

Nutrition Sub-Working Group Meeting 4th March 2014
Updates and Action Points

Attendees: Manal Wazani, Sura Alsamman, Hannah Kalbouneh (SCJ); Ann Burton, Yara Romariz Maasri (UNHCR); Farah El Zubi (WFP); Nada Alward (IMC); Ruba Abu Taleb (JHAS); Ellen Stamhuis (Medair); Suzanne Mboya (UNICEF/SCJ); Luigi Achilli, Tara Shoham, Raymond Apthorpe (ENN)

| Discussion point | Action Point |
|--|--|
| <p>1. Review of action points of previous meeting</p> <ul style="list-style-type: none"> • MUAC tapes have been provided by WFP and everyone has them; Medair will also be receiving new ones soon • Nutrition survey: guidelines were circulated, agencies involved in planning the survey met, consultant is arriving mid-March (see further updates below) • ToR for sector co-lead still pending • Guidelines on existing Nutrition Surveillance system pending • SuperCereal Plus was released and approved by JFDA • Review of the POA will be revisited next meeting | <ul style="list-style-type: none"> • Zaatari anaemia report to be circulated by SCJ • SCJ will share anaemia protocol with MoH • SCJ will follow up with Dr Tarawneh on the Nutritional Surveillance and flour fortification |
| <p>2. Update on the operational guidance for SAM and MAM</p> <ul style="list-style-type: none"> • A draft of the SAM and MAM guidelines was shared with workers in clinics, in the form of 29 field cards extracted from the original document (which is 100 pages long). This was | <p>Medair to share soft copy of</p> |

| | |
|---|--------------------------|
| <p>done because often very long documents, although available in clinics, are not consulted. The entire document will also be provided to workers at field stations.</p> | <p>guidelines</p> |
| <p>3. Update on the Nutrition Survey</p> <ul style="list-style-type: none"> • The consultant is on track to arrive in the third week of March, most of the equipment has been procured, hemocues were received from Lebanon, height boards and scales are already here. • Call for proposals was done by UNICEF for agency to implement in the survey in conjunction with the consultant. Agency selection will happen shortly. • The contract, however, will take some time to sort out and needs to be fast-tracked. • There are still some questions regarding the study protocol, which will be finalized when the consultant arrives. • Cluster distribution will be decided by the consultant. • Question regarding doing the survey also for Jordanians, to obtain a control of areas where survey is being done: MoH gave permission for the survey to be done only with Syrians, and they in fact stated it is easier to be done only for this population. Looking at the Jordanian population, there would have to be another survey which we have not budgeted for. As we look more at the national resilience plan and integration, however, we will be looking more at comparisons, but need to recognize there are segments within the government who do not want to see comparisons between Syrians and Jordanians. | |

4. **Update on the implementation of the Supplementary Feeding Programme (SFP)**

- Community: As of end of week 11 of 2014, 99 PLWs and 33 children have been managed nutritionally under the SFP program. SuperCereal Plus is provided on a monthly basis; the women receive five packs of SuperCereal according to guidelines, come back with empty packs for next distribution. For children, process is done every two weeks. JHAS has six urban clinics (Ramtha, Irbid, Mafraq, Zarqa, two clinics in Amman) where the SFP is being implemented.
- Camps: SCJ implementing for WFP. MUAC screening was done from 3rd –19th February;
 - 13,009 children under five were screened, and 164 MAM and 27 SAM cases were found;
 - 1,329 pregnant women were screened, and 28 cases of under 23 MUAC were found;
 - 1,186 lactating women were screened, and 47 cases of under 23 MUAC were found.
 - Enrolment period took three days. 105 children under five and 28 PLWs were enrolled. First distribution took place at the NRC distribution site on the 26th, and 94 under children under five and 21 PLWs showed up. After distribution, there was follow-up on cases who did not attend, and 108 children under five and 28 PLWs received SuperCereal Plus at the caravans.
 - Question: out of the 27 SAM cases found, how many were already enrolled? 20 were referred to JHAS. The seven remaining cases did not show up at the caravan.
- By the beginning of January, screening became inherent to JHAS clinics. Wednesday is

JHAS to report on how many of the 27 cases were already being seen by them

distribution day for PlumpyNut. If a child is diagnosed with SAM, they are given enough PlumpyNut to last them until the distribution date.

- Every Thursday, a list of all cases is generated including name, age, MUAC and admission date. Also on Thursdays, JHAS refers all SAM cases to SCJ caravan to have special SAM education sessions.
- With MAM cases in the enrolment period, demonstration of the cooking for SuperCereal Plus was held, and fliers were distributed regarding the preparation of SuperCereal Plus; children ate it inside in the caravan.
- In the community, Medair found that many people added something, like sugar, to the mixture. This does not actually compromise the nutritional content of the SuperCereal. However, keeping the mixture on cooking fire for ten minutes actually does compromise the nutritional value. Correct way is to add the SuperCereal after the fire is turned off. It should be mixed with cold water first, in order to not create lumps.
- SCJ follows up with field visits for SAM cases, and they found two or three mothers refusing to return to the caravans because they said PlumpyNut was giving their children diarrhoea. What is the best way to manage such cases? It is good to keep a record of different stories. Home visit should be arranged, community health worker (CHWs) can be involved. 120 CHWs in Zaatari, it would be best to try to use one from the community.
- Is it possible to mix PlumpyNut with milk? No, it's a ready-to-use food. Very dense in energy so nothing needs to be added. If mixed, it would be diluted, so the child will get less calories.

5. **Emergency Nutrition Network (ENN) anthropologist update**

- Three anthropologists are currently in Jordan, carrying out a consultancy for ENN. They are not working on an assessment , evaluation, or survey, but rather producing a field note for the September issue of Field Exchange, a journal which is a mix of things, summaries of existing studies, new ideas that might be explored later. The team has an academic, teaching and researching background.
- They are interested in the social life of refugees from the specific angle of nutrition; what has been written so far is lacking the beneficiary perspective. Will be conducting their research via consulting the UNHCR inter-agency portal, academic community in Amman and field interviews with refugees. Questions related to nutrition include use of formula, infant feeding and others. Feedback is welcome, especially input on questions, thoughts on what they should *not* ask, or should ask.
- Would like to conduct interviews with families, by the end of the month, so the sooner they can start, the better. Open to opinions regarding whether to do it in camps or host communities.
 - Obtaining authorization to interview Jordanians can be very challenging.
- The project was taken to the ISWG, who agreed it could go forward. Since it is not research and is programmatic, more like an evaluation, might not actually need to get government clearances. The aim is merely to get some impressions of how refugees live and how their social institutions and social interactions affect some of these programmes.
- They had preliminary discussions with MoPIC who referred them to the Humanitarian

Questionnaire to be circulated

| | |
|--|---|
| <p>Committee. Going with agencies to interview a few families is enough, and this does not require approval.</p> <ul style="list-style-type: none"> • Confidentiality: only interviewing and recording, maybe taking photographs. Consent forms need to be filled out. People need to be informed that their pictures might be published in a publication. Not use real names. • Starting next week will begin arranging interviews. | <p>If anyone has anything to add, let them know.</p> |
| <p>6. IYCF consultant (Suzanne Mboya)</p> <ul style="list-style-type: none"> • Mapping current nutritional response, particularly with regard to infant feeding, technical support to all partners implementing IYCF in the region, based in Amman. Background in nutrition, masters in epidemiology, covers all aspects of nutrition. • Support in terms of the current response, help UNHCR in scaling up programmes in the future. Looking at IYCF particularly in emergencies; due to the large number of actors involved in emergencies, it is always good to know what partners are doing. • Initially here for six months. Reports to UNICEF Regional Office, but based in the SCJ office. • Will be travelling to Syria, Iraq, Lebanon, Turkey, Jordan and Egypt. | |
| <p>7. Donations of F75 and F100</p> <ul style="list-style-type: none"> • After closing their facilities in Zaatari, MSF approved donations of their stocks of F75, F100 and PlumpyNut, and would like to know if anyone is interested. | |

| | |
|---|---|
| <ul style="list-style-type: none"> • JHAS has already been in contact with MSF. The issue regarding the F75 and F100 is that it has only been approved for use among Syrians, but children with SAM are referred to JUH; if hospital workers came across a Jordanian child with SAM, they would not be able to provide them with F75 and F100. • At the Nutrition Global Cluster Meeting, it was discussed that a product could be prepared with similar nutritional value, to be used in Jordan regardless of beneficiary nationality. Big quantities, however, would take a long time to be registered, and there is no real need in Jordan. • Perhaps the stocks can be used in Iraq or Lebanon. As MSF has programmes in the region, they can follow up on it themselves. | <p>Medair will follow up with JUH on providing the product which they can use.</p> |
| <p>8. AOB</p> <ul style="list-style-type: none"> • Is it valid to use PlumpyNut for children with chronic illnesses where high protein or energy dense diets cannot be used? Without acute complications, they cannot be referred for in-patient care. Paediatrician needs to be consulted for each case, as it is a medical decision. Most important thing would be to treat the underlying cause of the malnutrition first. Renal failure, cardiac failure, CP cases, etc. <ul style="list-style-type: none"> ○ Anyone with additional information on such cases, please share. • Verification process has started in Zaatari. SCJ are doing MUAC screening for children under five and PLWs. In Rabaa al Sarhaan, will have six nurses working in shifts, MUAC assessment done in the caravan. Referral will be done before they enter the camp, there is a protocol on screening of new arrivals. Will also have an IYCF caravan providing services, | |

hopefully in the next two weeks.

- Rabaa is reception area for new arrivals. Government does security clearance, then they undergo medical screening including vaccination and now MUAC screening, before being registered by UNHCR and transferred to the camp. Medical screening classifies cases as red or yellow; red is emergent and will be taken to clinics, yellow can be done next day. SCJ has a referral mechanism in each camp.
- Gap in current programming: nutrition for children with special needs is not being done. CP cases have special dietary needs due to absorption issues. For those special cases, children need modifications to their diets. There are nutrition issues relevant to other NCDs as well, such as diabetes and hypertension.
 - There is a new NCD task force which will be looking at the management of key NCDs, so NWG can be involved in that component. Regional Nutrition Strategy has to be integrated with the national one.
- SCJ recently released a report on how to prevent neonatal deaths which lists steps to be taken by governments, NGOs, health staff (not specific to Jordan).
 - Neonatal assessment was just done in Zaatari, and UNICEF is doing one outside the camp as well. Causes usually originate during pregnancy, so main work needs to be done at RH level, but there is definitely a nutrition aspect to it; practices like early initiation of breast-feeding are not being encouraged, particularly in Mafraq hospital which is no longer baby-friendly hospital.
- Nutrition indicator on dashboard: mothers/caregivers reached with IYCF services. Deadline

for February reporting is 9th of March.

- Any organisation who would like their reports or other relevant documents to be uploaded to the Nutrition page on the UNHCR inter-agency portal can send to maasri@unhcr.org
- SCJ did a 3-day IYCF training for midwives working at MoH centers to make sure everyone is on the same page regarding messages being disseminated. Governmental health services from all over Amman, 12 of them, sent midwives and nurses. There are also IYCF educators and counsellors in health centers in Amman.
- Regional Nutritional Strategy to be discuss at next meeting.

Next meeting: when the Nutrition consultant is here, 25th March