

IASC Nutrition Cluster/ Nutrition Working Group

Minutes of meeting held at 0900hrs, Monday, 6th October, 2008

Kalson Towers, SSS Conference Room

Participants

Danka Pantchova	ACF	Irene Bosire	Mercy USA
Jitske Brouwer	Medair	Rosaia Ruberto	Intersos
Erin McCloskey	Concern Worldwide	Lisa Peterson	UNOCHA
Agane Abdullahi	AMA	Suleiman Abdi	NARDO-RUDO
Fitsum Assefa	UNICEF	Shafi Aden Ulgas	ASAP
James Kingori	UNICEF	Mahat Mossa	HIRDA
Penina Muli	UNICEF	Jamaa I. Mohamed	Mercy Corps
Dr. Kamran Mashhadi	SSS	Matthew Walsh	USAID/OFDA
Lucy Maina	IMC	Apologies	
Keith Ursel	WFP	Grainne Moloney	FSAU/FAO
Genevieve Chicoine	WFP		
Heile Gebrie	WFP		

1. Introduction and Background

The meeting commenced with self introduction of the members present. In total, 20 members from 16 agencies participated. The status of the action points from the September 2008 meeting were reviewed (see back page). The minutes of the Sept 2008 Nutrition Cluster/ Nutrition WG meeting were endorsed without correction.

Action points from the October 6th, 2008 meeting

Action Point	Who	When
To improve the personal details recording of children, where date of birth and immunization status can be recorded, possibility of providing Growth Monitoring cards to children during the assessment exercise was proposed. Follow up to be done.	Nutrition Cluster Coordinator	By 20 th Oct 2008
Re-circulate the Nutrition Assessment/ Survey questionnaire to members for their review.	FSAU/ Nutrition Cluster Coord.	20 th Oct 2008
IMC to review their operations feasibility in Bay and Bakool and share their review with WFP among others. Details of the screening activities to be shared	IMC	By 10 th Oct 2008
Roll out of the WHO 2006 standards: Agencies notified of the transition from NCHS to WHO 2006 standards: The WHO 2006 standard tables to be availed (laminated copies)	Nutrition Cluster Coordinator/ UNICEF/FSAU	Nov 2008 Nutrition Cluster meeting
<ul style="list-style-type: none"> • WFP to share the details of the geographical areas/ programme areas where they are missing beneficiaries yet the populations have been reported to experience nutrition crisis (intervention surpassing the target group) • WFP to share with the nutrition cluster the food basket composition which they are distributing currently 	WFP	By 20 th Oct 2008
Provide information on the population movement that is associated with beneficiary targeting difficulties reported by WFP	FSAU	November 2008 Nutrition Cluster Meeting
SHSC to be informed of the lack of TB treatment in Mogadishu and the challenges encountered by the implementing agencies when facilitating travels of patients within Mogadishu and environs	Dr. Kamran	10 th Oct 2008
Capacity building of LNGOs effort: To identify the LNGOs currently engaged by various agencies and possibly have undergone some capacity strengthening (technical and programme management/ fundraising), mapping of the LNGOs was proposed	OCHA/ Nutrition Cluster Coordinator	November 2008 Nutrition Cluster Meeting
From previous meeting (Sept 2008)		
A distribution plan of 500 IEC materials to be prepared by UNICEF (copied to FSAU). A reminder to nutrition stakeholders to be sent out seeking requesting for details on the use of the IEC materials in programmes	UNICEF/ Cluster Coordinator	10 th Oct 2008- send reminder 20 th Oct 08 – agencies submit their requests

Agencies to submit a paragraph on the IEC material dissemination strategy to UNICEF alongside the official requisition.	Partners	
Revised draft of the survey guidelines to be shared with nutrition stakeholder for input	FSAU	Draft to be available in Oct 2008
UNICEF to share the draft strategy for the distribution of plumpy doz. Re-circulation recommended in case some more comments were received	UNICEF/ Cluster Coordinator	The strategy was shared and comments received from some individuals. Re-circulation by 17th Oct
Nutrition Cluster's strategy harmonization update and Way Forward – partners to forward comments to Peter & James by Tuesday, the 2nd Sept. If additional comments have been incorporated (after the Geneva meeting), draft to be shared again	UNICEF-ESARO/ Cluster Coordinator	Comments received and consultation ongoing. Feedback after the Geneva meeting to be incorporated. Revised draft to be shared by end 20th Oct

2. Situation Update

2 (a) Nutrition Update (FSAU)

With the absence of FSAU from the meeting, there was no detailed update on the nutrition and food security situation. However, in the course of the discussion, issues raised include the need for close monitoring on the prices, rainfall patterns and implications of civil insecurity due to their obvious influence in food security situation.

On nutrition, preparations to undertake about 20 nutrition assessments by end of 2008 are underway. Agencies were encouraged to share their plans for assessment as well as liaising with FSAU in the forthcoming nutrition assessments. It was noted that through their participation, possibility of analysing their programmes delivery can also be incorporated in the assessment tools. Agencies requested for a sample questionnaire used in assessments for their reference and possibly review. They were also informed that that a sample questionnaire is available in the draft Nutrition Assessment/ Survey Guidelines (under review) and comment would be welcome to enrich it.

Provision of basic recording to children, where age and immunization status can be documented was also briefly discussed. This would improve personal details documentation of children and possibly improve the population recording in Somalia, in the future. Possibility of providing Growth Monitoring cards to children during the assessment sessions was explored and will be pursued further.

Nutrition Programme Issues

The prevailing insecurity was noted to negatively affect the surveillance/ screening activities as well as response delivery (including transportation and distribution of supplies). Insecurity is affecting humanitarian access and presents challenges in population movement (to both humanitarian agencies team and beneficiaries).

A case in point is the security-related interruption of IMC programmes in Huddur, Rabdure, Dinsor and Qansaxdheere district which is of concern to the stakeholders in view of the widening response gaps likely to emerge. WFP sought information on how the SFP beneficiaries will be assessed in view of the interrupted IMC operations. A review on the programme feasibility in terms of screening of the moderately malnourished will be done by IMC. IMC will share their observations with WFP among other stakeholders.

WFP raised concerns of absence of beneficiaries in some programme areas in contrast to some agencies indicating regular presence of beneficiaries. WFP was requested to provide details of the areas they have concerns of population movement to a level of undermining the response implementation. In addition, WFP was requested to share with the nutrition cluster the food basket details of their current food rations (currently being distributed).

ACF reported they planned to undertake blanket supplementary food distribution in Wajiid from mid Oct 2008. This would improve the current coverage. They reported not to record any change (increase or decrease) in admission over last month in their programmes. ACF also updated members that they are using the 2006 WHO standards in the feeding programmes and sought for experiences from other agencies using these reference standards rather than the NCHS references. Members were encouraged to share their experiences in view of the recommendation to roll out the 2006 UN-WHO standards. The need to avail the new UN-WHO Z score tables/standards was identified.

On the supplementary plumpy implementation strategy by WFP, ACF promised to share the comments with WFP for their consideration. The draft strategy was noted to require more input and technical review from members.

Clarity was sought on the management of moderately malnourished - kalazar patients by IMC as well as the cases referred from the TFC or kalazar clinics and in need of follow up. It was noted that the new admission into the feeding programme need to be put under both treatment (against kalazar and malnutrition) while those referred to the SFP for follow up (after kalazar treatment) require to be properly documented (records on their status on admission). The usual follow up of cases through the SFP need to be done to manage those ex-kalazar cases.

Health Issues affecting Nutrition

ACF reported the challenges encountered in the TB cases management in Mogadishu due to lack of drugs in the nearby TB clinic for the past two months. There are no essential services through the “Manhow” Clinic. This information will be shared with Dr. Kamran, SHSC.

Cases of cholera were also reported in localised areas of Jowhar and Merka hence awareness and promotion of hygiene promotion are needed.

3. Resource mobilisation and other response Update

The 2009 CAP Update

The Nutrition Cluster Response Plan for the 2009 CAP has been finalised and drafts for the Nutrition Project Sheets have been developed. It was noted that the Response Plan development process was subjected to some rigour to identify target indicators and some bench marks against which the progress can be monitored by mid 2009 and later in 2009. In addition was the emphasis on cross cutting issues including gender, HIV and capacity building at both response plan and project sheet development.

Comments have been given to the draft project sheets and feedback was expected by 6th Oct 2008 (COB). Fifteen nutrition projects have been submitted for the CAP consideration, with an additional one which raised concerns due to similarity to one of the 15 projects submitted. The project sheet which seemed to have been copied from an already submitted project was rejected due to questions of its validity, lack of details of the LINGO which submitted it and lack of previous contact or engagement in nutrition activities. Below find a draft summary of the projects submitted for the 2009 CAP consideration.

AGENCY	Project Title/ Theme	Budget
UNICEF	Emergency nutrition response - saving children's lives from death and disability due to malnutrition in Somalia	26,588,109
INGO		
CISP	Emergency nutrition intervention in South Mudug and Galgaduud Region	640,000
Medair	Integrated Emergency Nutrition Program in and around Burao, Togdheer, Somaliland	449,862
Medair	Integrated Emergency Preparedness and Rural Nutrition in Middle Shabelle, Somalia	463,846
Mercy USA	Improving management of acute malnutrition for communities in Hiiran, Middle Shabelle and Middle Juba regions through strengthening of the technical capacity of program staff	61,840
World Vision Inter	Bakool CTC nutrition intervention project	380,200
World Vision Inter	Middle Juba Health and Nutrition Intervention Project	1,380,000
Relief International	Emergency Nutrition Programme in Mudug and Nugaal to reduce public health risk associated with acute malnutrition among children	1,996,999
INTERSOS	Emergency Nutrition Project for conflict affected populations in Middle Shabelle Region (Jowhar, Mahaday, Balad, Warsheik and Awadley districts), with special focus on children and women in IDP and rural settlements	500,000
	Sub-total for INGO	5,872,747
Local NGOs		
ASEP	Community based nutrition program through SFP	189,000
DIAL	Emergency Nutrition Response Project	183,000
HUMAN DEVELOPMENT CONCERN (HDC)	Promotion of integrated response to nutrition through community capacity strengthen in Bardera, Gedo	39,000
Somalia Action for Community Devt (SACOD)	Targeted emergency supplementary feeding programme for children and vulnerable populations in Janaale, Marka, Lower Shabele	320,000
Somalia Aid Foundation (SAF)	Strengthening the emergency nutrition programme in Afmadow and Hagar Districts of Lower Juba, Somalia	164,743

International Somalia Rehabilitation Association (ISRA)	Nutrition Education & Social Mobilization Project in Bakool Region, Somali	60,708
Sub-total for LNGOs		956,451
Grand Total for Nutrition Cluster, CAP 2009 Projects		33,417,307

All these projects will be shared with the Humanitarian Coordinator and OCHA for their review and comments. Agencies will be notified accordingly in case of any clarification needed.

It was noted that Relief International proposes some programmes in the Central Regions with intention to implement through partnership with local agencies. CISP proposes an integrated programme in Eldeere, Galcad and Haradheere District.

Agencies were also urged to make use of the Humanitarian Response Fund (HRF) for urgent programme implementation. A note was made that capacity building can also be supported, if there is strong connection between capacity strengthening and nutrition response implementation.

Emergency Response Matrix

The Emergency Response Matrix detailing the “Who is doing What Where” has been revised and shared with the various nutrition stakeholders. The mapping of these interventions will follow in an effort to identify response gaps. Additional comments were however welcome to update it further. Update on the progress on the status of the proposed/ planned activities was sought to facilitate response monitoring.

The involvement of the local NGOs in the expansion plans was also explored to realise the proposed plans. More partnership between UN and NGOs and INGOs and the LNGO was underscored to enhance coverage. Through INGO vs LNGO partnership, capacity strengthening of the later will be pursued. It was noted that some LNGOs are excessively engaged by multiple and diverse activities/ tasks which lead to overstretching their capacity and finally compromise on programme quality. Mapping of the LNGOs with various capacity strengths was proposed.

AOB

- Global Nutrition Cluster Meeting: Brief update on the Global Nutrition Cluster Meeting (16th – 18th Sept) was provided. Experiences on the cluster implementation were shared across countries as well as technical discussions by the Assessment Working Group (AWG) and Capacity Development Working Group (CDWG). Detailed discussions on the SMART and the 2005 UN-WHO references and their roll out were held in the AWG while the Harmonised Training Package (HTP/ NiE) and related capacity building and work plan issues were addressed in the CDWG. Briefing notes from this Global Cluster Meeting will be shared once available.
- Food Aid – Nutrition Meeting: The meeting was held on 10th Sept to harmonise the priority areas between the 2 clusters as well as enhancing the complementarities of programmes in the implementation.

Action points from the September 1st, 2008 meeting

Action Point	Who	Status
Provision of the nutrition assessment/surveys summary for the key findings from the surveys detailing month, population assessed, lead partners, GAM, SAM, mortality rates	FSAU	The summary availed in the back page of the July/Aug 08 Nutrition Update
The challenge of preventing and controlling Kalazar in Bakool areas to be raised with Dr. Kamran of the HSC and the Health Cluster Coordinator	Cluster Coordinator	SHSC informed of the concerns. Noted that Kalazar is prevalent in northern Kenya and parts of Somalia. Response and awareness is needed to prevent infection (staying far from livestock in the morning and evening). Agencies were requested to contact Dr. Kamran and Merlin for further support/details.
Provide comments to the nutrition response plan for the 2009 CAP meeting	NWG/Cluster members	Comments received and the Response Plan was finalised. Project sheets were drafted and are under review.
SFP guidelines: Nutrition Cluster engaging a consultant to pull comments on the current draft together and develop a road map to community based management of acute malnutrition	Cluster Coordinator	Selection of the candidate has been done and recruitment process is underway. The SFP guidelines review to commence once the contract is finalised.

The next meeting to be held on November 3rd, 2008 at 9.00 am at SSS Kalson Towers