Nutrition Sub-Working Group Meeting 16th September 2014
Updates and Action Points

Attendees: Sura AlSamman, Hannah Kalbouneh (SCJ); Ann Burton, Yara Romariz Maasri (UNHCR); Elsa Groenveld (Medair); Ola Sharif (IMC); Anusara Singhkumarwong (ACF); Reema Al-Najjar (WFP); Midori Sato, Buthayna Al-Khateeb (UNICEF); Rozan Khalifeh (Oxfam)

Discussion point	Action Point

1. Review of action points of previous meeting
• SCJ focus groups report: SCJ shared draft for comments and will share with group once final
• Nutrition Survey: WFP meeting with UNHCR today to discuss
  o UNFPA sent paragraph with recommendations. Another version will be circulated in a few days with Food Security comments.
• Fact sheet: WFP to send logo and Oxfam to review as recently joined the group
• Referral criteria for cash instead of in-kind assistance: UNHCR shared but did not receive feedback
  o We can look at how to monitor it, see if the children are improving. For example, flagging files in JHAS to show they are receiving BMS support and follow up, to check nutritional improvement of the child. Cash support only provided for women who cannot breastfeed and have been assessed by midwife; it is preferable to provide cash than having women walking out of the clinic with tins of formula.
• Revision of 2012 nutrition survey results: needs approval from government.
• SCJ to follow up with MoH on focal point: Hopefully will have a meeting with them next Monday.
• Baby-friendly hospital meeting: still pending. Assessment of hospitals was done, but only of small hospitals (e.g., Al
	UNICEF to get back on revision of 2012 results.

Hussein in Ain Al Basha, coverage rate not that high). We would rather have bigger hospitals, UNICEF proposed Al Bashir, another in Madaba and Al Hussein in Balqa city. This has not yet been agreed upon. UNICEF meeting MoH on Sunday to discuss the protocol. • Nutrition Intervention: HelpAge provided feedback. • IYCF at the border: UNHCR provided the formula, quantities available at Raba Sarhan. SCJ has also monitoring children under 6 months; since 13th of August, 97 children under 6 months passed through Raba Sarhan and not one single child needed formula. Also monitoring time spent on border; around two or three families spent 20 days there. • UNHCR sent Nutrition Survey to DAT team to be included in Secondary Data Review • JHAS/Medair sent revised numbers for SFP by email including non-responders. • MAM management in Azraq: 72 MAM children referred from Raba Sarhan to Azraq since May. According to August distribution list from ACTED, only 18 of those received SuperCereal Plus, and SCJ is only following up with seven cases, could not locate the rest. ○ Perhaps the rest are no longer in the camp. For those who left, is there any way to refer them to clinics outside the camp? Phone numbers provided are usually for a relative, so difficult to track them once they have left. IMC has three outreach workers who can try to track them in Azraq. Tomorrow SCJ is going to Azraq to follow up.	**SCJ to share Nutrition Response Intervention strategy with MoH.** **Add WFP logo to position paper and share.** **SCJ will share the list they received from ACTED with IMC.**
2. Nutrition Survey Update • UNHCR circulated latest version of the draft, WFP asked to add some more on Food Security. UNHCR received their version yesterday and both are meeting today to discuss some of these issues. • One of the issues is, what do we compare this new data with? Important to clarify how we're going to interpret the 2012 data. • Once agreed on final version, want to launch and have a presentation on main findings.	

3. M&E for nutrition interventions • Different agencies monitoring programmes in different ways; it would be good to have an agreed set of indicators so there is uniformity and maybe we could produce something on a six-monthly basis. • IYCF consultant developed some indicators for IYCF; SCJ and Medair for IYCF, for SAM, IMC and JHAS. Idea is to come up with a standard list and use to monitor women, girls, boys and men. • Gender Focal Point also working to mainstream gender and will review indicators using a gender lens. • In Health Information System, UNHCR measures the number of women screened for anaemia during pregnancy. Would be good to report on number of women found to have anaemia, for example.	**SCJ will circulate an email and Oxfam will compile different indicators being used.**
4. Final review nutrition response interventions and feedback from partners • The document is a set of all interventions that *should* be in place. Where no one is listed under responsibility, it's a gap; this will inform and influence planning. o For JRP, for example, would be good to include areas that involve MoH such as neonatal, baby-friendly hospital, fortification. • HelpAge now has a Regional Nutrition Advisor based in Lebanon who can provide support and gave feedback on the document.	**WFP to look into possibility of using HelpAge Diet Diversity tool in their monitoring** **IMC to add NCD activities** **Agencies to check right column of responsibility/activity by Sunday 22nd, after which the document will be considered final.**
5. Final review of nutrition fact sheet and feedback from partners • For Nutrition survey, we included the revised results shared by UNICEF.	**Discussed amendments to be made to document.**

• Plan is to update fact sheet every 6 months.	
6. Feedback on nutrition work plan • In 2012/2013 a Plan of Action was developed by the NWG at that time, including programmatic activities by agencies as well as work of NWG. o This has now been separated into the Response Intervention document (more programmatic activities), and the workplan (work of the NWG). • NWG is listed as the focal point for several activities, would it not be better to have a specific agency or person? Better for follow-up.	**Gender Focal Points to discuss organising a gender marker session joint for Health and Nutrition and RH; present gender action plan at next meeting.** **Discussed amendments to be made to document.**
7. RRP planning • 3RP is a regional process in refugee hosting countries; for appeal, advocacy, strategy and planning. A workshop was held on 3–4 September for Sector Leads; the document will be launched mid-December. • First step is a needs analysis for each sector. Secondary data review was done for over a month; small Health Sector group meeting tomorrow to discuss. The document itself (to include main findings of needs assessments, gaps, recommendations and challenges) will be shared for comments. • After this we will have a one-day workshop for the sector to develop the objectives and outputs. Between 3 and 5 objectives per sector and up to 5 outputs for each. Objectives will probably not change very much from last year, difference this year is a much greater emphasis on the resilience component. o One objective covering both refugee and resilience, but different outputs under each one. Came up with some draft ones for the region at the workshop earlier this month. • Once objectives, outputs indicators are agreed, ActivityInfo will open up and people will be asked to put in their activities.	

• For Nutrition there isn't a specific objective but rather outputs. Later on there will be a prioritization process.
• Parallel process: Jordan Response Plan (JRP), being developed by MoPIC and UNDP.
  o Also supposed to include a refugee and resilience component. Ideally they should be the same as the 3RP.
  o JRP will not feature individual agencies, while 3RP will include appeals of individual agencies.	

8. MAM management in Azraq/ updates from UNICEF and WFP • MAM programme in Zaatari: SCJ are currently following up with 80 children; counselling, and also have a member of team going to follow up with MAM cases at home and taking their MUAC and weight for height. • WFP has not yet decided on a commodity. In the focus groups conducted by WFP/SCJ, respondents stated a preference for Saha; however, they also said they would rather have SuperCereal if it's the only option available, understanding the difficulty of providing such a commodity in camp settings. • The focus groups also revealed a number of women prefer to have fortified or special food to give to their children aged 6–12 months; practices such as feeding children rice water, and not giving them meat, chicken or fish until after 12 months, came up. • Is there post-distribution monitoring for SuperCereal? Yes, found that people do use it at household level, but no guarantee that the people who need it are actually the ones consuming it. o Medair also followed up on this, a lot of people used it properly, some people didn't. Some people used it to feed animals. Many people started using it particularly after cooking demonstrations. • Documents were circulated by UNHCR on what to do about MAM when rates are very low. No stand-alone supplementary feeding programme, but still have to manage children with MAM. Children under 5 years of age are at increased risk of mortality associated with acute malnutrition, micronutrient deficiencies and stunting. • What about integrating cases into health facilities? This is what needs to be decided now, what are interventions that	**WFP/SCJ to share findings of focus group discussions with NWG.**

need to be done.
  o Most of the cases in Zaatari, for example, are concentrated in District 8, where there are hygiene issues and diarrhoea cases. A holistic approach may be the best one, making sure they're vaccinated, have good IYCF practices, diarrhoea management, home visits, etc.
  o Continue to follow up defaulters, even without a product.
• Suggestion from Azraq last week to use PlumpyNut. If they're SAM, they stay on the PlumpyNut until they're no longer MAM. Other recommendation is to lower the level at which PlumpyNut is provided. However, it's an off-label use. Can be discussed if there is no other option. PlumpyNut is approved for use in Syrians. Better than not providing anything; giving mother any kind of product and telling her the child is sick is better, she will take it more seriously. Was done in South Sudan.
  o Always has to go with education, children should eat the local foods as well, otherwise they are more used to PlumpyNut.
• Also look at type of messaging we should be providing, in terms of food preparation, etc.
• Importance of monitoring; there is very little information on treatment of MAM.
• August cure rate: 35 children, 71%; defaulters were 40 children, 28%. Non-responders: none. Average rate of time for children who were cured is 3–4 months in the programme.
	UNHCR will check with HQ regarding possibility of using PlumpyNut for MAM.

9. Moving forward with baby friendly hospital initiative • There is much work to be done in hospitals in the camp. Not doing an official certification, but making them baby-friendly, following the 10 steps. • UNICEF can train the staff and add these hospitals to the agreement with MoH. • IYCF staff are based in two hospitals in the camp, and communication has greatly improved.	

• If it's difficult to revive it outside the camp, it's good to show what has been done in the camp as well.	
10. Discuss national fortification program • There were issues with the fortification programme, as well as a reported shortage of the micronutrient mix; we should take advantage of the JRP to try to strengthen the programme. • Fortification happens at mill level, bread, pastries, etc. Certain products which children prefer are not using the mix, the bakeries said that it affects the taste and shape, etc. • Supporting the fortification programme should be a main point the NWG works on under resilience component of JRP.	**Add a point to NWG Work plan: "Develop and implement a monitoring mechanism of the fortification project".**
11. Agency updates • Infant formula: 180 cases in Zaatari, 26 in Azraq and 7 in EJC. ○ High number in Zaatari; it was a little over 80 last month. There are cases of re-lactation, some children turned 12 months.	
12. AOB • SCJ has been facing issues with a nurse at Zaatari prescribing formula not according to criteria. Database now showing prescription of formula for almost anyone.	**UNFPA, UNHCR, UNICEF and SCJ to meet at Zaatari level to discuss.**