**Nutrition Sub-Working Group Meeting 22 end of March 2016
Updates and Action Points**

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| **Attendance**  |
| **No.** | **Name** | **Agency** | **Email**  |
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| **8** | **Selina Dahshan** | **Nut.assis** | **Nutrition.assistant@jhas.com** |
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| **13** | **Dima Hamasha** | **UNFPA** | Hamasha@unfpa.org |
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| **Discussion point** | **Action Point** |
| * Introduction: round table introduction from all partners present
* 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.
* Jordan University Hospital (JUH)
* 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:
* 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.

- The questionnaire is supposed to be used for new admissions and to collect data for six months.- * IYCF support at the border / Complementary food on the borders:

- 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.• IYCF support at the border / UNICEFUpdate from UNICEF:* Services is continuing until 13 March 2016 as no body allowed to enter Rukban since 14 March 2016
* MAM cases were 34 as of 21 March 2016
* SAM were 9 cases
* PLW were 29 in both Hadalat and Rukban
* Total number of MUAC screening under 5 yrs. were 4,696
* PLW screened were 1,167
* Those who received full counselling 2,030
* Children under 5 yrs. over all accessing 5,659
* PLW visited were 2,782
* Registration by UNHCR was stopped three days ago
* Team is going to Hadalat every day, and team covering the people who allowed to enter

 • NWG advocacy / BMS issues* Meeting with MoH on global nutrition cluster
* Meeting came up with to create nutrition technical group , the main purpose of this technical group is to respond to the issue needs urgent respond, plan for advocate messages for 2016, how to deliver the advocacy messages, advocacy methods,etc

• Nutrition Survey 2016* Meeting took place between UNHCR,UNICEF and WFP and agreed on;
* The survey will be on mid of August 2016
* Zaatari, Azraq, urban and berms will be included
* Vaccination module will be removed since the vaccination campaign took place already
* Increase the sample size
* It was suggested to add another modules replace the vaccination module with a key questions
* CDC interested to participate on the survey
* Study protocol has been drafted
* To create a technical group to work on the survey

• Services mapping* NA

• SFP/OTP updates * NA

• Updates from the camps* JHAS update on baseline assessment for newborn mortality was held on the second week of March in both camps
* JHAS –Ruba involved on 4 focus group discussion and mother acknowledged the services provided by SJ. complains from mother that are badly treated on RH clinic in both camps

SJ update:* Ready to open a new side in Azraq camp
* Started anemia activities in host community

• AOB**Next meeting: Tuesday the 19 of April 2016** | **SCJ and Unicef to Arrange for another meeting with hospital management to discuss the ownership of this initiative. → This regarding JUH, meeting with Dr. Fared will be next week, Sura will send an email regarding time and date, so anyone interested to attend the meeting and any point need to be raised send to Sura****SCJ to Post on ENN about the management of stable in-patient SAM cases with plumpy nut not F100 and F75. → There is SAM technical working group, one of working group recommendations is to share other countries experiences, once the experiences/guidelines received will be shared accordingly** **JHAS, IMC Share the dates of the trainings for all clinics. No update as there is no response from the clinics. → SCJ visited Emirate hospital in Mafraq, which requested money for screening, as well as contacted Jordan Women Union (JWU) hospitals which requested for issuing contract for reporting as they do not have the capacity of reporting. Training was done for IFH and SFWS and will start screening on first of April. Recommendation is at least to have one clinic/area. JHAS to update on this next week.****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. → IMC to copied Ruba-JHAS on correspondences when the case referred to enable JHAS to follow-up** **SCJ to follow up with WFP on sharing the content of welcome meals distributed in Azraq camp at the reception area. Complains from Azrag camp that food distributed is not enough as well as shortages of water. NRC distributes been nuts, salt biscuits, tuna, hallawa and humus. WFP to update on the contents of ready to eat meal (one box for one week) which is distributing at public area , as well as to share the micronutrients of meals distributed at berms** **SCJ: to circulate the Key Messages of the NWG again between partners.****Midori :To share the web link with the nutrition working group****Midori: To share the advocacy presentation with the nutrition working group****Technical group includes: UNFPA-Josiane and Dima, In addition SJ-Sura and UNICEF-Midori** **UNICEF-Midori to check with WFP on the survey which WFP is planning for** **Technical group will work on the survey includes; MEDAIR,JHAS,IMC and SCJ****SCJ will circulate the complied services mapping but confirmation by email is needed by partners for two things one is to confirm this services is being done/region and the second one is to confirm this services is reported on activity info****SCJ: Update on SFP/OTP will be circulated with the minutes of this meeting****UNFPA will follow-up on this**  |