

Nutrition Working Group/IASC Nutrition Cluster

Minutes of meeting held at 0900hrs, Monday, June 30th, 2008

Kalson Towers, SSS Conference Room

Participants

Fatuma Abdirahman	ACF	Jitske Brouwer	MEDAIR
Danka Pantchova	ACF	Yeshareg Wondemu	WVS
Abdi Tari	CISP	Ahono Busili	FSAU/FAO
Fred Chumba	IMC	Grainne Moloney	FSAU/FAO
Erin McCloskey	Concern WW	Owen Calvert	FSAU/FAO
Marius Mulles	MSF-H	James Kingori	UNICEF
M.M. Wairah	APD	Carrie Morrison	UNICEF
Abdiribah A/wahid	APD	Alison Omar	UNHCR
Dr. Mapesa B	GHC	Mohamud Hersi	WFP
Brigita Mrima	GHC	Mawadri Michael	WFP
Dahab Hussein	GHC	Pushpa Acharya	WFP
Irene Bosire	Mercy USA	Marijka van Klinken	FAO
Eng. Warfa Balow	SWRDA	Dr. Kamran Mashhadi	SSS/UNOPS
Claire Orengo	MEDAIR		

1. Introduction and Background

The meeting commenced with self introduction of the members present. In total, 27 members from 17 agencies participated. The status of the action points from the June meeting were then reviewed (see back page)

Action points from the June 30th, 2008 meeting

1. Highlight concerns over low measles coverage at higher level, EXCOMM	Dr Kamran SSS Health Coordinator, FSAU	SSS HC & FSAU to highlight the results from nutrition survey at next ExCom meeting (July 4 th) and the concerns in the current situation where malnutrition rates are of great concern.
2. Task force on CMAM	UNICEF, ACF, Concern, IMC, WVI, Medair	UNICEF to convene a meeting to discuss issues around new strategy for CMAM including reviewing Kenya material for scale up in May – to meet Monday July 7 th at 2.30pm – Venue TBC
3. Task fore for harmonization of strategies severe malnutrition treatment and for preventing and treating moderate malnutrition in Somalia	UNICEF, Concern, WFP, ACF, WVI, IMC	Meeting to be held at FSAU Wednesday July 2 nd at 2.30pm – WFP to present their proposed strategy using Plumpy'Doz and improved CSB and consultation to be held with key technical partners on agreeing on a common approach
4. Emergency Response Strategy scale up - using Plumpy-doz	Cluster Coordinator UNICEF, and partners	Partners to continue following up with their HQ. Gap analysis to continue – developed by cluster coordinator to identify areas requiring new partners – mapping exercise to be conducted – ongoing report back at August NWG/Cluster
5. Baidoa IDP strategy	UNICEF, WVS, COOPI, ACF and DMO	Partners to meet – meeting to be called by Nut Cluster coordinator in July – feedback in Aug NWG/NC
6. Puntland - specifically Garowe & Bossasso nutrition responses	Cluster Coordinators – partners in Puntland	Following exhaustive assessment of IDP in Garowe with 22% GAM and needs ++ in Bossasso no response has been undertaken –need to liaise with Puntland Cluster to find out plans and the requirements for them to respond. – feedback at August NWG
7. Need clarification over malaria protocol and source of Fansidar for ACF	ACF / UNICEF	ACF to contact Malaria Focal Point , Tanya Shewchuk at UNICEF for clarification – feedback at August NWG
8. Roll out of new WHO Growth Standards	FSAU	FSAU to share the fact sheets, once developed, on the implication of and reasons why the new WHO standards are necessary and how the numbers of malnourished children will vary. Implementing agencies to continue to report findings based on both NCHS and WHO 2005 anthro, for one year. After which, the WHO 2005 alone will be used
9. Calculation of new caseload on estimated numbers of acutely malnourished children	FSAU and UNICEF	FSAU to update planning figures using 2008 surveys and WHO Standards rates. Also # estimated to be calculated using MUAC. To be circulated to key partners before next NWG.

using new standards and cut offs of <-3WHZ and MUAC for planning purposes based on 2008 figures		
10. Draft statement on behalf on NWG / Cluster to highlight concerns as to current situation with focus on encouraging alternative strategies due to reduced access – as lobbying and advocacy tool	NWG/NC Members – draft to be prepared by chair and co chair	FSAU/ Cluster Coordinator to draft a statement on current concerns over access and nutrition situation and possible strategies for response for advocacy and fund raising. To be circulated to partners for review in next 2 weeks
11. Finalisation of IEC material – feedback from remaining agencies on pilot testing	IMC, WFP, UNICEF & GHC	Remaining agencies to provide feedback on translated IEC material to FSAU and UNICEF by COB July 11 th so that products may be finalised and printed.
12. Circulation of web link to facilitate access to nutrition in emergencies modules	Cluster Coordinator	By the next meeting
13. The food aid cluster to be informed of the areas of concern based on findings from nutrition assessments (CARE in Eldere, Adaale & Hiran and WFP's SFP component)	Cluster Coordinator	Feedback in the August NWG

2. Situation Update

2 (a) Nutrition Update

FSAU reported that the nutrition situation is generally above critical levels and some deterioration has been recorded in some of the recent nutrition assessments. There are some assessments that have shown high rates of SAM and elevated mortality. Below is a summary of the GAM, SAM and mortality rates recorded in 12 nutrition assessments conducted in Somalia.

The nutrition assessments for Juba and Hiran are being finalised while the Bay and Bakool assessment had to be postponed due to the prevailing insecurity in Bakool (Huddur/ Wajid).

Location	GAM (% WHZ <-2 or Oedema	SAM (% WHZ <-3 or Oedema	CMR Per10,000	Interpretation of current situation
Hawd LZ	19.3 (15.6-23.0)	2.3 (0.9-3.7)	0.62 (0.3-0.93)	Critical
Addun LZ	18.4 (14.9-21.8)	2.8 (1.2-4.4)	0.65 (0.30-0.9)	Critical
Gedo Riverine	21.5 (17.6-25.4)	4.2 (2.2-6.3)	0.76 (0.28-1.26)	V. Critical
Gedo Agro pastoral LZ	18.8 (15.2-22.3)	1.9 (0.9-2.9)	1.37 (0.79 – 1.95)	Critical
Gedo Pastoral LZ	23.3 (18.9-27.7)	3.0 (1.8-4.2)	0.90 (0.49-1.32)	V. Critical
Garowe IDPs	22.6	1.5	0.38	V. Critical
Galcayo IDPs	21.1	1.4	0.66	V. Critical
Shabele Riverine	13.7 (CI: 9.6-17.7)	3.8 (1.8-5.9)	1.39 (0.1-2.79)	Serious
Shabele agro-pastoral	18.8 (14.4-21.8)	3.5 (1.7-5.3)	0.97 (0.29-1.66)	Critical
Shabele IDPs	16.0 (11.5-18.4)	1.0 (0.2-1.8)	0.96 (0.2-1.8)	Critical
Shabele – Adaale District	13.6 (9.2-18.0)	3.2 (1.6- 4.9)	1.31 (0.91-1.70)	Serious
Wajid District	22.3 (18.2-26.4)	2.5 (1.3-3.7)	0.71 (0.44-0.99)	V. Critical

Ethiopia Situation Update (June 08)

The nutrition situation in Somali region of Ethiopia is reportedly critical and data verification for some recently conducted nutrition assessment is underway. The response however continues despite limited access in some areas. Extract from a recent update on Somali Region indicate that MSFH have reported concerns on AWD (cholera), measles, high morbidity and U5 mortality in Warder zone. The MSF-H's health and nutrition units in Warder Zone rehabilitated about 200 severely malnourished cases, despite access limitations.

ADRA in Afder reported rising admissions to OTP/SC but not alarmingly so. Similarly IMC working in 3 woredas in Liben zone have reported increasing admissions in the last two months. MERLIN support mobile HN units in Gode (3 woredas) - and have reported rise in SC admissions at the MOH facility in Gode from 13 to 26 in May.

2 (b) Food Security situation update

FSAU reported that the imported commodities' prices remain extremely high, at a 5-year high and out of control due to the overall global food prices and devaluation of the Somali shilling. More than 70% of the cereals (rice, pasta, wheat) in Somalia are imported hence the global prices are heavily influencing food accessibility in Somalia. The shilling devaluation is affecting the poor wealth group with no access to USD.

The 2008 gu rainfall received is less than expected and it's localised (in Shabele and Juba). Onset of the hagar rains is triggering some relief though there are some areas with continuing water stress e.g. northern Bakool and Sool/Sanaag. Water trucking has been on going in some areas and the livestock body condition is deteriorating, particularly in parts of northern Somalia. In the North-west Somalia, the karaan rains have started thus bringing relief in the area.

Insecurity is also deteriorating in some areas particularly in Beletweyne and Bakool areas thus limiting transportation and other livelihood related activities as well as delivery of humanitarian services.

FSAU update members on the Gu assessment plans where the field level planning commences on 1st July followed by field work from 4th July. Regional level analysis will take place after 2-3 weeks in selected areas. Among the issues under consideration in the Gu assessment include crop and livestock production, livestock body condition, prices, urban analysis, civil insecurity, vegetation coverage etc. The special FSRD meeting is tentatively scheduled for 22nd August.

2(c) Health issues affecting nutrition

Dr. Kamran informed members that a HIV project proposal was to be submitted to the Global Fund, Round 8, on 30th June 2008. Further, the need for a Health Sector strategy had been identified and should be a comprehensive broad based programme strategy. It was reported that the Essential Package for Health Services (EPHS) had been endorsed. Also endorsed is the disease surveillance package.

Dr Kamran stated that there have been no reported outbreaks during the reporting period but that EPI coverage is noted as unacceptably low; an extremely concerning situation with the high malnutrition prevalences.

ACF reported that they have not got the recommended malaria treatment drugs. They reported that they are using the Fansidar in the prevention of malaria to the pregnant mothers but it is no longer available in Kenya (not part of a revised Kenyan protocol)..

UNHCR indicated that they have resources to support water, drugs and salary incentive for health workers. This was part of Dr. Qassims recommendation in the integrated response.

Update on the cases of bloody diarrhoea reported by IMC in Dinsor was given. The areas had also recorded about 400 severely malnourished cases who had been admitted in the OTPs.

3. Response Update

ACF

ACF reported increased admissions in Hodan and Forlanini TFC in Mogadishu. By the last week of June, there were about 717 admissions into the feeding centres. In Dusamareb, the TFP and OTP had 200 and 117 admissions respectively in June while in Wajiid the TFP and OTP had 164 and 115 admissions respectively. ACF reported that they intend to expand the OTP services in Wajid and Mogadishu. ACF is currently experiencing limited access in Dusamareb.

GHC: Based on the beneficiaries increase and the poor condition of cases on arrival at the feeding programme, there are indications of deterioration in Gedo. Challenges of adequate supervision persist due to insecurity.

APD: The NGO is based in Afmadow and undertakes screening of children for malnutrition. Unfortunately, APD does not have nutrition interventions. So far, APD has registered 13 malnourished children and 29 pregnant and lactating mothers in need of rehabilitation.

Medair: Field level preparation in Adaale continues as Medair awaits security situation improvement in Middle Shabele. Medair however reported the absence of general food distributions in Adaale District.

UNHCR: Reported unconfirmed reports for back and forth population movement to Ethiopia and the deterioration of humanitarian situation in Ethiopia. The Dadaab border crossing re-opened last week. In Dadaab, screening of cases has begun as they cross the border with Somalia in Doble/Liboi area.

MSF-H: The admissions in Galkayio indicate increasing trends while that of Marere the admissions are relatively stable. Access to Marere was limited due to insecurity.

IMC: IMC reported increase in admissions in the Bakool feeding programmes and the smooth operation in Bay Region. IMC reported that in the Shabele OPD, they have recorded 739 moderately and 204 severely malnourished cases. They indicated that they intended to undertake nutrition interventions in Shabele, though could not due to lack of supplies.

SWRDA: Undertake some food aid activities in Bursaar, Elwak (Gedo).

UNICEF: Records increasing trends on admissions particularly the severely malnourished cases. The second round of blanket food distribution (Unimix) in Afgooye corridor by JUMBO will be in mid-July and planning is for a period extended up to the end of the year. In Bossaso, a SC has opened in the Bossaso General Hospital through the MOH. DRC will be supported by UNICEF to implement OTPS in the Bossaso IDP camps. Concerns were raised over the lack of consistent and complete GFDs in the Afgooye corridor and Bossaso.

CISP: Raised concern on nutrition vulnerability in South Mudug and South Galgadud area. The GFD is not regular hence food shortage in some Southern parts of Galgadud and Mudud. CISP intends to implement some emergency nutrition interventions in the coming days.

Baidoa Nutrition Interventions

The IDP and the Baidoa town nutrition response have mainly focused on the moderate malnutrition management. The gaps on severe malnutrition management still continue. It was noted that the SFP beneficiaries in Baidoa come from both the IDP and the urban/rural villages. The coverage of the ongoing interventions in Baidoa will hopefully be improved once the proposed decentralisation of services through outreach strategy is undertaken. The planned training on severe malnutrition management for Baidoa hospital staffs/ DMO and WVS staff given by ACF will hasten the Baidoa level severe malnutrition management initiatives.

The closure of the Idaale and Gofgadud Shabele SFP (rural areas of Bay), despite the deterioration of the nutrition situation, widened the response gaps. The current interventions against moderate malnutrition are partially covering the gap in Baidoa town and the northern part of the district. The southern part of the district needs emergency nutrition interventions.

Response gaps: Despite that a lot of activities are ongoing/ planned in Somalia and S/C in particular; there are still gaps in emergency response in areas like rural areas of Baidoa District, Burhakaba District, Southern Gedo, Hiran, Galgadud, Garowe and Sool/Sanaag area. The closure of WRRS and SAF managed SFP in Lower Juba widened the response gaps since the humanitarian needs still persist. In view of the persisting nutrition crisis and the inadequate response delivered, in the context of access and capacity challenges, the Nutrition Cluster/WG proposed to release a Nutrition Situation and Response Statement for wide circulation to humanitarian stakeholders, including donors.

Shabele Plumpy-doZ Distribution Update

UNICEF updated members that the planning for the plumpy'doz distribution for the Shabelles and Bossaso IDP camps is on course. Firm commitments from implementing partners are still needed and bilateral meetings are planned. The Plumpy'doz supplies for the first round have been procured and should be in-country by the end of July 2008. UNICEF's recruitments of the project's coordinator and logistician are in progress. A technical meeting on the strategies for uses of RUFs (all products) was proposed for Wednesday, 2nd July.

WFP Update

WFP reported that they intend to improve the quality of the current CSB to provide more micronutrients. They are planning for a complementary CSB (and other food commodities) to the 2-monthly plumpy doz distribution. The visiting WFP official Pushpa Acharya, WFP Rome, indicated that WFP is considering plumpy doz distribution to

the moderately malnourished cases and accompany it with CSB++ (with additional milk and micronutrient). It was noted that there is need for adequate food access at the household level, alongside plumpy-do.

Concern of the family ration inadequacies in SFPs was brought to the attention of WFP, an issue that WFP promised to follow up. The need for timely delivery of unimix and family rations was underscored.

4. Other issues discussed/follow up

Feedback on WHO standards meeting (FSAU)

In order to address limitations of the NCHS reference to cater for all children globally, the UN-WHO conducted a cohort study of the growth of 8440 healthy breastfed infants from Brazil, Oman, United States, Norway India, and Ghana with the aim of developing new reference standards over a six year period. Findings were rolled out in 2005. The UNSCN requested for more research on the WHO 2005 in nutrition in emergencies due to concerns raised by various agencies implementing nutrition in emergencies programs (such as MSF) given the large differences in numbers of children estimated to be severely malnourished compared to the NCHS references. However following 2 years of study the conclusion is that UN-WHO 2005 is the more appropriate reference to refer to as it is a more sensitive indicator of severe malnutrition particularly for younger children, <24months, and therefore is now endorsed as global reference standards. Therefore in June 25-27, 2008, the UNSCN held a meeting in Geneva, where FSAU's Grainne Moloney participated, to follow up on the WHO 2005 and develop recommendations for a smooth roll out process in the application in emergencies. FSAU has been reporting nutrition assessment findings based both on NCHS and WHO 2005 anthro and analysis indicates that rates of severe acute malnutrition doubles with the WHO 2005, while GAM rates remain consistent or slightly higher. Many more children 6-12 months will be now identified as SAM, <-3WHZ, compared to the NCHS references. These children identified to be <-3 Z-scores require interventions, as these children are the most likely to die but the research has shown that even with the higher threshold and higher numbers all these children also respond better to therapeutic programmes.

According to WHO 135 countries have already adapted the WHO 2005 anthro (according to WHO), although the level of applications are not fully understood, this may only mean a theoretical application and not full roll out.

Recommendations from the meeting:

1. The NCHS threshold of <-3WHZ provides more or less consistent results with the -4 in WHO 2005 reference – however the new <-3WHZ is more sensitive in identifying those children at risk of mortality and those that will respond well to therapeutic treatment. Therefore <-3WHZ should remain as the indicator for admission into TFC/SC/OTP
2. WHO recommended a review of the MUAC threshold for admission into therapeutic feeding program of 11.5 cm to replace <11cm but this decision requires roll out and endorsement globally which is likely in the next 6 months.
3. Sex specific charts have been produced for admission to accommodate differences in girls and boys
4. No clear recommendations for discharge criteria but research being conducted on proportion of weight gain rather than a specific threshold (-2z) or 12.5cm for MUAC. Further guidance is needed on this issue
5. No agreements on the MAM admissions or discharge

Somalia needs to move forward. Hence,

- Reporting both by WHO 2005 anthro and NCHS will continue for the next 1 year, after which we will phase out the NCHS and only report WHO 2005
- 3 fact sheets on the WHO 2005 anthro vis-à-vis NCHS references are being developed by the UNSCN Nutrition Working Group to provide information to donors and implementing agencies
- The 'case loads' will be re-calculated based on WHO 2005 anthro using <3WHZ for SAM and <-2 to >-3WHZ for MAM until further guidance is received
- Grainne to circulate documents on MUAC as requested by ACF
- Concern was raised that the discharge criteria remains vague – Further guidance is needed – global discussion are ongoing.

IEC Material piloting

ACF indicated that the revised draft of the IEC materials have been appreciated and were easily used by the CHW. Members were urged to provide comments by 11th July to FSAU after which point the IEC modules will be sent for printing.

NiE modules: Members were notified of the recruitment process of the consultant to facilitate the exercise. Once this is finalised members will be updated. In the mean time the internet link to access the modules was to be share out by the Nutrition Cluster Coordinator. <http://www.humanitarianreform.org/Default.aspx?tabid=488>. Globally, 2 consultants have been employed to facilitate the piloting processes.

Additional action points (status) from the June 3rd 2008 meeting

Action Point	Who	Status Update
Nutrition situation and response update across the border with Ethiopia (neighbouring Goldogob and Abduwaq)	Nutrition Cluster Coordinator	Update provide with GAM rates exceeding 20% being reported in Warder zone. Emergency nutrition response ongoing though some gaps still exist. More details to be provided once available.
Request the health and WASH sector/ cluster contribution in the nutrition technical and coordination discussion to realize integrated response	Nutrition Cluster coordinator/OCHA	Both sectors (plus more) invited and included in the nutrition cluster mailing list. Apology received from WASH coordinator.
Revision of the Nutrition Assessment Guidelines	FSAU to lead	Revision ongoing with incorporation of the globally endorsed recommendations.
Circulation of a soft copy of 'birth report' for comments from partners	FSAU	Option of using the Growth Monitoring cards explored as a more appropriate/ better documentation with more child essential details.
WFP scheduled to conduct a four day training to its partners in supplementary feeding, from June 16 th	WFP	Training carried out but excluded SFP component

The next meeting to be held on August 4th, 2008 between 9.00 am and 11.00 am at SSS Kalson Towers