

## Coordination Meeting

06 January 2015

09:00 – 11:00 a.m., UNICEF Office, Maungdaw

### List of Participants

Agency	Name	Designation	Email	Telephone
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ACF	Ms. Patricia Aliaga	Nutrition Programme Manager (BTD)	<a href="mailto:nuttpm-btd@mm.missions-acf.org">nuttpm-btd@mm.missions-acf.org</a>	
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Meeting chair: UNICEF

**Participants:** ACF, Malteser International, MSF-H, WFP and UNICEF

### **Agenda**

1. Introduction of participants
2. Review of action points of last coordination meeting (24.10.2014)
3. 3 W matrix updates
4. 2015 Nutrition Response Plan
5. Agency updates

- 6. Integration among agencies to maximize impacts and coordination system and identify gaps and ways to address current gaps
- 7. MR campaign preparedness
- 8. Collaboration with Ministry of Health at local level (vaccination campaign, capacity building etc.)
- 9. Tentative Meeting schedule for 2015

Agenda Item	Discussion Points	Action Point	Timeline / Date
Review of previous meeting action points	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>• UNICEF has already shared the 3 W matrix to ACF and WFP to update their activities.</li> </ul> <p><b>WFP</b></p> <ul style="list-style-type: none"> <li>• WFP also shared their 3 W with nutrition sector partners.</li> </ul> <p><b>Malteser International</b></p> <ul style="list-style-type: none"> <li>• External trainers were invited to Maung daw and trained local staff to improve their capacity for effective service delivery.</li> </ul>		
3 W matrix updates	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>• UNICEF presented updated 3 W matrix of the nutrition sector partners in 9 conflict affected townships.</li> </ul>	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>• To update 3 W matrix format by inserting some activity columns where required especially to separate OTP data from that of SC.</li> <li>• Combine village and village tract to capture better information provided by WFP.</li> <li>• 3W to be adapted in a way that it is easy to easily filter which agencies are working in specific locations.</li> </ul>	

2015 Nutrition Response Plan	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>UNICEF presented a summary of the 2015 Nutrition Response Plan highlighting goal and strategic objectives, funding requirements, key humanitarian issues of concern, sector objectives, indicators, target groups and priority interventions etc. Priorities for health were also presented so as to refresh all on areas of focus for 2015.</li> <li>HRP has already been shared with partners and any updated versions will be shared accordingly.</li> </ul>	Share updated versions of HRP	
Agency updates	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>UNICEF focus currently is on MR campaign and is supporting with vaccines and their delivery, IEC materials, cold chain equipment repairs and replacement to improve capacity, transportation and communication.</li> <li>UNICEF will also support SCI for 1 SQUEAC survey (Pauk Taw) and 1 SMART survey (Sittwe) to be conducted in Jan 2015.</li> <li>UNICEF is supporting the emergency referral system in 6 conflict affected townships through a partner.</li> <li>UNICEF continues to manage information systems for the nutrition sector as well as coordinate partners in implementing nutrition response plan.</li> <li>A coverage survey was suggested after the MR campaign</li> <li>Concerns were expressed why Vitamin A/Deworming were not combined with the MR campaign.</li> </ul> <p><b>ACF</b></p> <ul style="list-style-type: none"> <li>ACF already stopped SFP admission for Under 5 children at the end of Dec 2014 as they shift from NCHS to WHO criteria planned in April. The caseload will be increased 2 to 3 times and ACF does not have sufficient resources to cover the load. There are concerns regarding what will happen with the substantial gap of untreated MAM cases. WFP cannot completely fill the gap as their support will be provided on the basis of household vulnerability score other than by a child's nutritional status. ACF proposes to share info on coverage to see ways forward to fill the gap after stopping admissions of MAM. According to the SAM caseload that ACF will face in 2015, SFP for MAM children could be re-established</li> <li>ACF will continue with SFP for PLWs.</li> <li>SQUEAC survey in Buthidaung and Maungdaw already completed in Dec 2014.</li> <li>Anthropological study planned to be conducted in Buthidaung and Maung Daw in Jan 2015. This qualitative study has the aim to better assess beneficiaries and their</li> </ul>	<ul style="list-style-type: none"> <li>The methodology MoH will use for the evaluation of the campaign to be shared once available.</li> </ul>	

	<p>community environment.</p> <ul style="list-style-type: none"> <li>It is necessary to share data in order to fill possible gaps and avoid overlaps of activities between ACF and WFP in Buthidaung and Maungdaw. A training on referral and detection on SAM cases aimed for MoH Health staff has been conducted January 1<sup>st</sup> by ACF staff. The training saw the participation of a total of 65 MoH staff operating in MGD.</li> </ul> <p><b>WFP</b></p> <ul style="list-style-type: none"> <li>Coverage is in 51 most vulnerable villages where beneficiaries received food all the year round; Out of lean season, all under 5 and PLW will be targeted regardless of their nutritional status.</li> <li>Vulnerability score is used to identify villages for targeting.</li> <li>In Buthidaung and Maungdaw, around 17,000 Under 5 and PLW benefitted from WFP programme.</li> <li>BSFP will continue till end of April.</li> <li>School feeding intervention model and ration size will be revised.</li> </ul> <p><b>Malteser International</b></p> <ul style="list-style-type: none"> <li>Malteser International activities are ongoing and continues TB screening, referral and provision of food to TB patients in BTM and MDW.</li> <li>2 basic clinics are running and a third one is to open soon.</li> <li>Discrepancy noted in cost per service by agencies.</li> </ul> <p><b>MSF-H</b></p> <ul style="list-style-type: none"> <li>Usual activities are ongoing. There is no food distribution plan in 2015.</li> <li>3 fixed and 3 mobile clinics are operational.</li> <li>A doctor is working in the TB programme in MDW.</li> </ul>	<ul style="list-style-type: none"> <li>WFP to discuss with Maungdaw TMO the possibility of supporting the hospital with food.</li> </ul>	
<p>Integration among agencies to maximize impacts and coordination system and identify gaps and ways to address current gaps</p>	<p><b>ACF</b></p> <ul style="list-style-type: none"> <li>To find out gaps and overlap between ACF and WFP. It would be important to share info on coverage among the two agencies to identify gaps and ways to address them especially with regard to MAM cases</li> <li>A concern on increased SAM caseload when switches from NCHS to WHO criteria.</li> </ul> <p><b>WFP</b></p> <ul style="list-style-type: none"> <li>WFP implements preventive intervention but not targeting MAM patients.</li> <li>Gaps should be addressed.</li> </ul>		

	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>Gaps once identified will be shared with National Nutrition Sector Coordinator in Yangon.</li> </ul>		
MR campaign preparedness	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>UNICEF presented Measles and Rubella campaign preparedness and seeks partners' involvement in supporting Township Health Department for community mobilization.</li> </ul>	<p><b>UNICEF</b></p> <ul style="list-style-type: none"> <li>UNICEF to share some IEC materials (Soft copy) to partners in Buthidaung and Maungdaw townships.</li> </ul>	ASAP
Collaboration with MoH at local level (vaccination campaign, capacity building etc.)	<p><b>Partners</b></p> <ul style="list-style-type: none"> <li>Discussed the matters relating to discrepancy on cost for services in hospitals.</li> <li>A huge increase in cost of services for referred patients was observed since Jan 2014 till now and the partners need to standardize the costs for the hospitalized patients.</li> <li>MSF-H provide CD4 test and lab technicians for HIV programme and the investigations can be requested free of charge.</li> <li>Although HIV testing is free in the country, MSF has been billed for these services.</li> </ul>	<ul style="list-style-type: none"> <li>Meeting to be held on 26<sup>th</sup> January between agencies to discuss how much each agency is paying per service for referral cases.</li> </ul>	
Tentative meeting schedule for 2015	<ul style="list-style-type: none"> <li>Concern expressed as to whether the subsector meeting should continue or nutrition could be integrated into the health sector meeting which the Deputy SHD will be coordinating monthly since both meetings are attended by the same agencies. An agreement was reached that the once every 2 months sub sector meeting continues as we lobby for integration into the health sector meeting.</li> <li>Next sub-sector meetings the next 6 months in Maung Daw may be tentatively on 05 March 2015 ( Thursday), 07 May 2015 (Thursday) and 09 July 2015 (Thursday)</li> </ul>	UNICEF to draw a meeting schedule and share with other members for inputs.	
Way Forward	<p><b>Minutes:</b> UNICEF to share the minutes of the meeting.</p> <p><b>Next Sector Meeting:</b> <u>05 March 2015, Time and place TBC.</u></p>		