

Minutes
Nutrition Sector Meeting (National level)
 29 April 2015
 Meeting room 3, UNICEF
 14:00-16:00 hr.

Participating agencies: ACF, Food Security Sector, Plan, UNICEF and WFP

Agenda

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| <ol style="list-style-type: none"> 1. Follow up on action points of last meeting 2. Treatment of moderate acute malnutrition in Rakhine 3. Sector updates from Rakhine 4. Sector updates from Kachin | <ol style="list-style-type: none"> 5. Presentation of Rakhine State nutrition information 6. Nutrition sector plan – structure and content 7. AoB |
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Agenda Item	Discussion Points	Action Point
Follow up on action points of last meeting	<p>SCUK to share assessment on income generation opportunity for Kachin and Northern Shan</p> <ul style="list-style-type: none"> o Not yet shared <p>SCUK to share SMART and SQUEAC surveys reports from Rakhine</p> <p>SCUK to share link or other information about IYCF-E toolkit</p> <p>Nutrition sector to report on progress against targets under the three indicators in the HRP</p> <ul style="list-style-type: none"> o With the inputs from partners, sector coordinator combined and sent the report to OCHA with partners inputs <p>Nutrition information system and 3 W</p> <ul style="list-style-type: none"> o To add more detail to activities/components at subsector level (e.g. more detail around types of IYCF support) o Agreed on keeping Rakhine nutrition analysis in its present form and to produce an analysis from 	<ul style="list-style-type: none"> • SCUK has informed that the document is internal and not for sharing • SCUK to share survey reports when finalized • Shared: https://sites.google.com/site/stcehn/documents/iycf-e-toolkit • Partners to provide inputs on what details should be presented under sub-groups in 3 W, e.g. IYCF activities • UNICEF to produce analysis from Kachin/north Shan on a quarterly basis

	<p>Kachin/north Shan on a quarterly basis (same frequency as coordination meetings)</p> <ul style="list-style-type: none"> ○ One-page with key advocacy points every quarter ○ Consider including case stories in nutrition analysis every quarter (different themes highlighting key issues, constraints, successes etc.) 	<ul style="list-style-type: none"> ● UNICEF to compile key advocacy points every quarter ● Partners to send relevant case stories including photos if possible and relevant ● UNICEF will send a suggested template
<p>Treatment of moderate acute malnutrition in Rakhine – Maungdaw District</p>	<ul style="list-style-type: none"> ● WFP identified 2 strategies – one for short term and one for median/ long term. <ul style="list-style-type: none"> ○ <u>Short term strategy</u> - expand blanket supplementary feeding for up to 10,000 more beneficiaries (27,000 in total) and/or pilot small scale treatment programme of MAM with new partner (Malteser). ○ <u>Long term strategy</u> – further discussion with different partners to see if anyone is interested and has the capacity to run treatment programme for MAM in NRS. 	<ul style="list-style-type: none"> ● WFP to update partners in next sector meeting
<p>Sector update from Rakhine and Kachin</p>	<p>ACF:</p> <ul style="list-style-type: none"> ○ Began using WHO Growth Standard and the first indication shows that SAM caseload increased up to 4.9 times in Buthidaung (partially linked with an increased number of admissions of children above 5 years (35% of the admission) and 2 times in Maungdaw. In total, 756 children in Buthidaung and 364 in Maungdaw. ○ In Maungdaw District, the number of PLW admitted to treatment of MAM is lower than expected. This is mainly explained by cultural reasons as it is difficult for PLWs to go out and seek care alone. ○ Plans to organize a workshop in Buthidaung and Maungdaw with MoH. Partners and NNC will be invited. Workshop to focus on the problem of malnutrition in BTD and MGD and future action plan. 	

	<ul style="list-style-type: none"> ○ In Sittwe, ACF will change to WHO Standard in 1st week of May. ○ In Sittwe, a new OTP has been opened in a Muslim village (HLA Ma Chey) <p>WFP:</p> <ul style="list-style-type: none"> ○ Plans to explore gender disparities in nutrition programme in Rakhine state and identify underlying causes (to be conducted by an intern from Columbia University). ○ WFP will start MUAC assessment in 722 villages (30 HH in each village) of NRS (BTD and MGD) in order to get village level anthropometric nutrition data for decision making. <p>Plan:</p> <ul style="list-style-type: none"> ○ Finalized SMART survey in Kachin in March. The result is not much different from previous 2013 survey (GAM – 2.9%, Global stunting – 37%, Global underweight – 13.5%, and Global overweight – 1%) 	<ul style="list-style-type: none"> ● Plan to share survey report when finalized
<p>Nutrition sector plan – structure and content</p>	<p>Sector partners agree that there is a need for a separate Nutrition Sector Plan in addition to the HRP which doesn't provide much detail.</p> <p><u>Purpose</u></p> <ul style="list-style-type: none"> ● Provide an overarching framework for the nutrition response (emergency and transition); ● Provide a vision and an inter-agency action plan for a collective, comprehensive, evidence-based response. <p><u>Process</u></p> <ul style="list-style-type: none"> ● Define overarching needs (done, HNO); ● Define common objectives (done, HRP); ● Identify priorities (done, HRP, HNO); 	

	<ul style="list-style-type: none"> • Put forward a coherent and comprehensive plan of action, with clearly allocated roles and responsibilities, for achieving these objectives (partly done); • Define mechanisms to monitor implementation (partly done); • Individual agencies to make links between own internal planning process and implementation of the collective response (continuously); • Regular review and update to ensure it remains relevant (continuously). <p><u>It was discussed and agreed that the strategy should:</u></p> <ul style="list-style-type: none"> • include an advocacy plan as a key component • describe roles and responsibilities, as well as delivery mechanism of nutrition interventions • be a “living document” which can be updated (not an annual plan) • include both Rakhine and Kachin in the same plan • <u>not</u> focus on indicators, targets, and locations in detail (as in 2014 SRP) • focus on overall approach and vision and transition from humanitarian to development-oriented activities • not be a costed plan of action (existing HRP is already costed) • include key survey results to describe the general nutrition situation • be relevant to donors and organizations implementing nutrition activities (as key audience) <p>Partners did not wish to have a workshop in which the content of the strategy could be discussed. Partners expressed that they</p>	<ul style="list-style-type: none"> • UNICEF to provide first draft
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	would like UNICEF to provide a first draft strategy to which partners would thereafter provide feedback.	
AoB	<p>1. Simultaneous provision of fortified blended food and multi-micronutrients</p> <p>a. Myanmar National guideline (MoH/UNICEF) states that 2 sachets should be provided per week if blended food is provided at the same time. The recommendation from WFP is not to provide both at the same time (ACF agrees with WFP). There is no clear global guidance.</p> <p>b. It was suggested to arrange a meeting to discuss this issue from a planning and operational perspective.</p> <p>2. Finalization and extension of new Project Cooperation Agreements (PCAs)</p> <p>a. The need to ensure quick finalization and extension of PCAs was mentioned in order to avoid gaps in service provision;</p> <p>b. The new PCA between MHAA and UNICEF should be finalized as soon as possible. <i>(Since the meeting, this PCA has been finalized and approved).</i></p> <p>i. The need to strengthen the capacity of MHAA was mentioned, both in terms of technical knowledge, proposal writing and general management.</p>	<ul style="list-style-type: none"> • Meeting tentatively during 3rd week of May • In future partnerships with MHAA, partners should agree to include capacity strengthening activities.

Next sector meeting (tentatively): 12 June, 14:00 at UNICEF, Yangon Office