

**Nutrition Sub-Working Group Meeting 25<sup>th</sup> March 2014**  
**Updates and Action Points**

**Attendees: Sura Alsamman, Hannah Kalbouneh (SCJ); Ann Burton, Yara Romariz Maasri (UNHCR); Lina Alhadid (IMC); Ruba Abu Taleb (JHAS); Suzanne Mboya (UNICEF/SCJ); Marie McGrath (ENN); Douglas Jayasekaran (Nutrition Survey Coordinator); Farah El Zubi (WFP)**

Discussion point	Action Point
<p><b>1. Review of action points of previous meeting</b></p> <ul style="list-style-type: none"> <li>• Some partners have been referring cases that are not MAM, as the MUAC tapes they are using have different colours for the cut-off; need to be trained on identifying the cut-off point regardless of colour. <ul style="list-style-type: none"> <li>○ IMC will also require MUAC tapes for Azraq.</li> </ul> </li> <li>• Zaatari anaemia report was circulated.</li> <li>• SCJ had a meeting with MoH on anaemia protocol last week, reaction was positive, but it needs to be made more accessible for field staff. MoH will form a technical committee to review it and get back to us.</li> <li>• Guidelines on existing Nutrition Surveillance system and issue of flour fortification are still pending with MoH. <ul style="list-style-type: none"> <li>○ Regarding surveillance, SCJ is considering having a specific site for screening of</li> </ul> </li> </ul>	<p><b>UNHCR will follow up and see if UNICEF has MUAC tapes</b></p> <p><b>SCJ will follow up on training partners about the correct cut-off</b></p> <p><b>UNHCR will put Zaatari anaemia report on portal</b></p> <p><b>Once review is done by MoH, all Nutrition SWG to sign a letter endorsing the protocol</b></p>

malnutrition in Zaatari, where nutrition surveillance could also be applied. If camp residents knew to come to one specific site, might increase awareness of the issue.

- At the moment there is no specific site for SFP distribution, SCJ are in talks with WFP to have a specific site, could be the first step towards having continuous screening. The idea would also be that when people are screened at health facilities, they should be referred to the specific site.
- Another idea is to have outreach done by Community Health Workers (CHW), who could refer any suspected cases to the SCJ site.
  - ❖ MUAC screening may be one of the items on ToR for CHW which will be defined by Community Health Task Group.
- IYCF counsellors who are working in the camp will be provided with MUAC tapes (12 counsellors + 12 mobilizers).
- Once there is a specific site, people who are screened will be recorded, for surveillance.
- Review of the POA will be revisited **next** meeting – should be revised integrating the regional nutrition response

<p><b>2. Update on the operational guidance for SAM and MAM</b></p> <ul style="list-style-type: none"> <li>• Compiled from different sources.</li> <li>• IMC would like to distribute the field cards to their doctors. <ul style="list-style-type: none"> <li>○ Their staff might need to be trained, but just a few key staff members, due to low number of cases.</li> <li>○ Other staff can be given a general overview, just to have an idea about such cases.</li> </ul> </li> <li>• It should be noted that percentage of weight gain as an exit criteria is no longer recommended, it is either MUAC or weight for height. <ul style="list-style-type: none"> <li>○ Whatever the admission criteria is, you should wait for that to increase up to discharge levels.</li> </ul> </li> </ul>	<p><b>Medair/JHAS to share soft copy of field cards</b></p>
<p><b>3. Update on the Nutrition Survey</b></p> <ul style="list-style-type: none"> <li>• UNICEF is still finalizing hiring the agency after the call for proposals; selected agency should be informed today.</li> <li>• Two surveys: one in Zaatari camp and one outside the camp, both on Syrian population.</li> <li>• Suggested number of indicators and sampling frames: as it currently stands, the number of indicators is feasible.</li> <li>• Regarding addition of IYCF indicators to the questionnaire, at this stage, if any more are</li> </ul>	

added, it would be quite difficult to complete the survey.

- At the moment, indicator for IYCF being reported on the Health dashboard is number of mothers/caregivers being reached, would be useful to have something more, such as percentage of breastfeeding.
  - Basic data on breastfeeding is already in the questionnaire. There can also be more information extrapolated from the data collected.
- Some confusion about sampling in both surveys – systematic random in camp, cluster out of camp. It may not be possible to do a systematic random survey in the camp, so we may have to do cluster survey both inside and outside the camp.
  - This will have an impact on cluster sample and number of households to be surveyed in the camp.
- The estimated duration of the survey period, including training, is 20 days. Six teams will be doing the survey.
- The initial idea was to concentrate on a few governorates, and another idea was to do national survey covering all the areas where there are Syrian refugees – this second option would have an impact on the budget as well as the duration.
  - Given the low levels of malnutrition we see here and in Lebanon, we can do the survey in a few governorates with large concentrations of refugees, and reasonably extrapolate from those results.

**ENN to share annex on calculating percentage**

<ul style="list-style-type: none"> <li>○ Governorates: Mafraq, Irbid, Amman, Zarqa, Ajlun and Jerash.</li> <li>● We will be using standard guidelines and a questionnaire which has already been tested and validated in other areas. <ul style="list-style-type: none"> <li>○ The only alterations that can be made to the questions should be to adapt them to the context, such as local foods.</li> </ul> </li> <li>● It would be interesting to find out if there is a correlation between SAM and MAM and cerebral palsy (CP) – although CP is difficult to define. <ul style="list-style-type: none"> <li>○ We might be able to include a question on disability, but then need to decide if it would be asked of everyone, or only children who are malnourished.</li> </ul> </li> <li>● A question can also be added about whether or not mother has heard about IYCF feeding programme.</li> <li>● A question about polio (3 doses) will be added in the Health section.</li> </ul>	<p><b>Soft copy to be circulated for feedback by Thursday 27<sup>th</sup></b></p> <p><b>Share WFP CFSME questionnaire with Douglas</b></p>
<p><b>4. Update on the implementation of the Supplementary Feeding Programme (SFP)</b></p> <ul style="list-style-type: none"> <li>● Verification in Zaatari: 2,923 children screened, 11 SAM cases, 27 MAM cases – all of which were already enrolled. Out of 395 lactating women screened, MUAC below 23 found in 27. Out of 304 pregnant women screened, MUAC below 23 found in 15 (figures as of Thursday 18<sup>th</sup> March.) <ul style="list-style-type: none"> <li>○ Only a few of these were not in the programme already, which is a good sign of its</li> </ul> </li> </ul>	

effectiveness.

- However, as UNHCR has verified over 40,000 individuals, it seems many people are not being directed to the caravans. UNHCR followed up on the issue in Zaatari and it seems that the changing of monitors could be a reason for this.
- Zaatari SFP new admissions for MAM in March: 21 children, 4 pregnant women and 5 lactating women.
  - There is no default rate yet.
  - On Wednesday 26<sup>th</sup> there will be another targeted distribution. Blanket distribution will take place from 30 March–1 April, and messages are being disseminated about this.
- SCJ have come across one celiac case who cannot take the SuperCereal Plus; is there a local product which is gluten free?
  - Not being provided by WFP, but perhaps can be looked at for this one case.
  - PlumpyNut cannot be used if not SAM. Despite it having been used for war wounded children recovering from surgery, for a shorter period of time (two weeks), these children were not malnourished, so it is not the same situation. Best option is to find a local product that is gluten free.
- One SAM case with cleft palate who is unable to swallow PlumpyNut will be referred outside for tube feeding.

**SCJ will check for local products which could be used**

<ul style="list-style-type: none"> <li>• SAM education sessions, including hygiene and product preparation, are being held in the IYCF caravan. <ul style="list-style-type: none"> <li>○ JHAS has agreed to refer cases to the caravans for these sessions.</li> </ul> </li> <li>• SCJ is still in the process of recruiting nurses for Rabaa al Sarhan; once recruitment is finalized, training takes a few days and afterwards caravan can be moved. <ul style="list-style-type: none"> <li>○ It has been difficult to recruit female nurses for these specific circumstances (night shift, location, etc.).</li> </ul> </li> </ul>	
<p><b>5. Emergency Nutrition Network (ENN) anthropologist update</b></p> <ul style="list-style-type: none"> <li>• The ENN anthropologists joined SCJ on a visit to Zaatari last week and also met with focus groups.</li> <li>• The document will take the shape of an article and will be shared with this group before it is published.</li> </ul>	
<p><b>6. AOB</b></p> <ul style="list-style-type: none"> <li>• Someone from SCJ is attending the Community Health Task Group meetings and will start attending the Nutrition Sub-Working Group meetings to share updates.</li> <li>• UNICEF/REACH conducted a survey recently which mentions 45% of children under 2 are not being breastfed at all. This seems like a very high figure. <ul style="list-style-type: none"> <li>○ IYCF questions were asked in Zaatari. It would be good if we could look at what the</li> </ul> </li> </ul>	

questions were exactly, and how they were asked.

- SCJ has been facing issues in hospitals in the community regarding distribution of formula. How should that be addressed?
  - Jordan has not endorsed the BMS code, and without this endorsement, formula distribution cannot be considered illegal.
  - There was preliminary approval of the code several years ago, but nothing officially signed.
  - One suggestion is to hold sensitization sessions.
  - Who should such cases be reported to? Operational Guidelines for feeding in emergencies says WHO and UNICEF; UNICEF would be best because they work in nutrition in Jordan. Can also be raised with MoH.
- Some doctors in Zaatari are recommending formula saying that breast milk is not providing sufficient Vitamin D.
  - There is a lot of hype about Vitamin D at the moment; the level being considered “normal” is too high, and vague symptoms are being attributed to Vitamin D.
  - From personal testimonies, it appears this practice is also becoming a trend in Jordan, and might be something we need to look at, especially if there are messages going around.
  - Vitamin A is mainly supplemented; in general, it is recommended to give varied

**Suzanne will compile some research on the issue of Vitamin D; ENN will post something on the ENN technical forum**

foods rather than supplements.	
Next meeting: <b>15<sup>th</sup> April, 10:30 am, SCJ</b>	