

Nutrition Sub-Working Group Meeting 20th January 2015
Updates and Action Points

Attendees: Sura AlSamman, Hannah Kalbouneh (SCJ); Midori Sato, James Kingori (UNICEF); Ann Burton, Yara Romariz Maasri, Fiona Ben Chekroun (UNHCR); Ola Sharif, Shahd Bader (IMC); Ruba Abu-Taleb (JHAS); Lisa Childs, Reem Ajlouni (USAID); Elsa Groenveld (Medair)

Discussion point	Action Point
<p>1. Review of action points of previous meeting</p> <ul style="list-style-type: none"> • Initial discussion was held about organising training/refresher course for IYCF; no date yet for Zaatari camp but should be organised for the beginning of February. In Azraq, for IMC, they did it a couple of months ago and IFRC, last month. • MUAC screening for PLWs in Zaatari and Azraq: MUAC is done in JHAS/ Zaatari and was delayed in Azraq. So far the three PLWs in Azraq were identified from Raba Sarhan. The screening of CU5 is ongoing. • Accurate data for urban can be generated through outreach activities and phone surveys. UNHCR finalised tool, will see if can be included. • No visit to the border after October. • Most children being screened at Raba Sarhan are coming from inside Jordan and not from the borders or other governorate. In December, 355 children were screened, found 3 MAM, 2 SAM. GAM rate 1.4. • SCJ started in Jordan Valley with normal IYCF, counselling and education in the south, middle and north, with private and governmental hospitals, health clinics and community-based organisations. MUAC screening is not yet being done. 	<p>WFP to follow up re-point including age diet diversity tool in their assessments.</p> <p>SCJ will follow up in the next nutrition meeting in zaatari.</p> <p>UNHCR to check if this can be done</p>

<ul style="list-style-type: none"> • After Nutrition Survey was presented at MoH on December 11, it was decided the vaccination data from the survey will be removed and re-present it to the MoH. UNICEF, WHO, MoH and potentially CDC will do a coverage evaluation survey (too assess routine immunization). • Excess of infant formula donated by Saudi Arabia currently in JHAS stores. What can be done with this unsolicited donation? Bread? School feeding? Check with WFP. • Cases in the camps are now being informed that there is a possibility to follow up their treatment in the host community. Sometimes, it is complicated to follow up because not every refugee has a phone number. <ul style="list-style-type: none"> ○ Last month, MoH adopted a draft law to control BMS in Jordan. Not yet formalised and signed off on but once it is official, will be easier to control BMS donations. • Adding Medair breastfeeding survey and UNICEF IYCF evaluation (programme evaluation of SCJ IYCF programme) to planned assessments: reason behind this is to try to combine assessments and collect information on IYCF as there has not yet been an evaluation of the programme which started nearly two years ago. <ul style="list-style-type: none"> ○ The Medair breastfeeding survey is ongoing and they continue to collect data in the north. They aim to call 900 HHs from their own data. ○ UNICEF IYCF evaluation will be conducted around May 2015 ○ 	<p>UNHCR will remove the immunization data from survey and circulate to involved agencies.</p> <p>UNHCR will follow up with Ministry of Social Development on whether formula can be donated to orphanages and hospitals.</p> <p>NTWG will re-circulate guidance on BMS donations to Cash and NFIs sectors. This should be done periodically.</p>
<p>2. Nutrition Survey Update</p> <ul style="list-style-type: none"> • Covered in action points above. • UNICEF Youth section is conducting U-can (SMS real-time reporting using RAPID-PRO software for PDA device) system nationwide. Adolescent and Youth (10-24) will be reporting different aspects of their life and living environments, including access to health and nutrition services and information. There is an 	<p>UNICEF share U-can questions related to nutrition with the group for inputs.</p>

<p>opportunity to ask Youth about nutrition related questions.</p>	
<p>3. IYCF pilot in Jordan</p> <ul style="list-style-type: none"> UNHCR Global/ SC is working to develop an IYCF friendly framework and have asked Jordan to be a pilot country. This would include a mission, three days of training (including a half-day for other sectors), ongoing support and an evaluation at the end of 2015. 	<p>Framework will be circulated, group members to give feedback on whether they think Jordan should accept to be a pilot country by Wednesday 28 January.</p>
<p>4. Technical recommendations for fortification program</p> <p><i>UNICEF presentation about strengthening the fortification via flour fortification and salt iodisation.</i></p> <ul style="list-style-type: none"> GoJ has identified micronutrient malnutrition (Vitamin A & D, iron, zinc, iodine) as a public health problem. Solution: Premix is provided to mills and bakeries (100% subsidized by the GoJ). A fortification programme has been in place since 2002, for which there is a monthly external monitoring system including five indicators. In 2015, UNICEF is supporting MoH in strengthening monitoring. One of the recommendations is to test end products from bakeries and have awareness-raising messaging the benefits of fortified flour and byproducts. Anecdotal evidence suggests not all bakeries use the fortified mix; many of those who do, only make one type of bread with it; not everyone buys the fortified bread. This should be verified by concrete data. In Gaza for example, only 11% of flour was found to be fortified despite there being a law in Palestine stating all flour should be fortified. Data from external monitoring is available at MOH. SCJ clarified that their anaemia programme is ongoing but only targets Jordanians. They screen for anaemia, provide supplements and follow up for three months. Currently no funds for Syrians; had funds for this for one month only. 	<p>Analyse monitoring data (SCJ informally with bakeries and UNICEF formally with MoH)</p> <p>Save the Children Jordan requested all partners to report to the group “What has not been done by us on anaemia control”.</p> <p>National policy on anaemia control need to be circulated to all groups to discuss in relation to the findings of a quick inputs from all participants of NTWG.</p>
<p>5. SFP/OTP updates</p>	

JHAS/Medair

- SFP: Beginning of December, 28 children 6–59 months, 24 pregnant and 19 lactating women. Cure rate 63%, death rate 0%, default rate 37%. End of December, 24 children 6–59 months, 29 pregnant and 16 lactating women.
- OTP in camp and urban: Beginning of December, 26 children 6–59 months. Cure rate 50%, death rate 0%, default rate 50%. At the end of December, 10 SAM boys (6 in Zaatari), 11 SAM girls (7 in Zaatari). One SAM case, 8 months old, has an underlying congenital condition.
- SFP: 2 girls discharged, 1 lactating woman; 1 new boy, 1 new pregnant and 1 new lactating woman. Two MAM boys with congenital conditions.

SCJ

- SFP Zaatari: Beginning of December, 51 children 6 –59 months. 12 new admissions in December, 7 from OTP. Cure rate 100%, default rate 0%. End of December, 44 children (24 girls, 20 boys). PLWs started in December, 21 new admissions (16 pregnant, 5 lactating).
- SFP Azraq: Beginning of December, 23 children 6–59 months, 3 from OTP; 10 children were discharged, cure rate 91%, default rate 9%.

IMC

- OTP Azraq: 3 new admissions, no deaths, no default. Cumulative rates for 2014: cure 32%, death 0%, default 68%. End of December, 5 cases.
- Suggestion was made to IMC and other partners conducting OTP/SFP to consolidate all partners’ reports monthly. (UNICEF Regional Nutrition advisor’s suggestion).
- Some of the problems agencies face with following up on cases is some refugees left the camp without being bailed out and so are afraid to answer the phone; others can’t be reached; CHVs from other organisations do not always refer to the clinics in urban; many Syrians move a lot and agencies are unable

All reports from partners implementing OTP/SFP will be consolidated using agreed indicators for reporting every month. (Can SCJ take lead to compile this?)

<p>to follow up with all cases outside the clinics. Try to follow up on all SAM cases at home if they do not come to the clinic.</p> <ul style="list-style-type: none"> • In the numbers reported there are more girls. Maybe the gender focal point can help look at this. In the survey, however, outside the camps malnutrition rates were higher in boys. 	<p>SCJ and Medair will follow up in the Community Health Task Group on involvement of CHVs.</p>
<p>6. Reporting on MUAC screening in the camp</p> <ul style="list-style-type: none"> • Covered in action points? 	
<p>7. Nutrition work plan</p> <ul style="list-style-type: none"> • 2014 NTWG work plan is converted to 2015 plan, with completed items indicated clearly in colour. Each agencies are requested to update any new activities to be added in 2015. Detailed discussion to go through the plan was postponed to the next meeting. 	<p>Sector Lead will circulate 2015 work plan to the group to provide inputs regarding new activities. It will be consolidated by next NTWG.</p>
<p>8. Nutrition indicators</p> <ul style="list-style-type: none"> • Agreed indicators for SAM and MAM were used in today's reporting. 	
<p>9. AOB</p> <p>The Gender Focal Point from Oxfam expressed interest to move to the WASH sector. Anyone interested in being the Nutrition Sector Gender Focal Point, to let Elsa from Medair know.</p> <p style="text-align: center;">Next meeting: 17 February</p>	