Nutrition Sub-Working Group Meeting 12th August 2014
Updates and Action Points

Attendees: Sura AlSamman, Hannah Kalbouneh (SCJ); Ann Burton, Yara Romariz Maasri (UNHCR); Ruba Abu Taleb (JHAS); Gabriele Fänder (Medair); Ola Sharif, Omar Obeid (IMC); Anusara Singhkumarwong (ACF); Maysa AlKhateeb (UNFPA); Nicole Carn, Reema Al-Najjar (WFP); Mohammad Amiri, Buthayna Al-Khateeb, Amalia Mendes (UNICEF); Rozan Khalifeh (Oxfam)

Discussion point	Action Point
1. Review of action points of previous meeting	
• **SCJ focus groups:** Report was finalized. Looks at 270 women, non-IYCF beneficiaries, focus groups were held right when they joined. Amman, Karak, Aqaba, Maan, Zaatari and Emirati camp. Groups of 8–10 women (pregnant; mother of children 0-6 months and 6-24 month; and grandmothers). Covered early initiation, exclusive breastfeeding, continued breastfeeding, introduction of solid foods, feeding sick children and maternal nutrition. Planning another round in about six months, with women who have already attended IYCF sessions.	**SCJ to share final report**
• **WFP to provide input on Nutrition Survey report**: input was received from their VAM unit, should submit something back soon.	**WFP to provide their feedback on Nutrition Survey report**
• **UNHCR/UNICEF to meet about WASH and immunization:** meeting was held.	
• **WFP to discuss possibility of reducing price of Saha**: no further action on that at the moment. Planning to do some focus groups in the camps on different products available.	
• **UNICEF to add activities to strategy**: no progress with MOH so far, will contact their Nutrition section.	
• **UNHCR/SCJ to shorten and re-circulate strategy**: done and feedback received.	
• **Children with nutritional requirements to be managed by health agencies:** JHAS circulated a list of	

patients. Any updates? In JHAS clinic a GP is handling the SAM cases. For the time being, patients with complications are being referred to JUH, and handled as out-patients; none of the Syrian children attending JHAS clinic have specific metabolic disorders. In Azraq, one child being handled by IMC. • **Photos for fact sheet**: Sent by SCJ and JHAS. • **Each agency to send a few points on challenges for fact sheet**: Sent by JHAS, SCJ and UNHCR. • **UNFPA to send out population data of women of reproductive age**: done. • **Logos of each agency to be added**: once text is finalized, logos will be added. • **Medair/JHAS to collect standard indicators in SAM and MAM programmes:** For MAM, cure rate 71%, default rate 22%. Non-respondent 7%. • **Meeting between UNICEF, WFP, SCJ and IMC about MAM management in Azraq**: has not taken place yet, although a meeting took place between SCJ, UNICEF and WFP. • **SCJ to draft statement on breastmilk substitute (BMS) distribution**: For the border, on the agenda. No distribution in urban settings, will be included in cash assistance. Can be added to existing guidance on referral of health cases to agencies providing cash assistance for related support – but only after assessment by a midwife.	**Agencies to send their logos by end of the week if they want it to be added to fact sheet.** **JHAS to provide rates for SAM** **UNHCR to update the referral criteria to include cash for BMS, & work with JHAS to make sure that assessment is available in their clinics.**
2. **Nutrition Survey Update** • Last draft and comments were shared by UNHCR last week, waiting for WFP inputs, should be sent this week. • MAM can be calculated on its own. Concern is SAM with the trigger and GAM. • Take a look at the recommendations, given feedback on discussions we've had and expanded anaemia	**UNFPA to send paragraph.**

section and talked about micronutrients. Longer-term interventions need to be looked at, room to add. • Drafts have been shared; need to obtain MOH approval, then plan the launch. • Need to have results from 2012 to finalize this report. UNICEF following up.	**UNICEF to share 2012 results next week**
3. Final review nutrition response interventions and feedback from partners • Responsibility/location not filled by anyone shows gaps which no one is covering. • Need MOH to be on board with interventions, also targeting Jordanians. • Baby-friendly hospital: Ministry is delegating to another person, who does not want to work in big hospitals although we are pushing for big hospitals. They are saying it's very complicated, would need to do 6–8 workshops there. Could we include Mafraq? o Nutrition is dealt with as part of health. Baby-friendly hospital initiative is under maternal health. Getting stuck at level of implementation. RH WG having similar issues; three hospitals in suburbs, not targeting big hospitals. o New policy: if staff member exceeded 30% of his monthly stipend, will not be allowed to do training. Stopped IMCI training because certified trainers cannot train anyone. • UNHCR met with HelpAge, will send the document for their feedback. • Should we add an M&E section? To know what indicators we will be regularly collecting and how often we will be able to report those. Would be good to update the technical fact sheet every six months.	**Follow up with Dr Tarawneh on MOH participation, ask to nominate a technical person and decision-maker to attend meetings** **SCJ, UNICEF, UNHCR to meet to discuss how to move forward** **UNHCR to send HelpAge interventions strategy**
4. Final review of nutrition fact sheet and feedback from partners • Challenges and way forward have been added. Comments from last meeting were included, plus those received from SCJ, JHAS and UNHCR. Will update JAM 2013 data to CFSME 2014 data. Will update the 2012	

data as well. • Useful for agencies to look at current services and activities section, similar to intervention. • Reference to SuperCereal should be removed. • Training for IYCF providers to be included in activities. If it's limited, can be added as a note, so people don't think it's already being done and don't do it.	**Any final comments to be sent ASAP to ACF**
5. Endorsement of the position paper on the distribution of formula at the border • Current paper is still a draft. • Refugees are currently being kept at the border for longer period of time, following change in Government policy. This includes pregnant and lactating women (PLW). Only being transported to Raba Sarhan (RS) in very small numbers (yesterday, 105 people). • Question was raised about distribution of BMS. Jordanian Armed Forces asked UNICEF for infant formula to be distributed at the border. This was discussed at last WG meeting and decided it was not a good idea, difficult to monitor, doesn't meet the current guidance where skilled IYCF staff should be assessing mother's ability to breastfeed and provide counselling. • UNHCR went to border two weeks ago, saw children under the age of six months who looked happy and healthy despite mothers claiming they needed formula. o Royal Medical Services are there. Three clinics, staffed by all males. It would be difficult to train their staff and monitor and there would be a lot of uncontrolled distribution. o Strategy for the border is to NOT move services there, advocate with government to move people in quickly and access to territory. Reluctance to set up anything there to prolong the stay. • Advocating to fast-track mothers with children under one year and pregnant women, taking them to RS	

where SCJ staff can assess the need for formula. Not much time is spent by refugees at RS, they move on to Azraq and Zaatari.
  o Some infants – a small number – are really not being breastfed.
  o On-site feeding. Nurses prepare the formula and give it to the children. Mother does not take the formula with her to the camp. Ready-to-use infant formula is available in Jordan, although very expensive.
  o If we provide formula at the border, option of re-lactation is not there anymore. Can be given other liquids at the border until they get to RS.
• In the three months they have been at RS (8 nurses, working 12-hour shifts), SCJ has not faced any issues with infant formula.
• In Azraq, when the camp first opened, a lot of demand for formula. Stood our ground and now the pressure is gone.
• One option is ready-made formula (cost needs to be assessed); second option would be powder inside the caravan — on-site preparation in a cup; behind a screen, try to keep it separate and out of sight. It would probably be *very* few children.
• Technical group statement to convince decision-makers. Recommendation is not to provide formula but for those few children who need it, it will be available at the transit centre by female, trained staff.
  o Also very clear that we have not yet seen kids come through who are malnourished and dehydrated. Eastern borders are not accessible, cannot send the trained staff there. Do not want to advocate to send people there, but rather have the vulnerable people come in.
• NWG logos to be added for buy-in and to protect all the staff.
	Discuss cost and availability of ready-to-use formula.
	
	SCJ/UNHCR to update position paper and circulate. Feedback to be provided and logos to be added.

6. RRP Planning • Last year process started 15 September and plan was launched 15 December; this year plan is to start late September/early October. • A lot of the work has already been done. Secondary data review; data team has come up with a template and is reviewing all assessments done between end of October last year and now, looking at findings, needs and recommendations. This will be summarized and go to the sector. o Maybe set aside a separate meeting with NWG to review it. o Can include screening data for verification and RS. • Issues we are facing this year: reduced funding, targeting, moving towards strengthening national systems.	**UNHCR to send DAT team preliminary results of Nutrition Survey to be included in review.**
7. Update on the SFP programme (camp & community) / options for products • SFP July in Zaatari: cure rate 61%, default rate was 39%. Same figures as June. New admissions: 11 children, re-admission 1, PLW: 1 new. High default rate is related to general distribution. SCJ is only following up on one case. • WFP has distributed almost all SuperCereal stock, will make sure it is all out before best before date. • SCJ goes to MAM cases HH and some people completely refuse it. Refugees are saying it's expired (even though this is not the case). Some fry it with chicken and fish, some bake it. Some children accept it when they come to the caravan, mixed with date biscuits from IYCF to improve the taste. • In July, distribution for pregnant women above first trimester enrolled in ANC. 377 names took tokens but only 170 showed up. One woman refused. • MUAC screening (23 cut-off point) being done in UNFPA clinics for PLW, and MDM clinics for PLWs and	

children. Integrated in most clinics. Not many cases have been found. • Community: 79 new admissions: 17 CU5, 23 children 6-14 years (if they come and doctor suspects malnutrition, they are screened, it is not blanket screening for this age group); 39 PLW. Total 281 patients programme end of July. Cure rate for CU5 25%, PLW 30%. Default rate (22%) is only for PLW. • Blanket distribution in July, in all JHAS clinics reached 1,092 children in the camp and 11,811 in communities. Only one complaint on helpline. • OTP update for Zaatari: identified one SAM case in July, currently 15 boys and 20 girls enrolled in programme. SCJ teams go and provide counselling for families facing difficulties consuming PlumpyNut. This week JHAS started conducting home visits for selected cases, doctor and nutritionist going to the house. In the community, 9 boys and 7 girls enrolled.	**Future reports to include number of non-respondents, and definition, as well as how long people have been in the programme.**
8. MAM management in Azraq/ updates from UNICEF and WFP • Nutrition Survey results showed very low rates of MAM. No more blanket feeding in communities. • WFP now looking at possible products. Considering inclusion of a complementary product in the food basket. Will try to take a decision within the next couple of weeks. ○ We need to be careful with the terminology used. Will be unable to have different products. There are existing MAM cases, and ideally the product chosen should be one that can be given to MAM children. • Nutrition Survey results also showed high levels of anaemia, and recommendation is to address it at blanket level. Big difference in the anaemia levels between camps and communities. CDC agreed there needs to be a population intervention for anaemia. • WFP transitioning to e-voucher soon in the camp, people can shop more frequently.	

• PlumpySub needs JFDA approval. Equivalents produced in other countries. Saha company violated the BMS, brings about ethical considerations. • Whatever product is chosen, will have to be presented in neutral packaging. • Maybe create a safety period to try and build up better practices of dietary diversity. Identify a product but also think of the future, as tough decisions will have to be made. • What about sprinkles? Tried to import them for Syrian refugees at the beginning of the crisis as part of IYCF but was not approved. ○ Sprinkles were discussed in the strategy and were found to be inappropriate. A lot of programming around it; failed in Kakuma refugee camp in Kenya, for example. CDC didn't think sprinkles are a good idea. • Plan is to do another Nutrition Survey in second half of 2015. • Strengthening the flour fortification programme, will go part of the way, but also have to consider dietary diversity and practices. CFSME showed poor dietary diversity especially among 6–23 months age group. • Not *one* solution; will take some time to see results. • Treatment for SAM is more important. Other countries use PlumpyNut until they reach exit strategy for MAM. MAM cases need close monitoring but numbers are not high.	
9. Nomination for gender focal points • Sector Gender Focal Point Network (SGFPN) being reactivated, call for nominations was sent around. • Rozan Khalifa from Oxfam will be the NWG Gender Focal Point (GFP).	

• Training will be held at the end of August, and GFPs are expected to attend their sector meetings, as well as SGPN meetings.	
10. M&E for nutrition inverventions Due to timing constraints, this agenda item was tabled until the next meeting.	
11. Agency updates None.	
12. AOB • JHAS had one case in Mafraq of a mother with uterine cancer, unable to breastfeed. Will provide cash assistance to cover BMS. No formula being provided through the clinic.	