

*Nutrition Sub-Working Group Meeting 21 Feb 2017  
Updates and Action Points*

<i>Attendance Sheet for NWG</i>			
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Discussion point	Action Point
<p><b>1. Introduction:</b></p> <ul style="list-style-type: none"> <li>▪ Round table introduction from all partners present</li> </ul> <p><b>2. Review of previous action points:</b></p> <ul style="list-style-type: none"> <li>▪ Final report for the malnutrition questionnaire to be shared with all partners during the next meeting Feb 2017: <b>to be shared after the meeting</b></li> <li>▪ Interagency Nutrition Survey final report to be uploaded on UNHCR portal: <b>Done</b></li> <li>▪ UNICEF to share the proposed package of services of the new proposed module and partners to send feedback regarding the best modality of implementation: <b>to be send after the meeting/Midori</b></li> <li>▪ UNICEF and SCJ to come up with an Updated list of indicators and share with the NWG: <b>Agenda point</b></li> <li>▪ Check if any partners are reporting on IYCF/ IRD-UNHCR: <b>IRD to join in the next meeting</b></li> <li>▪ JHAS to share updates on JUH training as they already have F-75 and F-100: <b>Done</b></li> <li>▪ Send visit recommendations with IMC and check if the hospital team can join JUH training in Amman: <b>the training date will be fixed soon (Ruba is the coordinator)</b></li> <li>▪ As the most recent recommendation supports the low dose on daily basis; UNHCR to explore the possibility of providing it to the clinics managing SAM cases: <b>Dr. Dina will check and advice</b></li> <li>▪ Contact WFP and discuss the possibility to have a presentation on the monitoring system for the prices: <b>WFP was contacted and confirmed that the prices were not reduces (JDs20)</b></li> </ul> <p><b>3. Malnutrition Questionnaire Analysis:</b></p> <ul style="list-style-type: none"> <li>❖ Methodology <ul style="list-style-type: none"> <li>▪ A questionnaire was designed by the major agencies working on CMAM in Jordan; JHASi, SCJ, and IMC.</li> <li>▪ The agencies agreed on the final version of the questionnaire on February 2016.</li> <li>▪ Data collection by the agencies started on March 2016.</li> <li>▪ It was agreed that this questionnaire will be filled for each SAM and MAM child who is admitted to a CMAM program.</li> <li>▪ Cumulative data entry was done by January 2017.</li> <li>▪ Analysis and report were generated on February 2017</li> </ul> </li> <li>❖ Analysis <ul style="list-style-type: none"> <li>▪ SPSS 17.0 was used to analyse data compiled.</li> <li>▪ Tests used were:</li> </ul> </li> </ul>	<p style="text-align: center;">-</p>

1. Descriptive Statistics and Frequencies.
2. Analysis of Variance (ANOVA).
3. Pearson's Correlation.
4. Independent Sample t-Test

❖ Results: Size of sample = 371 children

❖ Relationships between Causes of Malnutrition

- To identify if change in one cause may affect other causes; Pearson Correlation Test was used.
- The only statistically significant relationship was found between health and:
  1. Nutrition ( $p= 0.001$ ,  $r = 0.178$ ).
  2. Protection ( $p < 0.001$ ,  $r = 0.302$ ).
  3. Hygiene ( $p= 0.010$ ,  $r = 0.134$ ).

This means that having a poor health as a cause of malnutrition will affect (increase) nutrition, protection, and hygiene as a contributing factors.

- The financial status as a contributing factor for malnutrition did not affect other causes.

❖ Differences in Major Causes of Malnutrition among Age, Gender, Place of Living and Family size

- To identify is there is a statistically significant difference in major causes of malnutrition among different age, gender, place of living, and family size:
  1. ANOVA test was used for differences in age, place of living, and family size.
  2. Independent sample t-Test was used for differences in gender.
  3. Post hoc was used to identify which subgroup caused the difference.

- 1. Age: Only financial status showed difference among different age groups (between 6-12 months and 13-24 months) ( $F_{2, 368} = 5.854$ ,  $p= 0.036$ ).
- 2. Gender: Only financial status showed significant difference between male and female children ( $t_{363.989}=5.543$ ,  $p < 0.001$ )
- 3. Family Size: none of the causes showed any difference
- 4. Place of Living: Differences in:
  - Health; between Zaatari and Urban, between Zaatari and Azraq. ( $F_{2,368} = 12.605$ ,  $p < 0.001$ ).
  - Protection; Azraq and Urban. ( $F_{2,368} = 5.701$ ,  $p < 0.001$ ).
  - Nutrition; between Zaatari and Urban, between Zaatari and Azraq. ( $F_{2,368} = 5.951$ ,  $p < 0.001$ )

- Hygiene; between Zaatari and Urban, between Zaatari and Azraq.  
(F2,368 = 7.775 , p< 0.001)

❖ Conclusion

- It was not possible to segregate results according to malnutrition status (SAM vs MAM) as this data was not collected.
- It was not possible to link results with seasonal variations since data collected did not include the month of admission.
- The questionnaire did not cover hygiene issue comprehensively as only one question on this was included; this might have affected the results of this cause.
- Coding of the questionnaire was not done properly which prolonged the time of analysis.

❖ Recommendations

- Continue compiling data on the instrument used for all malnourished cases in 2017.
- Possibility of inclusion of Berm-CMAM.
- Including malnourished status and month of admission in data collected.
- Generate the report on 6 months intervals.

**4. Activity info reporting 2017**

- In the process of entering data under the 2017-3RP database
- 4 training sessions were conducted at the UNHCR office as a refreshment for data entry under the new database.
- A discussion was posed regarding the service contracting and call of interest

**5. Nutrition data tracking / Data collection forms**

- Souktel ([www.souktel.org](http://www.souktel.org)) has been contracted by UNICEF to design and develop an ICT-based nutrition case management system that will be used by NGO members in the field.
- All questions and data will be reflected on the tablets that Souktel is developing
- Most of the partners shared their forms with Souktel
- Additional activities can be on the tablets, as the tablets should meet all the requirements of the NGOs.
- Souktel is identifying which questions and forms are relevant to the information provided.
- UNICEF will meet with Souktel to discuss which prototype or interface to be used.
- A suggestion is to set with all partners to discuss the interface provided by Souktel.

## **6. SFP/OTP updates**

- Admission rate are lower than previous months, with Azraq numbers higher than Zaatari and host community. (No OTP significant change between Jan & Feb)

## **7. Updates from the camps**

### **IMC:**

#### Community health updates

- IMC has started it's 2017 program, the program is funded by UNFPA, UNICEF & UNHCR
- By the beginning of 2017, IMC received extra fund to include four pediatricians to be located in the mobile clinic to start the pediatric interventions
- The community health volunteers started new trainings through the community health components
- Last week of Jan, a volunteer Dr. from United States will support in Azraq Camp in the emergency hospital.
- Clinics in village #5 is under construction, hopefully by end of Feb the clinics will be open.
- To start the growth monitoring with UNICEF as it will be implemented in many levels starting with primary health care for both camps, Azraq & Zaatari

### **MEDAIR:**

- Started the new health project in the beginning of Feb
- Done with recruiting 39 community health volunteers and they were trained and now in field in Amman, Zarqa & Mafraq
- Community health program and cash for health program (cash for delivery) is running on
- PSS support groups includes 10-12 beneficiaries

### **EMPHNET:**

- Started the health service package to the school children
- It was started in Zaatari camp with vaccination of almost 700 student
- In Azraq camp, almost the same number of 700 students provided physical examination
- In Azraq camp, the total is 11 schools

### **DHS survey:**

- Micronutrients survey is on process, for all children before 18 years old
- DHS cover all women 15-49 years old.
- The DHS is conducted and the data collection will be from Aug-Nov 2017
- The survey was funded by USAID, UNICEF & UNFPA
- Waiting for final negotiation with DOS, regarding some technical issues
- DHS will take family samples from camps and urban

### **Berm Situation:**

- Soft opening of the clinic in Dec 2016
- Joint clinic between UNICEF, UNHCR, JHAS & UNFPA
- Few people are allowed to enter to the service area for medical treatment
- Daily as average 10-12 children are approaching UNICEF clinic for MUAC due to the security situation at the berm.
- 5 SAM & 6 MAM cases & 69 PLWs cases
- A total of 70 persons are working and supporting the clinic. 27 of the total are medical personnel including doctors (GPs, internist & Gynecologist)
- Emergency vaccination campaign was approved by JAF, waiting for written approval

### **8. AOB**

**Next meeting: 21<sup>st</sup> Mar 2017**