

Nutrition Sub-Working Group Meeting 17th February 2015
Updates and Action Points

Attendees: Sura AlSamman, Hannah Kalbouneh (SCJ); Midori Sato Buthayna Alkhatib (UNICEF)); , Fiona Ben Chekroun (UNHCR); , Folaranmi Ogunbowale (IMC); Ruba Abu-Taleb (JHAS); Katherine de la Rionda

, Reem Ajlouni (USAID); Elsa Groenveld (Medair), Cristina MAJORANO SARAPO (ACF) , Faeza Abo Al-Jalo (UNFPA)

Discussion point	Action Point
<p>1. Review of action points of previous meeting</p> <ul style="list-style-type: none"> • WFP follow up re-point including age diet diversity tool in their assessment: still pending as WFP didn't attend the meeting. • SCJ follow up in the next nutrition in Zaatari: the action point is conducting an orientation for health providers in zaatari after the IYCF mission. • UNICEF offer to include nutrition question in U-report because the targeting group is from 10 to 24 years. So it could include young mother. • UNHCR don't think we can include exclusive breastfeeding in the telephone survey as the sample size will be too small for IYCF indicators. • UNHCR will remove the immunization data from survey and circulate to involved agencies: In process and hopefully next week. • UNHCR will follow up with the Ministry of Social Development on whether formula can be donated to orphanages and hospitals: Contact made and they have requested further details of expiry and quantities. They indicated they will be able to distribute to needy families. UNHCR have also contacted the Red 	<p>SCJ will follow up on an orientation session for health providers in zaatari after the IYCF mission.</p> <p>UNICEF will include nutrition related question in the DRAFT and after send it to all the Nutrition SWG for update/feedback.</p> <p>Breast feeding: get an advice</p>

<p>Crescent Hospital through IFRC and they have no need for the formula.</p> <ul style="list-style-type: none"> • Follow the UNICEF research about the real impact on the anaemia and deficiency and the gap of the research: No advocacy about anaemia on the national level (Even from NDC department from MoH). Need to implement advocacy. • Analyse monitoring data and look at qualitative information (SCJ informally with bakeries and UNICEF formally with MoH): The monitoring is happened on the level of the MoH. The bakeries received the both flowers fortification but do not know which one is fortified and which is not without a clinic test. <ul style="list-style-type: none"> ○ Not all the mills have a fortificant machine. • All reports from partners implementing OTP/SFP will be consolidated using agreed indicators for reporting every monthly. All the partners implementing OTP/SFP will send to SCJ their results at the end of each month. • SCJ and Medair will follow up in the Community Health Task Group on involvement of CHVs. Medair and JHAS have still seen more boys than girls and there are a high level of reporting so they are spending community health volunteer to the house to find out why. From JHAS, in zaatari camp, it is 16 girls and 17 boys and in Azraq camp it is 9 girls and 4 boys. 	<p>A meeting will be scheduled with the focal point in MoSD</p> <p>NTWG to discuss anaemia advocacy strategy with NCD department.</p> <p>Follow up with MoH:</p> <ul style="list-style-type: none"> - Who is responsible to provide the mix of fortificant. - Get list of the mills by governorate that have a fortificant machine - The mechanism of distributing the flower (subsidised or not subsidised) - The monitoring <p>Circulate the study about the fortification via flour fortification and salt iodisation presented by UNICEF in the last meeting</p>
<p>2. Updates for the IYCF-E framework mission</p> <ul style="list-style-type: none"> • UNHCR and SCJ are coming on 8 and 12 of March at the IYCF-E framework. The purpose is to integrate different sector in the IYCF. Focus on Zaatari and Amman. • Meeting with the Nutrition SWG and sector tree, Food, Wash, RH, Child Protection, Education, camp management and partners in the camp. • Program: One day for visiting Zaatari, another day to doing individual sector meeting. First day will be an introduction for the framework, particularly IYCF and emergencies, and it will be a presentation introducing the background to the project. • Sunday, Monday and Thursday are really interesting for the Nutrition SWG. 	<p>SCJ will circulate the Agenda of the IYCF-E framework mission.</p>

<p>3. Activities addressing anaemia</p> <ul style="list-style-type: none"> • Activities in anaemia: JHAS have done a screening since October 2014; three groups of children are screened: SAM children, chronic children and pre-term children. • SFP are not screening in host community (MoH) • Anaemia is a major issue today and the screening is crucial. Could be a solution: screening at school. Unfortunately, it a big budget and then, need to find partners to contribute on that. • Monetary contribution: UNICEF, USAIDS, JHAS (They could work with formal school and informal school). Need partners that have equipment for screening. • Major cost: Homecue-machine with cuvette (5JD, selling by 50 cuvettes). • Invest money in the reals reasons of anaemia before screening/prevention/treatment. • Real issue of anaemia could be the lack of fresh vegetable/fruits and the tea but we are not totally sure. • Group at risk on anaemia: 0 to 6 months and 6 to 12 months. • Screening all children on OTP in the camp (particularly Azraq). • Possible donor: UNICEF, USAIDS, Medair. • Interesting to have a joint concept note about what is been done and what is missing. • ECD (SCI) is really appreciated in Zaatari, need to implement it in Azraq. • Include MoH in the research. • 	<p>There is a need to conduct a study looking at real reasons of anaemia in Jordan. Joint concept note on anaemia study DRAFT by UNICEF, ACF and Medair for March meeting</p> <p>Consider and discuss with school health groups in camps for a screening campaign at school.</p> <p>Continue advocacy to MoH</p>
<p>4. SFP/OTP updates and compiling data for 2015</p> <ul style="list-style-type: none"> • JHAS: In Zaatari camp, they have started for looking after children older than 5 years old with CP. 	<p>Criteria for admission and discharge of children with CP needs to be discussed.</p>
<p>5. MUAC screening, management of CP, activities in the field</p> <ul style="list-style-type: none"> • Any suspected case from JHAS and SCJ. • MUAC Screening on pregnant women and children that were joining the mother at the clinic was screening 	<p>Have a separate meeting with JHAS, UNICEF and SCJ</p>

<p>too.</p> <ul style="list-style-type: none"> • Training for midwife under the JHAS nutrition program • If suspicion of malnutrition, need to refer to SCJ • Many partners have issue with CP patients. • In the camps, if CP children over 5, they are referred to SCJ if CP under 5, they are referred to JHAS • The CP cases increase but it is not a big one. • In Azraq, there is no electricity and this is an issue for using the blenders 	<p>Involve the child protection group</p> <p>SCJ will share documents about CP</p>
<p>6. Key messages for the NWG</p> <ul style="list-style-type: none"> • See the document with changes. • 	<p>SCJ will share the key messages for the NWG.</p> <p>.</p>
<p>7. Nutrition working plan</p> <ul style="list-style-type: none"> • Next time: action point: to look how we are reporting in Activity Info. Ask to have Deena. UNHCR follow the required reporting and mapping from UNHCR side. Update this plan. • Have a look on the details on the nutrition working plan • Look in to Activity Info entry and see how the different agencies was reporting in the Activity Info • Look the geographic map analysis • Blue colour is completed activity – the yellow colour needs attention 	<p>UNHCR Deena to kindly attend next meeting.</p> <p>UNHC follow up action the required reporting and mapping activities from UNHCR side for the Nutrition working group 2015.</p> <p>Need somebody from UNHCR to explain what we need to reporting.</p> <p>Every partner should add comments in the email, not the documents</p>
<p>8. Nutrition indicators</p> <ul style="list-style-type: none"> • No new activities. 	
<p>9. AOB</p>	

- Nomination of the Gender Focal Point for the Nutrition SWG: Hannah Kalbouneh from SCJ

Next meeting: 17 of March