

# Nutrition Working Group/ Task Force

Of the

## Food Security & Nutrition Cluster/ Sector

Time: Tuesday, 8<sup>th</sup> Sept 09 @ 11.30am – 1.00pm

Venue: UNICEF Office – Room A, Jerusalem

### Draft Minutes

#### Participants

Name	Agency	Email Address
Caroline de Hilari	Save the Children	<a href="mailto:chilari@savechildren.org">chilari@savechildren.org</a>
Ekci Suyapno	FAO	<a href="mailto:ekci.suyapno@fao.org">ekci.suyapno@fao.org</a>
Lani Trenouth	ACF	<a href="mailto:fs-pt-je@acf-e.org">fs-pt-je@acf-e.org</a>
Caterina Galluzzi	WFP	<a href="mailto:caterina.galluzzi@wfp.org">caterina.galluzzi@wfp.org</a>
Antoine Renard	WFP	<a href="mailto:Antoine.Renard@wfp.org">Antoine.Renard@wfp.org</a>
Dr. Jorge Martinez	WHO-HCC	<a href="mailto:jma@who-health.org">jma@who-health.org</a>
Nadine Khalaf	ANERA	<a href="mailto:Nadine@anera-jwg.org">Nadine@anera-jwg.org</a>
Rand Salman	ANERA	<a href="mailto:rand@anera-jwg.org">rand@anera-jwg.org</a>
Surieal Khouri (Halaseh)	Oxfam-GB	<a href="mailto:shalaseh@oxfam.org.uk">shalaseh@oxfam.org.uk</a>
Douglas Higgins	UNICEF	<a href="mailto:dghiggins@unicef.org">dghiggins@unicef.org</a>
James Kingori	UNICEF	<a href="mailto:jkingori@unicef.org">jkingori@unicef.org</a>

#### Introduction

The meeting started with an introduction of the members. Present were 11 participants from 8 agencies. Introduction of the agenda was made with a note that this was the first formal Nutrition Working Group/ Task force meeting to be held in Jerusalem, since May 2009 though other meetings were taking place in Gaza. Its purpose was mainly to consolidate the Nutrition stakeholders' contribution to the ongoing Consolidated Appeal Process discussions and to define on future Nutrition stakeholders' representation in other different forums particularly in Health and Food Security. It was noted that currently Nutrition issues are addressed in the Food security and Nutrition Cluster.

It was noted that a number of nutrition and related activities were being undertaken across oPt – some by the Ministry of Health, by NGO and UN and there was need for exchange on information and strategy harmonisation. Some of the activities noted include ad hoc nutrition assessment, micronutrient supplementation, management of acute malnutrition in Gaza, infant feeding promotion (including breast feeding promotion), protocol development, capacity strengthening particularly the health workers using the MCH handbook, food distribution, etc. Effort to incorporate nutrition indicators in the food security assessment is being made. The need to enhance collaboration with as many sectors as possible was underscored for purposes of complementarities of effort. The basic challenge of lack of recent nutrition data has been recognized and the plans for a nutrition assessment in Area C in Oct2009 (UNRWA/ WFP/UNICEF) and later in the rest of the areas with MoH/UNICEF leadership.

Based on the recent past discussion and field level consultations, the priority thematic areas for the CAP 2010 have been noted as the following:

- Nutrition surveillance improvement - ensure regular/updated nutrition data through nutrition surveys/assessments and sentinel sites and other clinic/ facility based data analysis
- Improvement of child care practices with particular emphasis on appropriate infant feeding promotion, exclusive breast feeding promotion, counseling services in clinics and
- Promotion of regular facility/clinic based nutrition interventions --- micronutrient supplementation, growth monitoring, nutrition education, counseling services at ante-natal clinics and post-natal clinics
- Management of acute malnutrition through therapeutic and supplementary feeding sites, e.g. the Gaza therapeutic units
- Capacity strengthening of health and nutrition workers (MoH in particular) on both emergency and non - emergency nutrition issues, and deliberate integration of nutrition with other pertinent sectors (health, food security and water and sanitation). Also to involve strengthening coordination of response.

#### Nutrition as it relates to other sectors in oPt

Inquiry on how nutrition programme coordination have fitted into other sectors and how other nutrition stakeholders view the current arrangement on nutrition being coordinated alongside food security was made by UNICEF.

**WFP** pointed out that a desk review was done in 2006 where nutrition surveys and other literature indicated the need to focus more on nutrition. Micronutrient deficiencies were reported, particularly anaemia in particular pockets. In this regard, WFP considered nutrition as a secondary sector in the course of food security assessment and food distribution and monitoring. A pilot project on Positive Deviance (a life skill project) was initiated and had some positive results. However, due to management problems of the implementing partner, the project had to be stopped.

Further linkages were maintained between nutrition and food security through joint programming and maintenance of communication. Food fortification, school feeding, raising awareness on food handling etc are additional food security and nutrition activities. WFP upholds the food security as an integral part of nutrition and the vice versa. Due to this

relationship, nutrition was linked to food security in the overall sectoral coordination. WFP reported that they closely liaise with the Ministry of Social Affairs in their regular activities.

**Save the Children:** SC notified members that currently they cannot implement programmes through schools or hospital in Gaza since they cannot work with any of the authorities in Gaza. They are exploring undertaking programmes in school health based on the recent baseline assessment undertaken. Preliminary results have just been released and they indicate serious nutrition concerns particularly on micronutrient and infant feeding practices. SC pointed that their programme experiences acknowledge the strong programme relations that nutrition maintains with food security as well as with health.

#### **Nutrition assessment preliminary results by Save the Children**

SC carried out a programme baseline in some potential programme areas in Gaza between June and July 2009. The sites selected were mainly geographical areas affected by the recent incursion. Some of the children assessed were mainly war-children (6 month old children born at the climax of invasion).

**Breast feeding:** An exclusive breast feeding prevalence of 2.7% was recorded. Also recorded in the study is how, due to lack of awareness, many NGOs received donations of breast milk substitutes. It was noted that some of the activities were undertaken by short-time financed projects. Programme areas of interventions – massive campaign for breastfeeding promotion.

**Child anaemia:** Out of the 328 children assessment about 70% of them had anaemia. Also recorded was that 56% of those children had received iron supplements, though only 11% of those who received had taken them (low compliance). One of the reasons given for not taking iron supplements is the mothers' fear of staining their children teeth. Some of the programme areas being explored are use of sprinkles and positive deviance strategies. It was noted that about 100 sachets cost about 3 US\$. (It was noted that a pharmaceutical company had introduced sprinkles in oPt but rejected by the Ministry of Health. Further discussions can be pursued by the MoH's Director General. Ard El Ensan was carrying out assessment of all children they came across.

**Stunting Status:** Among the children assessed, about 10.2% of them were stunted

**Post-natal care:** The post natal care is limited in some parts of Gaza. There is limited contact with health care system. Not all assessed children had regular contact with health care providers.

Other results: There were cases of diarrhoea reported in the assessed community. Programme areas being explored include zinc distribution and its compliance analysis as well as water and sanitation programmes.

**WHO:** Noted that they have been involved in some nutrition activities particularly in Gaza. These include. Revision of national strategies and plans; revision of micronutrients supplementation protocols and guidelines; Improving nutrition surveillance system; empower technical capacities on infant and young child feeding practices and support policy implementation and establishment of supportive roles and regulations in hospitals and MCH units and supporting the flour fortification program management.

**ACF:** Currently involved in protocols and practices improvement in food security and water and sanitation. Generally ACF underscores the need for stronger linkages in nutrition and food security. ACF noted that as a tradition, they undertake an integrated nutrition, food security and WASH programmes for effective programming.

**ANERA:** High rates of zinc deficiency of anemia found in WB; desire to pilot sprinkles but have faced significant resistance from MoH; sprinkles were well accepted by sample of beneficiaries particularly because of a more palatable taste and no staining of the teeth as conventional iron supplements do.

From the discussions held, the need for strengthening the Nutrition Working Group/ Task Force was identified to articulate the programmatic linkages of nutrition and other sectors as well as facilitating focused attention on nutrition baselines, response strategies, guideline development and application among others. The discussion pointed out that there is need for improved collaboration of nutrition actors with both health and food security sectors. Irrespective of under which sector (food security or health) nutrition is placed under, the linkages, contribution to those sectors and the representation need to be clear. The members observed the tendency to have a treatment focus when put under health vis-à-vis as prevention when under food security. In both ways, nutrition input is needed. It was therefore concluded that though further discussion may be held, at the moment, Nutrition Working Group remains under Food Security and Nutrition Cluster/Sector and all the nutrition CAP related input to the response plans and project sheets projects will be done under FS&N cluster. Discussion with the Health Cluster should be strengthened. The vetting process of the nutrition project will involve the Nutrition Department of the Ministry of Health.

Finally, in an effort to compile who is doing what where (3w) on nutrition, a sketch of the 3W was shared in an effort to compile the various agencies nutrition activities. It was noted that similar information is also update online on the OCHA website. Follow up will be made to facilitate regular updating of the response information.