

Nutrition Working Group Meeting 19th of November 2013
Updates and Action Points

Attendees: **Dr. Mohamed Tarawneh** (MoH); **Ann Burton, Yara Romariz Maasri** (UNHCR); **Dorte Jessen, Farah El Zubi, Atif Ismail** (WFP); **Buthayna Al-Khatib** (UNICEF); **Gabriele Fänder, Ellen Stamhuis** (Medair); **Sura Al Samman, Wisam Qarqash** (SCJ); **Ola Sharif** (IMC); **Ruba Abu Taleb** (JHAS);

Discussion point	Action point
<p>1. Review of action points of previous meeting</p> <ul style="list-style-type: none"> • IYCF consultant: recruitment is now in final stages, offer sent, candidate accepted, pending administrative issues, will start in December • Nutrition Survey: WFP, UNHCR, UNFPA met, budget still under discussion, how best to engage and select the partner, to draft study protocol, UNICEF will do the call for proposals based on the study protocol • MUAC tapes: Medair will share details on the ordering • Study protocol: was sent out, comments awaited • Nutrition survey: was approved by MoH <ul style="list-style-type: none"> ○ If the Minister of Health has given approval, it is acceptable to inform MoPIC the survey will be carried out (rather than seek approval); MoH can give approval, UNHCR will send out on behalf of UN agencies who are funding the survey ○ JFDA approval for the use of Supercereal Plus in Jordan under WFP's MAM treatment programme is ongoing. In the case WFP formal communication with JFDA does not succeed in obtaining approval, the support from MoH (Dr. Tarawneh) will be sought. • SAM and MAM Operational Guidance were circulated <ul style="list-style-type: none"> ○ Need to be more user-friendly • Capacity building of MoH in SAM management: meeting took place at Jordan University Hospital, one hospital needs to be selected and trained to receive cases of medical complications from SAM; because it's very technical, thus easier to follow up and monitor; screening has been happening for a year and only three cases were referred to hospitals, so very small numbers <ul style="list-style-type: none"> ○ Part of capacity building would be to have at least two or three hospitals, for better coverage • Anaemia protocol was circulated 	<p>Key agencies to meet on Tuesday 26th at 11 am after HCM, to follow up</p> <p>UNHCR to send letter to MoPIC informing them of the survey</p>

<ul style="list-style-type: none"> Plan of Action was circulated WFP and SCJ coordination on advocating for breastfeeding in shops ongoing; SCJ reported voucher-admitted shops are selling infant formula for 0-6 and 6-12 	<p>WFP will follow up with voucher team and inform the NWG of updates</p>
<p>2. Selection of NGO co-lead</p> <ul style="list-style-type: none"> SCJ was the only organization to submit a proposal. Medair stated that although they have interest in taking on the role at a later date, have no capacity to do so for this round. SCJ's candidacy was unanimously supported by all those present, and as of today, SCJ will be co-lead of the Nutrition SWG. Next steps will be a workplan for 2014 	<p>UNHCR and SCJ to draft TOR for co-lead and share for comments</p>
<p>3. Review of anaemia in pregnancy protocols – JHAS/SCF</p> <ul style="list-style-type: none"> Was circulated, feedback was not received 	<p>Small task force comprised of JHAS, Medair, SCJ to finalize, then share for comments and feedback</p>
<p>4. Operational guidance for SAM and MAM – JHAS</p> <ul style="list-style-type: none"> Operational Guidelines should be for the NWG members who implement CMAM, are not national but can be adopted by other agencies Inpatient protocol is quite different and cannot be incorporated here 	<p>To be reviewed by the Task Force</p>
<p>5. Review of NWG Action Plan</p> <ul style="list-style-type: none"> Comments on p. 5 regarding PHC in Zaatari, to include growth monitoring and MUAC screening Can agencies do growth monitoring, or does it have to be done in MoH clinics? <ul style="list-style-type: none"> In the camp it would be easy to have standard growth monitoring in all facilities; SCJ cannot do it only in their own facilities, more discussion on this to take place on Zaatari level Nutrition surveillance at the moment; one of the issues that needs to be discussed in the training is data collection and monitoring. Not screening new arrivals at this point, should discuss. Continuous data collection is 	<p>Final comments to be submitted within two weeks</p>

<p>necessary. Big discussion that warrants a separate meeting.</p> <ul style="list-style-type: none"> ○ SCJ will be working with IOM, during the morning hours, with Syrian mobilizers ○ Medair has trained a lot of CBOs who are screening, but are not providing data. If there was a unified collecting point of data, JUH is interested in integrating MUAC screening in their normal screening process, perhaps could fall under the IYCF Emergency Specialist. ○ Could start as a pilot, with refugees, then later on build a solid surveillance system in the country; something was started at Ministry level two years ago but because of lack of manpower did not take off; MoH has a draft system, people were trained, there were pilot centres. ○ Big issues would be IYCF and maybe food security as well <ul style="list-style-type: none"> i. Need to agree on indicators to be reported ii. National level will have to build on the MoH existing system, coordinate a separate meeting • Fortification policy: MoH is financially covering fortification, will have to cut back as the demand for fortified flour is very high, more than was expected <ul style="list-style-type: none"> ○ MoH project, over 1 million JD for one year, for the whole country, around 10% more for refugees 	<p>MoH Dr Tarwahneh will call for a meeting on Nutritional Surveillance.</p>
<p>6. Review of survey study protocol</p> <ul style="list-style-type: none"> • There was a meeting last week about the survey, NGO will be contracted to actually implement • Still some questions as to how many survey teams we need and the sampling frame • Eight households per day cannot be done, takes minimum an hour with the measurements, finding houses takes time as well, PLW and anaemia are included, which adds even more time; Number of teams to be increased to 12 <ul style="list-style-type: none"> ○ One cluster would take two days at least for one survey team ○ Look at the experience from last year and Lebanon as well to see how long it took • SCJ: Vitamin A supplement coverage, 32.6 % from the micronutrient survey, 66.5 impact (88% was the baseline survey) <ul style="list-style-type: none"> ○ MoH will reference the Jordanian figures in tracked changes • IYCF practice, consumption of iron-rich fortified foods, will women know about this? Specific questions need to be asked 	<p>Comments to be submitted by next Monday</p>

<ul style="list-style-type: none"> ○ Questions will be modified by the consultant • Anaemia calculation was done using a tool, based on the GAM, will be reflected in the document • Tablets can be borrowed from WHO or procured from HQ • Mortality is not being done because there is another survey being done with a much larger sample size, and have a HIS in Zaatari where mortality is monitored weekly. Gap in data is actually outside the camp. • Consultant will work closely with the implementing partner • Training for SAM <ul style="list-style-type: none"> ○ Printed document should be translated into Arabic as it is a national guideline, even though most of the terminology is in English ○ Do we have a medical translator? Translation agency who has medical translators ○ Guidelines have to be printed by the end of the year, does anybody have a budget? Medair has a budget but it depends on the amount. 1000 can be printed. 	<p>Finalize, translate and print the SAM and MAM Protocols</p>
<p>7. Presentation of anaemia screening results- SCF</p> <ul style="list-style-type: none"> • SCJ has a summary of the results but still does not have the approval of management to share <ul style="list-style-type: none"> ○ Total number screened: 2042 children (53.3% boys, 46.7% Girls) ○ 842 have anaemia below WHO cut-off point; among them, 769 mothers and caregivers completed knowledge and practice questionnaire to assists their children’s dietary behaviors ○ Percentage of anaemia in children among 6-59 months: 36.3%, moderate level according to WHO ○ Percentage of Iron Deficiency Anaemia (IDA) in Children age 6-59 months: 42.9% mainly from age group 12-23 months (14.3%) ○ Mothers and caregivers: 69.3% had heard of anaemia <ul style="list-style-type: none"> i. 64.4% thought that lack of food causes anaemia; 58.4% thought that lack of iron causes anaemia. ii. Perception of what prevents anaemia: meat (70.5%) liver (69.8%) vegetables (69.3%) ○ High consumption of tea among children: 77.9% ○ Most consumed food per day: Fortified bread 71.7%, 69.3% citrus. 	<p>Next meeting share report</p>

<ul style="list-style-type: none"> ○ Consumption once a week: chicken and legumes. ○ 62.3% do not consume fish, and 57.9%, red meat. • Commented that it is unclear what the other cause of anaemia are if not iron deficiency 	
<p>8. Dashboard/RRP 6 update</p> <ul style="list-style-type: none"> • One Nutrition indicator on the dashboard, for IYCF: UNICEF is collecting each month from SCJ and Medair, to send to UNHCR to put on the dashboard • WFP reports on MAM through the Food Dashboard 	
<p>9. Agency updates</p> <ul style="list-style-type: none"> • WFP: cooperating partner selection process for the implementation of the MAM treatment programme has been completed. Only pending issue is JFDA approval for the use of the treatment commodity (SuperCereal Plus). Once that is cleared, the program will roll out – tentative start date: 24th of November 2013. 	
<p>10. AOB</p> <ul style="list-style-type: none"> ○ Reports from Mafraq of people selling food they bought with vouchers to pay for rent. While WFP has heard about this they cannot guarantee beneficiaries will not sell their vouchers or use them for unintended purposes. <ul style="list-style-type: none"> ▪ WFP conducts routine post-distribution monitoring under which voucher related issues are reported on. Another data collection method is through partner reports and the WFP hotline where such information is communicated and addressed accordingly. 	
<p>Next SWG meeting date: tentative date 10th of December</p>	