

Rakhine State Nutrition Sub-Sector Meeting

Date: 25/03/2015
Venue: UNICEF Field Office, Sittwe
Time: 02:00- 04.00h
Meeting Chair: Rakhine Nutrition Sub-Sector Coordinator (UNICEF)
Participating agencies: MHAA, UNICEF, WHO, SCI, SRNT, ACF, MSF, WFP, MNMA

No.	Agenda	Time	Who
1.	Introduction	5 mins	Meeting chair
2.	Review of minutes of previous meeting (10 March 2015)	15 mins	Meeting chair/all participants
3.	Vitamin A supplementation and deworming coverage	15 mins	SRNT
4.	Agency Updates on new activities, challenges, information sharing	20 mins	All agencies
5.	Discussion on last Nutrition Information report(Jan 2015)	20 mins	UNICEF/all participants
6.	Breast Milk Substitutes		
7.	Review of Nutrition Sector Response Plan (Humanitarian Response Monitoring)	20 mins	All participants
AOB			

Agenda Item	Discussion Points	Action Point/Status	Timeline / Date
1. Introduction	<ul style="list-style-type: none"> The meeting was well attended; all members present introduced themselves. 	All participants	
2. Review of minutes of previous meeting (10.03.2025)	<p>Sector members reviewed the status of action points from previous meeting and updates provided as follows:</p> <ol style="list-style-type: none"> UNICEF to liaise with SRNT to get the amount of Vitamin A and deworming supplies used for the campaign. Draft nutrition response strategy/work plan to be developed in subsequent weeks. Project Cooperation Agreement between UNICEF and 2 organizations (MHAA, ACF) to be developed by end of March 2015. MHAA to monitor how planned relocation in Mrauk-U may impact on the health situation of communities. Vitamin A Supplementation (VAS) and deworming activities to be monitored by all partners. MHAA to update on progress of VAS activities in Pauk Taw Township. ACF to provide VAS/deworming data and supplies received from Sittwe THD on completion of activities. ACF to follow up on MOU for screening with SCI. UNICEF to discuss with ACF Nutrition Programme Manager on covering the gaps in VAS campaign. WHO to finalize and follow up to see if the Reporting Form for health related issues can be adapted as a national tool. Nutrition Sector partners to provide more inputs if any into the draft document-operational and programmatic constraints. Sub sector coordination to provide feedback to ICC meeting that members do not see clear way forward with the proposed salary harmonization. 	<ol style="list-style-type: none"> Ongoing: SRNT is still collecting the reports from the townships and the data/ supplies updates will be ready by 26 March 2015. Ongoing Ongoing: To be fast tracked to ensure no prolonged interruption in service provision. Done MHAA presented that relocation did significantly impact on the IDPs health neither on service provision. Done; UNICEF monitored VAS/deworming activities by SCI in Ohn Taw Gyi camp on 17 March 2015. Coverage was noted to be high (over 90%) already based on numbers reached out of the targeted children. Ongoing: MHAA discussed about VAS/deworming with Pauk Taw Township Health Nurse who informed them that the Township Health Department will conduct the activities in IDP camps. However nutrition sub-sector still needs the updates on progress; SCI will follow up with Pauk Taw TMO. Pending: ACF to provide VAS data by 27.03. 2015 Ongoing; ACF already sent a draft MoU to SCI today (25.03.2015) for the latter's inputs. The agreement will be signed soon to facilitate identification and referral of acutely malnourished children. Done: ACF promptly agreed to conduct the activities in remaining uncovered areas in Sittwe. Ongoing: There will be a National Level health sector meeting in Naypyitaw on 31.03.2015 and WHO will 	<ol style="list-style-type: none"> By 26.03.2015 By 30. 04.2015 By 17.03.2015 By 31.03.2015 By 27.03.2015 By 11.04.2015

	<p>13. All partners to update 3 W matrix with latest information and receive updates from MHAA and ACF (NRS) and there were no updates/changes in SCI and ACF (Sittwe) activities.</p>	<p>advocate with the Ministry of Health on this matter. In April 2015, Health Cluster Coordinator will visit Sittwe and discuss with SHD about the tool and will update sector members.</p> <p>11. Ongoing; The subsector coordinator requested partners who still wished to contribute programmatic/operational constraints to so by end of March.</p> <p>12. Done: Nutrition Sub-sector Coordinator raised this issue in ICC meeting on 24.03.2015 to obtain ICC members' views on way forward with camp-based staff salaries. This discussion was closed at ICC meeting and will be left for education to do an analysis (ICCM meeting of 24.03.2015).</p> <p>13. Done</p>	<p>11. By 30. 03. 2015</p>
<p>3. Vitamin A supplementation and deworming coverage</p>	<p>SRNT</p> <ul style="list-style-type: none"> SRNT team is still collecting Vitamin A supplementation and deworming data from the townships but not yet finalized and probably it is ready by 26 March 2015. 	<p>SRNT</p> <p>To share Vitamin A supplementation and deworming coverage data and amount of supplies used with sub sector members</p>	<p>By 26.03.2015</p>
<p>4. Agency Updates and Information Sharing</p>	<p>SCI</p> <ul style="list-style-type: none"> There was an internal discussion among SCI's WASH, CP and Nutrition staff to find out the emergency referral pathway for high risk pregnancy and SAM with complications from Pauk Taw IDP camps. An Emergency referral focal person is from SCI's Child Protection unit and he/she will contact Pauk Taw TMO in case of emergencies. For Sittwe, focal persons from the IDP camps will be responsible for the referral especially at night. SCI is developing a simple Referral Form to be used for this activity. Referrals will not take place at night in Pauktaw due to security considerations <p>MSF</p>	<p>SCI to coordinate with MHAA and MSF to avoid overlaps of the referral services.</p>	

	<ul style="list-style-type: none"> • MSF has no direct nutrition related activities in Pauk Taw Township. • MSF participates in Rapid Response Team together with MoH, MHAA and MNMA. MSF staff go to all 4 IDP camps in Pauk taw, Aung Mingalar ward and IDP camps and villages in Sittwe Township. • MSF's speed boat is available 24 hours 7 days a week for emergency referral. • MSF employed Medical Technologists working with AIDS/STD team. • MSF volunteers can be used for Vitamin A supplementation/ deworming activities. <p>MHAA</p> <ul style="list-style-type: none"> • MHAA current Health and Nutrition activities were completed on 21 March 2015 according to the project agreement between MHAA and UNICEF. For the time being, emergency referral support remains functioning but no more support to SHD mobile teams during this gap period. • MHAA provided nutrition supplies for Supplementary Feeding Programme to IDPs till end of April 2015 in 6 townships. However New admission for MAM children will be not possible creating a GAP on the coverage <p>UNICEF</p> <ul style="list-style-type: none"> • Programme Cooperation Agreement between UNICEF and MHAA is still under processing and it is hoped that there will be no major gaps in the nutrition programme. • On behalf of the sub sector, UNICEF consolidated inputs from members on programmatic/operational challenges in nutrition response and shared with the National Nutrition Sector Coordinator in preparation for the detailed nutrition sector strategy. 	<p>Following the gap created by the temporary pause with MHAA interventions due to the interruption between the previous PCA and the next one, UNICEF, MHAA and WFP will discuss the nutrition situation of malnourished children and referrals with a view to finding a way of filling the gap for new admission in April.</p>	<p>By 26.03.2015</p>
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	<ul style="list-style-type: none"> • UNICEF will in the coming days report on humanitarian response monitoring for quarter one on behalf of the sub sector. The report will highlight progress on achievement of strategic objectives and constraints to implementation of the response. <p>ACF</p> <ul style="list-style-type: none"> • ACF will start using WHO Weight-for-height (WFH) z-scores as an admission criterion in Out-patient Therapeutic Programme (OTP) in Sittwe rural area on 1 May 2015 and on April 1st in Maungdaw District: these criteria admission changes will increase drastically the number of admission. • As already mentioned, in Maungdaw District, MAM children activities have been stopped at the end of March due to the likely increase of SAM caseload in ACF OTP. ACF and MHAA may implement OTP and SFP in same places in Sittwe rural area: it need to be discussed between the 2 NGOS To avoid the missing of malnourished children by introducing new admission criteria, ACF and MHAA will combine the OTP and SFP in 4 ACF OTP Centres. • ACF Rathedaung SMART survey report will be finalized in two weeks' time from the date of this meeting. <p>WHO</p> <ul style="list-style-type: none"> • Mobile clinic in Say Tha Mar Gyi will be closed in April for renovation. The MRF team who run the clinic went back to Yangon on 24 April 2015. • Boat supported by MHAA for mobile team has now ceased operating resulting to a reduced frequency of mobile team to Pauk Taw i.e. from 2 times per camp per week previously to 1 time per camp per week currently. The only partner in Pauk Taw is MSF-H. The SHD is however trying their best to fill the gap. 	<p>ACF to share the final SMART survey report with members</p>	<p>By 10 April 2015</p>
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	<p>WFP</p> <ul style="list-style-type: none"> • In April, WFP will not have any WSB for under 5 children so RSB will be distributed instead. However, for MHAA, they will be enough stock of WSB for MAM treatment. • There will be shortfall in production of RSB in May 2015 as the local company cannot meet the production requirement. • Nutrition team from Yangon will be visiting Sittwe. On 30 March they will discuss with Implementing Partners how to improve the implementation of the Nutrition program in Rakhine State. They will also conduct a nutrition training for IPs. <p>MNMA</p> <ul style="list-style-type: none"> • In Sittwe, MNMA go to the camp with MoH mobile teams and need some medical supplies (Mebendazole and Ferrous sulphate) and equipment (e.g. weighing machine). 	<p>MNMA to get the medical supplies from the TMOs in respective townships with UNICEF support.</p>	<p>Immediately</p>
<p>5. Discussion on last Nutrition Information report(Jan 2015)</p>	<ul style="list-style-type: none"> • UNICEF presented January 2015 Rakhine State nutrition information analysis to sector partners. In January, there was an improvement in SAM cure rate, SAM non-responder rate and SAM defaulter rate in relation to SPHERE standard. SAM death rate is also within the acceptable SPHERE standard since Feb 2014. Supplementary Feeding Programme overall outcomes were within the acceptable rates in terms of Sphere standard. Improved programme performance can be attributed to seasonal improvements in food security. • The quality of data is still an issue and partners were requested to always verify the information they fed into the NIS. 	<p>Partners</p> <ul style="list-style-type: none"> • To provide input into the NIS report for ownership as it is a sector and not a one agency document. 	<p>By 27.3 2015</p>

<p>6. Breast Milk Substitutes</p>	<ul style="list-style-type: none"> • The sub sector coordinator shared information on non-breastfed twins (under 6 months) from Myaebon Township who are severely malnourished and in collaboration with SHD and an INGO will be referred to Sittwe General Hospital on 26 March 2015 for further treatment. UNICEF and the INGO are closely following up the updates on this. She urged partners to be on the lookout for the nutrition situation of all children under 5 years and not to limit themselves so strictly to 6- 59 months; other children can be referred or care givers guided appropriately. CAUTION was made to members that infant formula may not be the best option in view of the camp hygiene situations and feasibility of other feeding options should first be evaluated. • IYCF Technical working group urged to plan URGENTLY for a training on feeding of infants in “especially difficult circumstances’ (non-breast fed infants less than 6 months) including those with SAM. UNICEF and ACF to support technically. During this meeting pathway for referral for children under 6 months need to be identified. The question of training for Hospital staff for these children under 6 need to be discussed again. 	<p>IYCF technical working group to meet on 30. 03.2015 and among other discussions plan for the training on feeding of non- breastfed infants less than 6 months</p>	<p>30.05.2015</p>
<p>7. Review of Nutrition Sector Response Plan (Humanitarian Response Monitoring)</p>	<ul style="list-style-type: none"> • Nutrition Sub-sector cluster coordinator presented the Humanitarian Response Monitoring Framework and indicators to be reported by Nutrition Sector and the reporting timeline. • For Periodic monitoring Report, Rakhine Nutrition Sector partners are requested to provide NIS March 2015 data COB 6 April 2015 to UNICEF for a comprehensive reporting of the sub sector achievements. 	<p>Partners</p> <ul style="list-style-type: none"> • To provide NIS March 2015 data earlier than before to allow for accurate reporting in the HRP monitoring framework. 	<p>By 6.04.2015</p>

AOB	SCI <ul style="list-style-type: none"> • SCI will conduct KAP and barrier analysis in Sittwe and Pauktaw IDP camps (covered by SCI) end of April 2015. ACF <ul style="list-style-type: none"> • ACF provided copies of report of Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) conducted in Sittwe to SRNT and partners. • Contingency planning to be considered in terms of ration to cover gaps between contracts with funding agencies: this recommendation is for UNICEF and WFP mainly • Coordination meeting in Maungdaw needs to go on with TMOs in the lead if the SHD is unavailable due to other commitments. 	<p style="text-align: center;">UNICEF/WHO to follow up on coordination in Maungdaw with SHD and update sector members</p>	<p style="text-align: right;">By 07.04. 2014</p>
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Participants

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Next Nutrition Sector meeting: 7 April 2015(Time and venue TBC based on availability of SHD to chair)