <p>Process has been proposed by international NGO forum and is open to INGOs and NGOs. If people are interested, another organisation will be selected to share some of the coordination responsibilities. One thing to be aware of is the willingness to commit the time.</p> <p>Co-lead will be listed on every official document, portal, etc. Will share responsibility. Recognition of very critical role of NGOs, will have more of a say in the SWG. Very good experience for the person and the agency. Not being done to shift responsibility, but rather to recognise critical role of NGOs. Should be a joint decision taken at the next SWG meeting.</p>	

<p>Process to identify partner: SWG opens up nominations to all members and NGOs, agree on criteria (willingness to commit time, resources and experience; active participation in SWG to date and active projects, regular attendance at meetings, contributed to strategies, projects within the reach of the SWG), interested agencies who fulfil the criteria put their name forward, SWG selects.</p> <p>Once co-chair is selected, an official letter of notification will be provided for their files.</p> <p>There is an expectation that better coordination will come out of this.</p>	<p>Share a draft of what those criteria will be, and invite comments. Then share updated criteria (one week), and formally invite nominations. Interested agencies to submit proposals addressing the criteria.</p>
<p>7. Updates</p> <p>SCJ: started focus group discussions in all locations regarding IYCF practices in the community, targeting different groups, pregnant mothers, lactating women, mothers of children of different age groups (6-24 months) and grandmothers. This will help get an idea of their thoughts of breast-feeding and IYCF. Zaatari is the only location where they have groups of beneficiaries and non-beneficiaries. Report will be shared when the focus groups are over.</p> <p>Finally reached an agreement with EJC, procuring porridge for 2 months for children from 6-23 months, SCJ will coordinate.</p> <p>Regarding voucher system in Zaatari, who should be contacted regarding market area for posters? WFP can endorse SCJ talking to shopowners, poster artwork with a positive message about IYCF can be shared with Farah, WFP can also encourage shopowners to put up the posters, as part of the WFP poster distribution. Can even organize training sessions for the traders.</p> <p>Worth noting that infant formula and baby products cannot be bought in shops anyway, can only be bought at pharmacies.</p> <p>WFP: Consultant arriving from WFP HQ to conduct acceptability study for USAID rice bars and wheat bars (A-28 and A-29, respectively), see whether taste is liked or not, sample group, afterwards will see how to distribute. Originally wanted to distribute at Raba Sahan but verification center isn't open so will be doing it at Zaatari, targeting new arrivals.</p>	<p>Document on haemoglobin will be shared.</p> <p>SCJ and WFP to coordinate.</p>

<p>IMC: started attending SWG meetings to expand upon their community based health plan.</p> <p>UNFPA: will be attending SWG meetings from now on.</p>	
<ul style="list-style-type: none">• <u>Next meeting will be about the survey in two weeks' time: Tuesday 12 at 10 am</u>	Circulate the draft budget
<ul style="list-style-type: none">• Next SWG meeting date: tentative date 19th November	