

Nutrition Sub-Working Group Meeting 16th of February 2016

Attendance			
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Updates and Action Points

Discussion point	Action Point
<ul style="list-style-type: none"> • Introduction: round table introduction from all partners present • The present partners agreed that in this meeting they would go over all pending action points and discuss all unresolved issues from previous meetings. ○ Plumpy Sub: UNHCR has shared the contact information of the focal point from JFDA with UNICEF, however, UNICEF decided not to procure new quantities because there is enough Plumpy Subs for the next 6 month that cover the needs in the camps and the berm as well through ICRC. ○ IYCF indicators: <ul style="list-style-type: none"> - All the achievements from last year were reported on ActivityInfo 2015 by WG members. - There was a discussion over breaking down the IYCF indicator to capture the gender of the caregiver. - it was highlighted that what is meant by host community is Jordanian and Urban is refugees living in urban settings 	<p>Check with coordination unit of UNHCR the possibility of breaking down the IYCF indicator.</p> <p>All NWG members reporting on activity info should segregate Jordanians and Syrians starting from 2016</p> <p>SCJ to circulate an email asking about the achievements throughout 2015 since it cannot be collect from Activityinfo</p>

<ul style="list-style-type: none"> ○ Jordan University Hospital (JUH) <ul style="list-style-type: none"> - JUH sent an email stating that they don't have the ingredients of F100 and F75. - The ownership of JUH for the inpatient management of SAM children with complications was discussed. - The JUH has currently the advantages of already receiving the training, knowing the IV fluids protocols for SAM cases and the fact that the number of referred cases is limited, therefore it is manageable with close monitoring from JHAS and IMC. However, in terms of Pediatric Nutrition Professionals, JUH are understaffed as only two nutritionists are covering for the whole hospital. ○ Malnutrition Surveillance in Host Community: <ul style="list-style-type: none"> - It was agreed to communicate with the 25 clinics to find out who will be committed to carry out MUAC screening, data collection and referral. The List of the clinics with the contact information has already been shared with partners. - Emails were sent but no reply was received from the contacted clinics. Thus, calling them or visiting them directly and meet with the concerned parties was suggested to speed the process up. - Since scheduling the trainings and sticking to the reporting deadlines is a priority, partners were encouraged to share the dates of the trainings with the clinics and the reporting forms within the coming two weeks. - MDM clinic is closing so can be removed the trained agencies - It was agreed to conduct the trainings by mid-March and agencies to start reporting by end of March. ○ SFP/OTP: the Malnutrition Cause questionnaire has been circulated. <ul style="list-style-type: none"> - The questionnaire is supposed to be used for new admissions and to collect data for six months. ○ Nutrition Survey 2016: <ul style="list-style-type: none"> - After UNHCR has circulated the approved letter sent by MoH, it was agreed that UNHCR will call for an interagency meeting to agree on the funding and who will be collecting the data. 	<p>SCJ and Unicef to Arrange for another meeting with hospital management to discuss the ownership of this initiative.</p> <p>UNHCR to explore the option of possibly training another private hospital.</p> <p>SCJ to Post on ENN about the management of stable in-patient SAM cases with plumpy nut not F100 and F75.</p> <p>JHAS, IMC Share the dates of the trainings for all clinics</p> <p>SCJ TO Share the final questionnaire with comments for endorsement</p>
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<ul style="list-style-type: none">- There is no updates on the survey.- Including the Berm is considered in the coming survey- Further postponement on the date is expected. <ul style="list-style-type: none">○ Updates from JHAS regarding coordination with IOCC:<ul style="list-style-type: none">- IOCC has a programme that will be implanted till the end of Feb 2016. A List of SAM, MAM cases and PLW has been shared to be included in the food parcels distribution. The key messages on IYCF used are the same that were developed by the NWG- All the reporting has been conducted by IOCC○ MUAC Tapes Supply:<ul style="list-style-type: none">- Partners who need MUAC tapes were encouraged to contact Buthayna from UNICEF and inform her on the number each agency needs.- It was decided that requesting (5-10) tapes is sufficient for every clinic- At the time being, Unicef has the MUAC tapes for under-fives and PLWs.○ IYCF support at the border / Complementary food on the borders:<ul style="list-style-type: none">- It is estimated that there is 2500 PLWs and children under five. No Ready to use infant formula used so far. Success stories of wet nursing for orphaned kids were witnessed.- MUAC screening is taking place at the berm with MAM cases identified being managed with plumby sub and close monitoring and supervision for its use by IYCF staff, however, SAM children when identified are only referred to ICRC and advocacy is done for their entrance. No management for SAM cases in the meantime at the berm is taking place with plumpy nut.- waiting WFP feedback on the meals provided at the berm on the micronutrient content in order to decide about including porridge as a complementary food for children between 6-23 months.	<p>JHAS: to share the reports on IOCC activities after the project ends.</p> <p>SFP and OTP partners to share with Unicef quantity of PLW tapes needed.</p> <p>SCJ in RAS, IMC in Azraq, and JHAS in Za’atri are requested to closely follow up with the cases identified at the berm and successfully brought in to Jordan.</p>
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- Updates from the camps:
 - The content of the welcome meal in Azraq camp is not enough and it varies each day. It is supposed that in the reception area refugees don't say so long, however, many families due to protection concerns stay for 3 to 4 days. WFP hasn't shared yet the content of the welcome meal.
 - Updating the SOPs for milk prescription in the camps to include exceptional approvals for specific formula for special cases like lactose intolerance and metabolic disorders.

- Inter-sectoral linkages and coordination:
 - A KAP was conducted in the camps on WASH and has some IYCF questions.
 - There is great opportunity for collaboration between nutrition and WASH.
 - Nutrition key messages have some key messages on Hygiene.
 - It was suggested for the WG to join Camps Coordination Meetings at inter-sector level and get involved with the WASH sector's activities.
 - To raise the issues the WG face at Irbid coordination meetings to cover the urban context as well.

- Milk donation /WFP:
 - SCJ will use 2,000 milk tins to produce their IYCF nutrient dense snack. The reason why the 4000 tins were not used by SCJ is the small quantity of milk used to make the biscuit. Also a lack of fund to make extra quantities of biscuits.
The issue will be finalized in the fourth week of February.

- SCJ and JHAS to coordinate the referral of cases:

SCJ to follow up with WPF on sharing the content of welcome meals distributed in Azraq camp at the reception area.

SCJ: to circulate the Key Messages of the NWG again between partners and to share the framework that was developed by the ENN on the linkages between WASH and Nutrition.

- SCJ will start the anaemia program in Zaatari camp soon after getting the approval of the Ministry of Health.

○ Updates:

- IYCF training in Al-Maqased hospital is taking place by SCJ. The training was already conducted to Qasr Shabib. This training can take place as well to all hospitals affiliated with UNHCR for deliveries. It is important to follow up with Caritas as well.^[RB1]

Next meeting: Tuesday the 22nd of March 2016

Medair to follow up with the Italian hospital and Rosary hospitals affiliated with Caritas.