

Nutrition Sub-Working Group Meeting 12th November 2014
Updates and Action Points

Attendees: Sura AlSamman, Hannah Kalbouneh (SCJ); Ann Burton, Yara Romariz Maasri (UNHCR); Shahd Bader, Ola Sharif, (IMC); Reema Al-Najjar (WFP); Midori Sato, Buthayna Al-Khateeb (UNICEF); Rozan Khalifeh (Oxfam); Ruba Abu-Taleb (JHAS); Faeza Abu Al-Jalo (UNFPA)

Discussion point	Action Point
<p>1. Review of action points of previous meeting</p> <ul style="list-style-type: none"> GAM and SAM results of the 2012 Nutrition Survey will not be included in the 2014 Survey, so no comparison is made on the results. SCJ met with MoH last month and shared response intervention strategy and anaemia protocols. MoH will send their approval and logo for the protocol, and Dr Hanan Mosaad will be focal point for the NWG. SCJ shared list from ACTED with IMC and had a meeting regarding SAM and MAM cases in Azraq to set referral pathway. WFP logo added to the position paper on IYCF at the border. Indicators were circulated and compiled by SCJ and Oxfam, to be presented at this meeting. IMC interventions were added to the strategy. Strategy (https://data.unhcr.org/syrianrefugees/download.php?id=7363) and fact sheet (https://data.unhcr.org/syrianrefugees/download.php?id=7202) were finalized and circulated. 	<p>WFP to follow up re: point including age diet diversity tool in their assessments.</p> <p>WFP and SCJ to share focus group results from Zaatari.</p>

<ul style="list-style-type: none"> • Gender Marker training will be held either before or after next meeting, and will take around two hours. • UNHCR HQ cleared the use of Plumpy’Nut for SAM and MAM treatment; currently being used in both camps and communities for children and PLWs. • UNHCR, UNFPA, SCJ had a meeting at Zaatari level to discuss IYCF, and agreed there should be a training for health providers in general on how to evaluate medical issues that prevent mothers from breastfeeding. Midwives should be referring cases to doctors for prescription of BMS but there are differences in prescription practices, and some doctors are prescribing without giving proper counselling; also undermining the midwives’ recommendations as people prefer to follow what the doctor says over the midwife. <ul style="list-style-type: none"> ○ This problem is not being faced in Azraq, where only 26 mothers are taking formula, or EJC, where only 2 mothers are taking formula. ○ Are PKU and galactosemia formula available? Can be ordered through UNHCR. 	<p>Another meeting to be held a Zaatari level to discuss organising training/refresher course.</p>
<p>2. Nutrition Survey Update</p> <ul style="list-style-type: none"> • Survey report was finalized and shared with MoH. • Should aim for an official launch in early December, Medair will do presentation of the findings after approval by MoH. Tentative dates: 9th and 11th December. 	
<p>3. M&E for nutrition interventions/nutrition indicators</p> <ul style="list-style-type: none"> • A draft proposal for consolidation of different indicators was presented. Following some discussion in the meeting on different issues (such as possible inclusion of male caregivers in the IYCF indicator), indicators will be circulated and feedback to be submitted in writing. 	<p>Indicators will be circulated and small meetings to be held by partners implementing IYCF and SFP.</p> <p>Add training indicators.</p>

<ul style="list-style-type: none"> • Anaemia indicators being worked on. • Has there been discussion on reporting coverage? For Zaatari we know number of mothers delivering. Normally measured in a survey, using standardized methodology. Easy to follow up in camps, but not in communities. It is something to work towards, but would require a system in place to assess the same mother every month; SCJ is doing this. It is possible, but need to be wary of data being collected in different ways. Survey is still the gold standard, there is a bias when the agency providing the service is the one asking the question. SCJ held focus group discussions with non-IYCF beneficiaries to avoid this bias. <ul style="list-style-type: none"> ○ Can compare, for example, number of deliveries to numbers reached with IYCF interventions. • Standard global guidance for IYCF beneficiaries exists, but not for emergency settings. • SCJ will be sending a monthly statistics report to UNHCR and UNICEF. 	
<p>4. Implementation of the nutrition workplan</p> <ul style="list-style-type: none"> • Final version of workplan was discussed. • For UNICEF activities, status to be changed to “planned” for “Development of steps to revitalize the Baby Friendly Hospital Initiative with MoH” and “Develop and implement a monitoring mechanism of the National Micronutrient fortification programme with MoH”, as these are being discussed in the framework of next year’s implementation plan. 	<p>Check Needs Assessment Registry to ensure all nutrition-related assessments (planned and finalized) are included.</p>
<p>5. Updates on MAM and SAM management (camp/community)</p> <ul style="list-style-type: none"> • JHAS/Medair: Week 34 stopped SuperCereal distribution. Retrieved SFP for MAM in Week 41 for children and Week 44 for PLWs. In Mafraq did a trial at the clinic, tested for acceptance to product, Plumpy’Nut mostly well accepted. One sachet per day for PLWs and for MAM children; for SAM OTP, dosage calculation based on body weight. 	

<ul style="list-style-type: none"> ○ Currently have 4 MAM boys and 18 MAM girls; 19 pregnant women and 16 lactating women. SAM: 6 boys in urban, 6 boys in Zaatari; 6 girls in urban and 9 girls in Zaatari. ○ We should also be looking at how long they are in the programme for. For these cases, it's less than four months. As of this month will start using indicators and will try to look retroactively at previous cases. • SCJ: 29 MAM cases in Azraq, and 58 MAM cases in Zaatari. Thinking of starting PLWs at beginning of December. In Raba Sarhan, 35 children screened in October and so far 3 in November; no cases of malnutrition found. • IMC will be working internally and finalizing protocol for SAM programme in Azraq, based on national protocol. 	<p>SCJ and JHAS will start reporting on MAM in camp and community, in the available RRP6 indicator under Food Security.</p>
<p>6. Moving forward with baby-friendly hospital initiative (BFHI)</p> <ul style="list-style-type: none"> • Three hospitals were assessed by a team from MoH, and announced as part of the BFHI; UNICEF will report back on the progress. Princess Salma in Ain Al Basha (Balqa), Al Nadeem in Madaba, and Al Hussein in Salt. Main objective was to start with Al Bashir (referral) and Hamza, still working on that with MoH. • BFHI was included as a main activity for 2015 planning. Six hospitals will be targeted next year; names of hospitals were not specified in the planning, so can be flexible. • UNICEF and UNFPA will also be implementing an initiative towards improving maternal and newborn health next year. 	<p>SCJ to provide UNICEF with the list of hospitals they cooperate with in their IYCF programme.</p>
<p>7. Discuss national fortification programme</p> <ul style="list-style-type: none"> • Being discussed internally at UNICEF, currently no updates. Not yet funded. • Micronutrient powder enriching foods, iron mainly, and nine vitamins. Currently does not include folic acid, which is recommended but not approved yet. 	

<ul style="list-style-type: none"> Needs discussion with MoH for approval. Came up within JRP discussion, UNICEF will prepare a short document (two pages) to discuss in NWG, to come out with NWG technical recommendations and present, similar to what was done with the IYCF in emergencies guidance note and BMS distribution SOPs. 	<p>UNICEF to prepare a 2-page document for revision and endorsement by the NWG</p>
<p>8. Discuss referral pathways from OTP to SFP</p> <ul style="list-style-type: none"> Children stay in OTP for a minimum of two months. If they are MAM for two consecutive visits but did not finish the two months yet, can they be referred to SFP? After discussion, members agreed they thought it best for child to remain in treatment for the whole two months before referral, but this should be confirmed. Such cases have been seen since began using Plumpy’Nut. However, product should have no bearing the entry criteria into SFP. 	<p>Guidelines on OTP/SFP to be checked for confirmation.</p>
<p>9. MUAC screening for PLWs in the camp</p> <ul style="list-style-type: none"> Discussions regarding MUAC screening for PLWs. For children it has been integrated into most health facilities. It used to be done for women but stopped when there was no longer a product to treat with. SCJ would like restart, now that there is a product, and integrate into UNFPA clinics. Discussed in Health Coordination Meeting at Zaatari level, and trained Saudi clinic staff but so far they did not start the screening. Would need to train UNFPA staff, health workers, midwives, anyone dealing with PLWs. When a woman is identified as under 23, to be referred to SCJ. IMC can also do it in Azraq, also have a UNFPA clinic. 	<p>UNFPA, SCJ and IMC to coordinate training session prior to re-starting MUAC screening for pregnant women.</p>
<p>10. JRP/3RP update</p> <ul style="list-style-type: none"> Jordan Response Plan was handed in last week; earlier this week MoH was delivering it to Secretary-General. No 	

<p>feedback yet.</p> <ul style="list-style-type: none"> • Under the 3RP, the Health budget is currently 56 million for the refugee pillar and 20 million for the resilience pillar. • For Nutrition, currently over 5 million requested for IYCF, and 1.2 million for maternal and newborn health. UNHCR will get back on targets if necessary, as they need to match up. 	
<p>11. Agency updates</p> <ul style="list-style-type: none"> • SCJ recently had a meeting with UNHCR at Raba Sarhan, after having difficulty finding SAM and MAM cases who went to Azraq. IOM prefers not to add malnutrition to their list because they are not the ones doing the screening. UNHCR suggested providing SCJ with an ID number from Raba Sarhan, so SCJ can follow up directly. Nurse will accompany family of child to registration area for ID number to be recorded, and UNHCR will send a list to SCJ when the buses depart. • SCJ also had a meeting with IFRC in Azraq, where they are coordinating a referral mechanism for discharge. Hospital is very baby-friendly. 	
<p>12. AOB</p> <ul style="list-style-type: none"> • UNHCR met with ICRC last week to discuss border developments. Large numbers of refugees have been building up in no man's land, with very few being let into assembly points. At assembly points, they are also staying for longer than before. This includes many women and children. <ul style="list-style-type: none"> ○ Children are not receiving age-appropriate food, despite meals being provided (first by ICRC, now by IOM). Possible provision of micronutrient fortified porridge at assembly points being discussed. ○ ICRC agreed to procure a midwife to provide RH support and IYCF, but expressed concern because she will have to be based in Ruwayshed and go to assembly points. They will talk to SCJ who had experience 	

recruiting nurses for Raba Sarhan.

- ICRC also have a staff member trained in CMAM, who is willing to assess and provide treatment if necessary. However, assembly points not the most appropriate place to start proper management of malnutrition because people are not staying for more than 7-10 days once inside Jordan. Possible to do MUAC screening then trying to fast-track children but have not had much luck so far fast-tracking medical cases.
 - What about seconding a nurse from SCJ to start with ICRC immediately and monitor situation for around three months? They need a midwife because of RH component as well, but this idea can be further discussed.
- UNICEF advocating to place newborn kits at Ruwayshed hospital where many deliveries are being referred. Could possibly provide the porridge but need to know latest population figures.
- Also discussing with RMS about expanding chronic disease drugs available and a number of other non-nutrition related recommendations.
- Endorsement of breastfeeding code in Jordan is scheduled for 8th of December.
- In October, WFP cut around 12,000 households (around 37,000 beneficiaries) from their assistance list (in communities only), based on criteria developed following their Comprehensive Food Security Monitoring Exercise. On 9 October, beneficiaries were cut were informed via SMS. An appeals process has been set up to review cases who feel they are in need of the assistance. NGOs identifying vulnerable cases who they believe are at risk of food insecurity and should be referred for re-inclusion can help them fill out appeals forms (available at WFP and UNHCR help desks, and online here: http://help.unhcr.jo/blog/wp-content/uploads/2014/11/Master-full_page-appeals-leaflet-Arabic-15-Oct-14.pdf)

Next meeting: Tuesday 2nd December

JHAS/Medair to send list of OTP-SFP beneficiaries to be cross-checked against appeals already received.