

**Minutes**  
**Nutrition Sector Meeting (National level)**  
 17 June 2015  
 Meeting room 2, UNICEF  
 14:00-16:00 hr.

**Participating agencies:** ACF, SCUK, UNICEF and WFP

**Agenda**

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| <ol style="list-style-type: none"> <li>1. Follow up on action points of last meeting</li> <li>2. Sector updates from from partners (Rakhine and Kachin)</li> <li>3. Follow up on discussion about micronutrient supplementation and distribution of fortified blended food</li> <li>4. Discussion on key nutrition advocacy issues (for sector strategy)</li> <li>5. HRP periodic monitoring (Q2)</li> </ol> | <ol style="list-style-type: none"> <li>6. Situation of boat people in Rakhine</li> <li>7. Nutrition service delivery – how Government and partners best complement each other</li> <li>8. AOB</li> </ol> |
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Agenda Item	Discussion Points	Action Point
Follow up on action points of last meeting	<p><b>SCUK to share SMART and SQUEAC survey reports from Rakhine</b></p> <ul style="list-style-type: none"> <li>○ Already shared through sector coordinator</li> </ul> <p><b>Partners to provide inputs on what details should be presented under sub-groups in 3 W, e.g. IYCF activities</b></p> <ul style="list-style-type: none"> <li>○ No input from partners is received yet.</li> </ul> <p><b>UNICEF to produce analysis from Kachin/north Shan on a quarterly basis</b></p> <ul style="list-style-type: none"> <li>○ UNICEF has not received data from all partners</li> </ul> <p><b>Plan to share survey report when finalized</b></p> <ul style="list-style-type: none"> <li>○ Already shared through sector coordinator</li> </ul> <p><b>UNICEF to compile key advocacy points every quarter</b></p> <ul style="list-style-type: none"> <li>○ Partners to send relevant case stories including photos if possible and relevant</li> </ul>	<p>UNICEF to follow up on additional data requested for 3W</p> <p>UNICEF to produce data analysis from Kachin/ North Shan once data is available</p> <p>UNICEF to share template for case stories</p>

<p>Follow up on discussion about micronutrient supplementation and distribution of fortified blended food</p>	<ul style="list-style-type: none"> <li>○ With simple calculation of the vitamin and mineral content of both MNP and FBF (by using NutVal), it was found that Vit A, Niacin and Zinc will exceed the Upper Safe Level (UL), however, the other vitamins and minerals rest are within the range of UL. WFP can share the comparison of MNP and FBF micronutrient composition to all partners.</li> <li>○ SC suggested that the nutrients obtained from the consumed food should also be taken into account.</li> <li>○ There is also no evidence of added-value while providing both products simultaneously for same target population.</li> <li>○ Partners agreed that with limited resources, all partners should utilize resources effectively and efficiently. WFP, ACF and SC indicate to continue fortified blended food distribution (especially in food insecure &amp; high wasting prevalence areas and IDP camps) as it can provide both macro and micro nutrients.</li> <li>○ WFP will continue to cover blanket distribution of BF for all 6-59 months children in Rakhine IDP camps and all 6-23 months old children in Kachin and northern Shan IDP camps</li> </ul>	<p>UNICEF to update on decision of distribution of micronutrient sprinkles</p>
<p>Sector update from Rakhine and Kachin</p>	<p><b>SCUK:</b></p> <p>Rakhine</p> <ul style="list-style-type: none"> <li>○ Routine nutrition activities in both Sittwe and Pauktaw</li> <li>○ Data collection on KAP survey by using mobile data collection is finished and in the process of cleaning and analysing.</li> <li>○ Conducted training and piloted Myanmar version of BMS monitoring tools to the partners.</li> <li>○ Save already developed IEC materials and video for IYCF</li> </ul> <p>Kachin</p> <ul style="list-style-type: none"> <li>○ Due to low prevalence of wasting, nutrition screening will not be conducted on a monthly basis.</li> <li>○ KAP survey data collection and BMS monitoring training is also conducted in Kachin.</li> </ul>	<p>Save to share IEC material with partners</p>

	<p><b>WFP:</b></p> <ul style="list-style-type: none"> <li>○ MUAC assessment in 722 villages of Northern townships is still ongoing and will be finished in coming weeks.</li> <li>○ Data collection of “Ethnographic study on gender and acute malnutrition in Rakhine” is ongoing and it will be finished end of June. The analysis and report writing will hopefully be done by the end of July.</li> <li>○ Due to the shortage of BF for PLW, HEB will replace BF in July and August distribution.</li> </ul> <p><b>ACF:</b></p> <ul style="list-style-type: none"> <li>○ From 1<sup>st</sup> of May, Sittwe team also started using WHO growth standards.</li> <li>○ ACF mentioned that the SHD was not aware about the new IMAM guideline currently under revision. He was informed by ACF when they communicated admission/discharge criteria for their program.</li> <li>○ Referring to the suggestion made by Health Cluster Coordinator to identify an option to support the MoH to improve the provision of PHC, RH care and emergency referral services for IDP populations, ACF mentioned that there is a need to establish a SC at TKP level. A presentation will be done at Sittwe level at the next sector meeting on this need and it is hoped that the subject will be tackled by the nutrition sector partners. If all partners agree on this need, advocacy should be done through the nutrition sector to the SHD and the different partners should evaluate together how they can be involved in term of funds/ training/ HR etc. ACF suggested that UNICEF should participate in the next Health Cluster meeting to put focus on this topic</li> <li>○ In Maungdaw District: WHO standards have been implemented on April 1<sup>st</sup>. More than 1,300 children have been admitted to the program in May which is much more than expected. A significant number is over 5 children (33% of the admission compared to 11% in 2014).</li> <li>○ There may be shortage of RUTF in the near future with current admission rate. ACF has already started to do a strong advocacy to donors and UN to find additional resources to cover these children if needed. Evaluation of the need is ongoing.</li> </ul>	<p>ACF to monitor the trend in SAM admissions following the shift to WHO standards.</p>
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	<ul style="list-style-type: none"> <li>○ ACF will organize a workshop in Maungdaw District on 1<sup>st</sup> July and invites SHD/TMOs and partners. It will be an opportunity for Ministry of Health representatives and humanitarian partners operating in Maungdaw under different sectors to exchange experiences and contribute to a strategy on how to better address the nutrition situation in Maungdaw District.</li> <li>○ Plan to conduct SMART survey in both BTM and MD Township in September/ October 2015.</li> </ul> <p>UNICEF:</p> <ul style="list-style-type: none"> <li>○ Support MoH to conduct nationwide multiple micronutrients survey which include 3 portions (anthropometry, micronutrients status and IYCF) with the technical support of IRD. Protocol is at the finalization stage and field work will be tentatively start at late last quarter of 2015.</li> </ul>	
Discussion on key nutrition advocacy issues (for sector strategy)	<ul style="list-style-type: none"> <li>○ Sector coordinator present different category of issues for nutrition sector extract from the past discussion points in the meeting and email.</li> </ul>	<p>Partners to provide input to sector strategy and advocacy plan – by COB 10 July</p> <p>Partners area agree on Sector strategy should include a description of how to work/coordinate with the Government</p>
HRP periodic monitoring (Q2)	<ul style="list-style-type: none"> <li>○ Second quarterly monitoring report to be finalized by 15 July.</li> <li>○ Nutrition sector to report on progress against targets under the three indicators in the HRP</li> </ul>	<p>UNICEF to update on the ERF.</p> <p>Partners to provide narrative input on key challenges and mitigation measures for HRP Q2 monitoring report – by COB 10 July</p>

**Next sector meeting: to be confirmed**