



Syria Nutrition Cluster Bulletin (Gaziantep Hub)

Jan-Jun 2017 . Issue 1

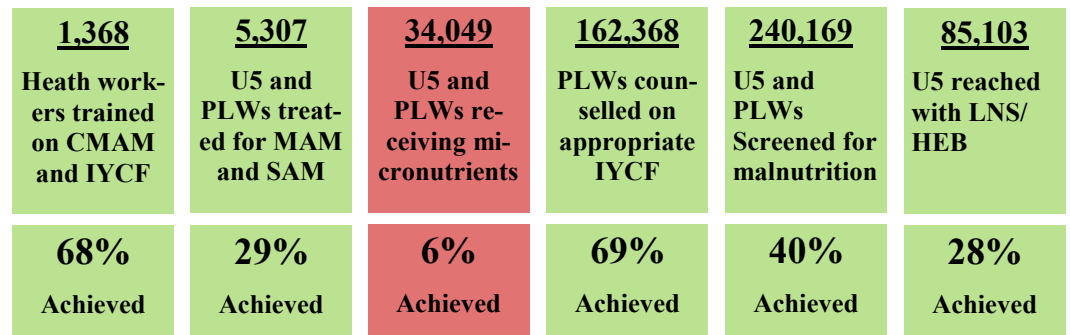
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1. Cluster highlights—Jan to Jun 2017

- A total of 455,966 of which 166,960 Women and 282,401 children under 5 were reached by preventative and therapeutic nutrition interventions between Jan and Jun 2017 .
- Six partners' rapid response teams provided curative and preventive nutrition services to 3,967 children under 5 years and 1,912 PLW , for new IDPs families in rural Aleppo and Idleb,
- A total of 22 partners reported activities in nutrition in June 2017 in 349 communities in 66 Sub-districts in 24 districts in 7 governorates from cross boarder .

2.Achievement of the Gaziantep Hub Map – Jan - Jun 2017 :



Key facts for whole of Syria

Approximately **75,000** girls and boys aged 6-59 months are acutely malnourished
840,000 girls and boys aged 6-59 months suffer from micronutrient deficiencies
2.9 Million girls and boys under 2 years of age require optimal feeding to ensure optimal nutrition
1.5 Million pregnant and lactating women require access to nutrition services

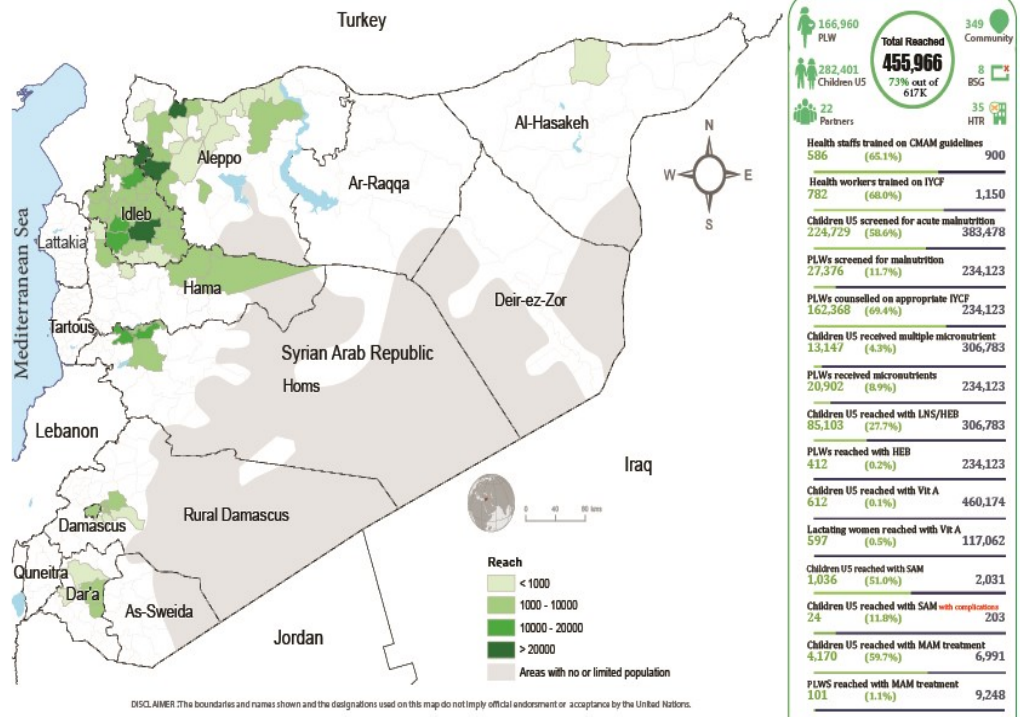
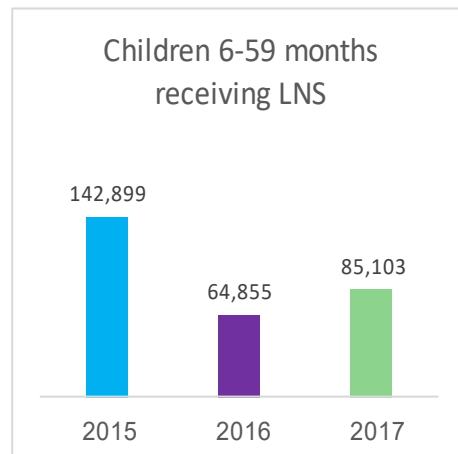
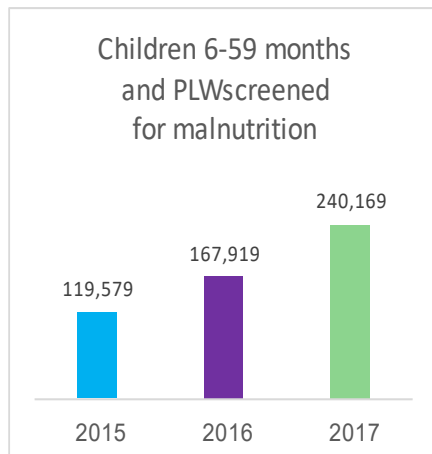
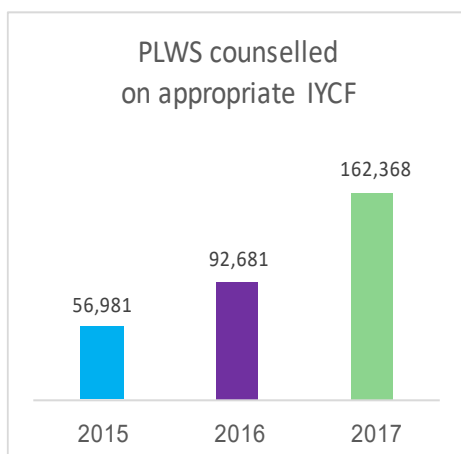
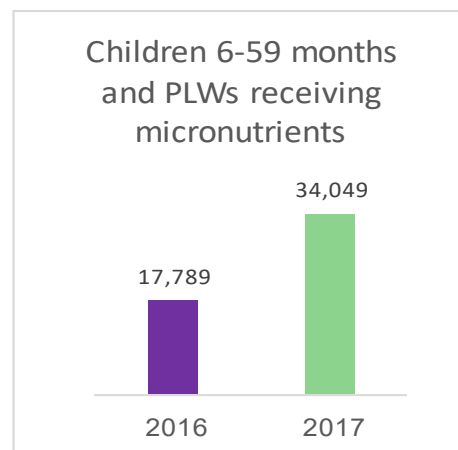
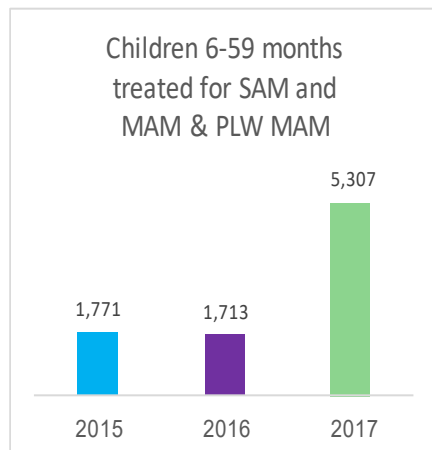
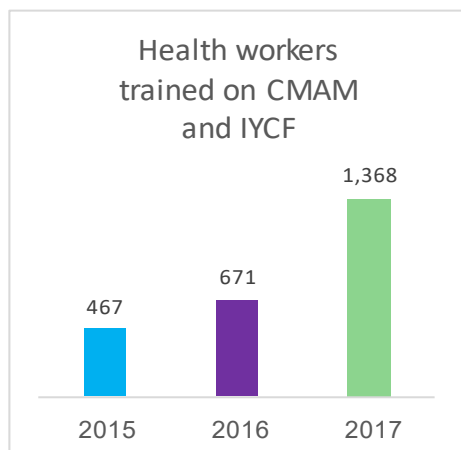


Figure 1 : Nutrition reached Jan – June 2017 Map



3.Nutrition Reached beneficiaries for 2015, 2016 & 2017 :

- From January to June 2017 the cluster has been able to admit total of 1,060 severely malnourished children aged 0-59 months, 4,170 moderately malnourished children aged 6-59 months and 224,729 pregnant and lactating women with acute malnutrition to treatment programmes. Treatment for severely and moderately malnourished children has been established in 94 out of 349 communities, total of 98,250 children under 5 and 21,314 PLWs received micronutrient supplementation and LNS/HCB, the graph below show significant increase in 2017 in the number of people reached for Key indicators compared to 2015 (Jan to Dec) and 2016 (Jan to June)





4. Overview of Nutrition Situation:

- In January 2017 Nutrition SMART survey was conducted in eastern Ghouta- Rural of Damascus during (5/1/2017 to 14/1/2017). Prevalence of acute malnutrition based on weight-height z-scores is 2.1 % (1.2- 3.5 95% CI) , Prevalence of underweight based on weight-for-age z-scores (9.6 % (7.4-12.3 95% CI) Prevalence of stunting based on height-for-age z-scores 30.5 % (25.7-35.8 95% CI), which is much higher than the national average of 16% (SMART surveys, 2016) , the severity of chronic malnutrition is categorized as severe problem (prevalence between 30-39%), that required immediate humanitarian assistance potentially reflecting a longer term inadequate dietary intake, including micronutrients, repeated infections such as diarrhea in younger children, as well as poor feeding practices as reflected by low uptake of exclusive breastfeeding in the first 6 months of life & complementary food in term of quality and frequency.
- In March 2017 nutrition cluster with technical support from the global nutrition cluster rapid response team conducted Infant and young child feeding, Knowledge, attitude and practice (KAP assessment) in Aleppo, Idleb and Hama in North Syria governorates, areas accessible from Turkey cross border, the results revealed that: Exclusive breastfeeding rate is 30.9% (25.3% - 36.8% C.I), early initiation 37.8% (34.6% - 41.0% CI), Minimum acceptable diet 57.3% (53.4%- 61.1% CI), which is lower than pre conflict data of all key indicators with 46% of children in the country initiating breastfeeding within the first hour of life and even less (43%) able to exclusively breastfeed for the first six months of life. However, there is an improvement of the exclusive breast feeding rates compared to post crises in Hama and Idleb 21.2% & 21.1% as per the SMART survey (2014-2015), this may be due to the scale up on infant and young child feeding programme by partners and large scale advocacy and

Figure 1: Key indicator :

Key Indicators		Definition of Indicator	Result	Numerator	Denominator	Confidence Interval
Maternal Health	Delivery by skilled attendants	Proportion of birth attended by skilled health personnel – <i>among children less than 6 months only</i>	97.8%	273	279	95.3% / 99.3%
	Early initiation of breastfeeding	Proportion of children born in the last 24 months who were put to the breast within one hour of birth	37.8%	340	899	34.6% / 41.0%
Breastfeeding Initiation	Colostrum rate	Proportion of lactating women who did not squeezed out the colostrum before initiating breastfeeding	90.9%	239	263	86.7% / 93.9%
	Prelacteal feeding rate	Proportion of children 0–5 months of age who were fed with any liquid or food before initiating breastfeeding in the first three days after delivery	73.1%	193	264	67.4% / 78.4%
Exclusive and Continued Breastfeeding	Exclusive breastfeeding under 6 months	Proportion of infants 0–5 months of age who are fed exclusively with breast milk	30.9%	83	269	25.3% / 36.8%
	Continued breastfeeding at 1 year	Proportion of children 12–15 months of age who are fed breast milk	71.6%	156	218	65.1% / 77.5%
	Continued breastfeeding at 2 years	Proportion of children 20–23 months of age who are fed breast milk	36.8	39	106	27.4% / 47.2%
	Children ever breastfed	Proportion of children born in the last 24 months who were ever breastfed	93.0	907	975	91.3% / 94.6%
	Age-appropriate breastfeeding	Proportion of children 0–23 months of age who are appropriately breastfed	54.7%	480	878	51.3% / 58.0%



Figure 2: Breastfeeding practices:

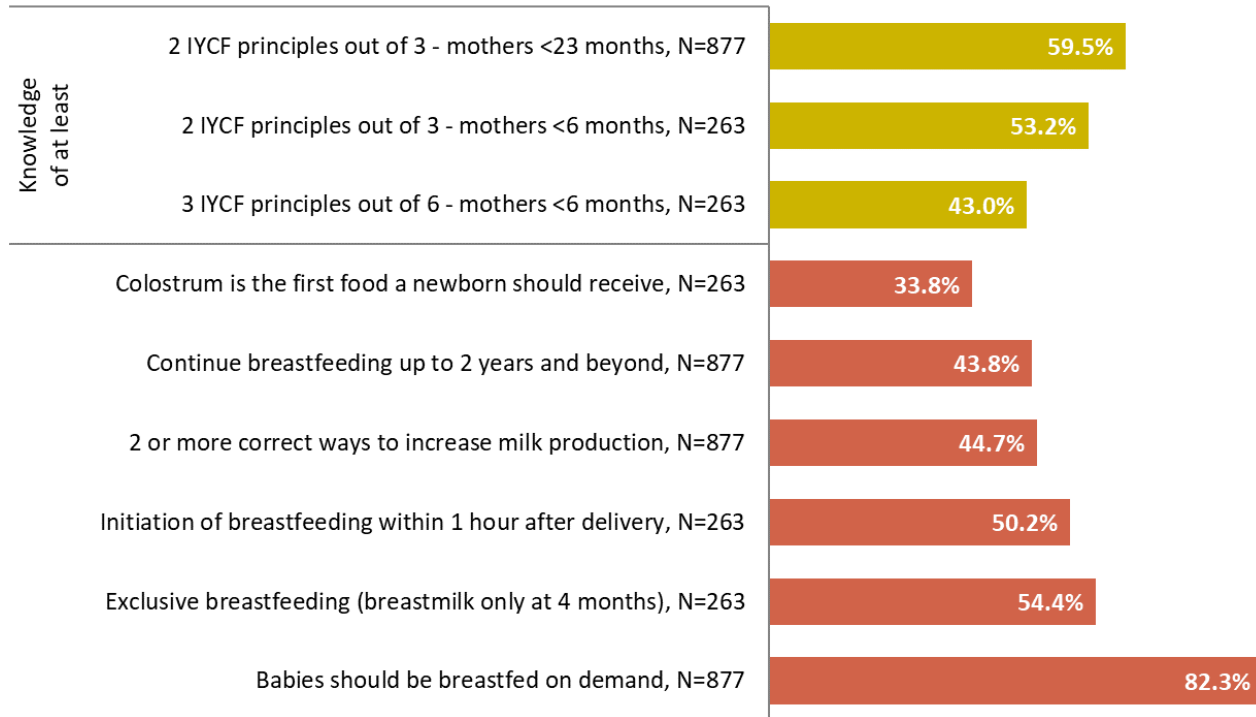


Figure 3: Different ways to increase milk production reported by mothers of children less than two years old (N=877)

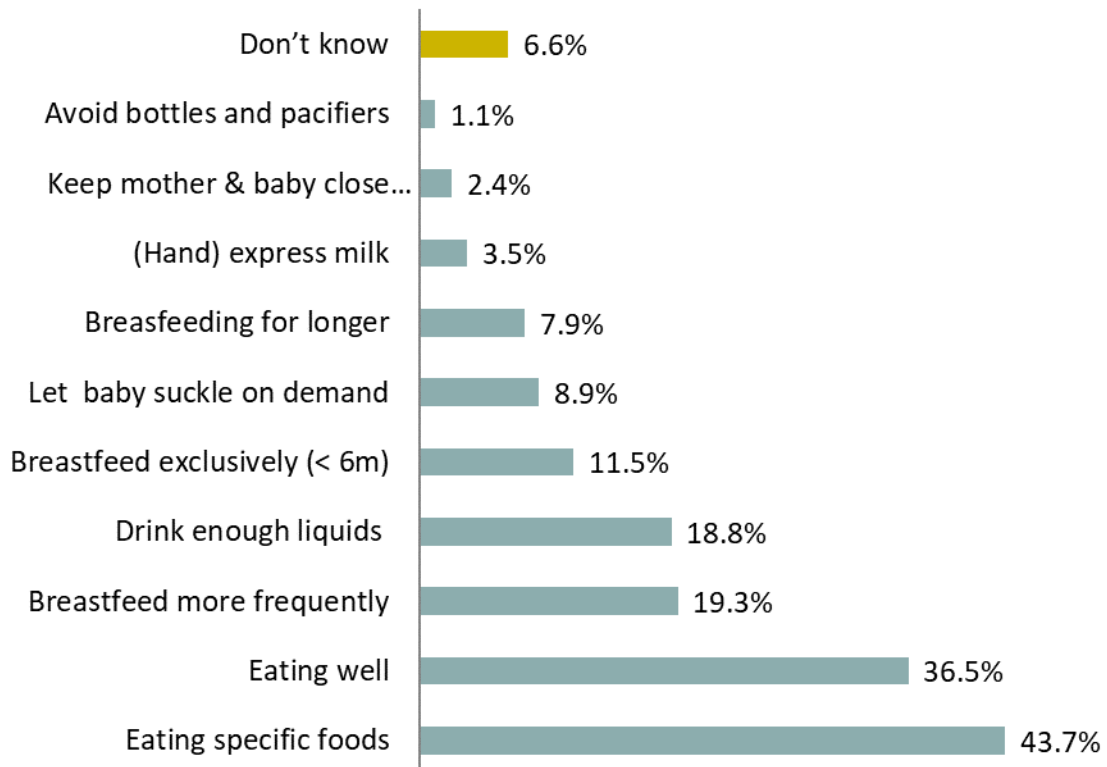




Figure 4: The reasons beyond the feeling of not having enough milk are :

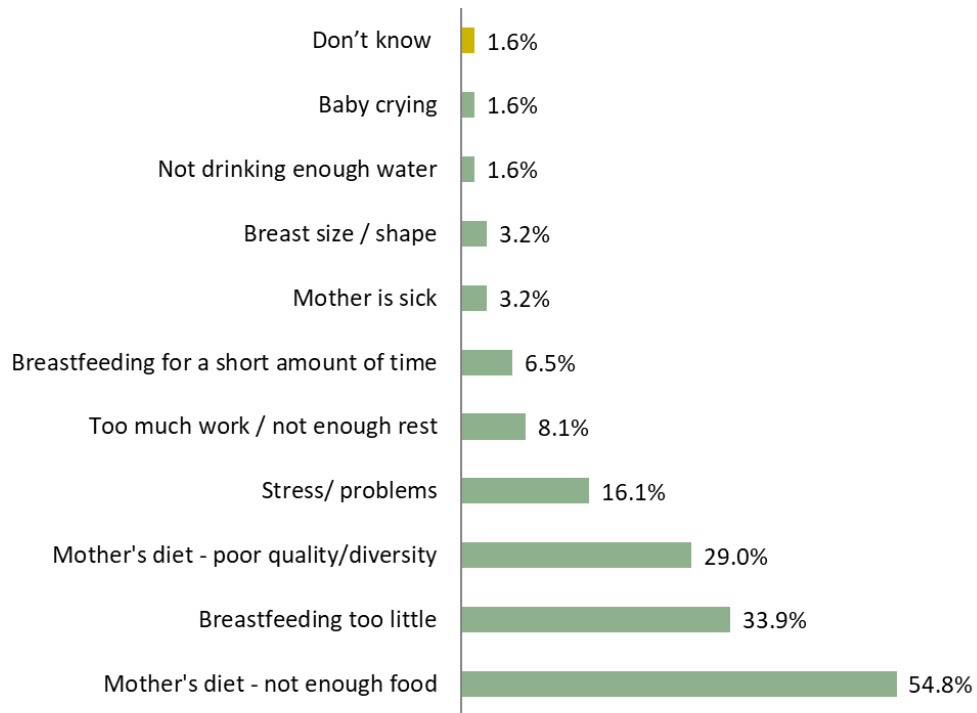


Figure 4: Perceived health benefit of exclusive breastfeeding and reasons of answering

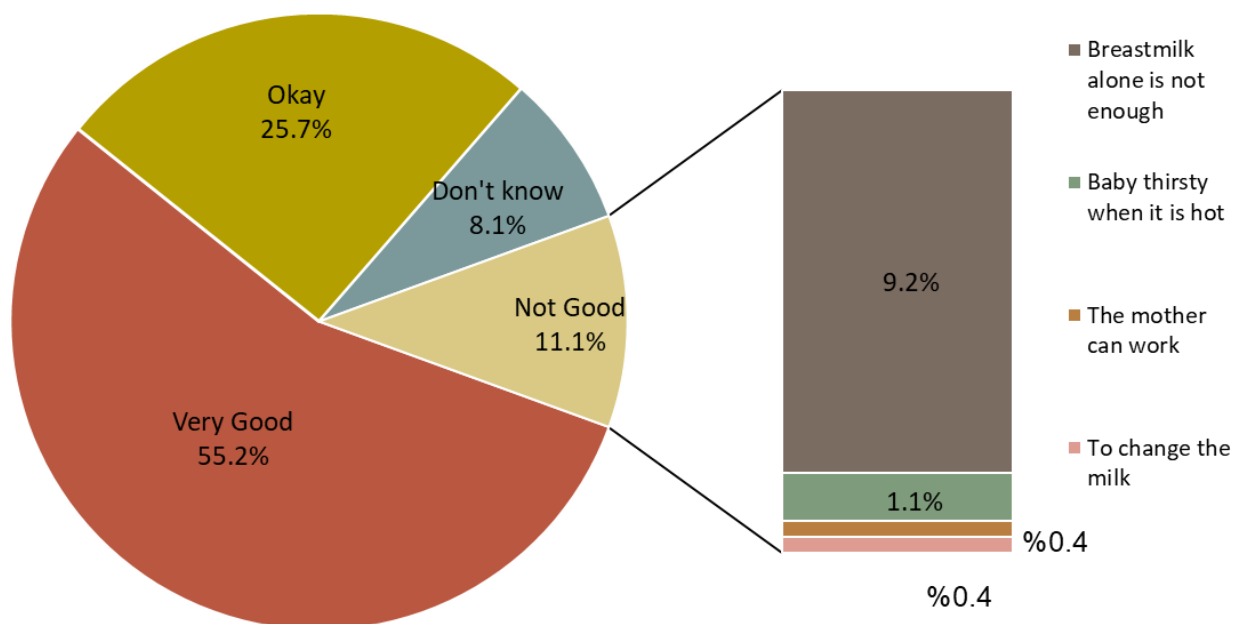




Figure 5: Birth location of children less than 23 months (N=976)

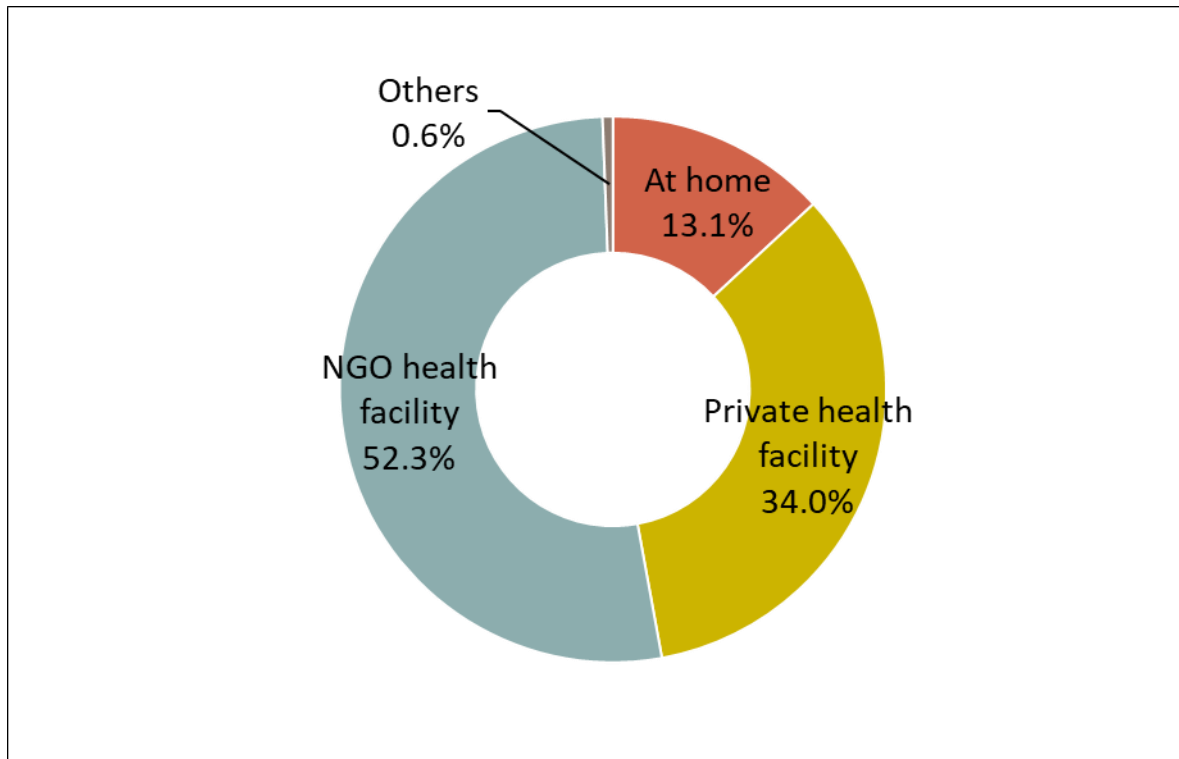


Figure 6: Percent of infants put to the breast at <1 hour, 1–23 hours and >24 hours after birth, by feeding type during the first three days after delivery

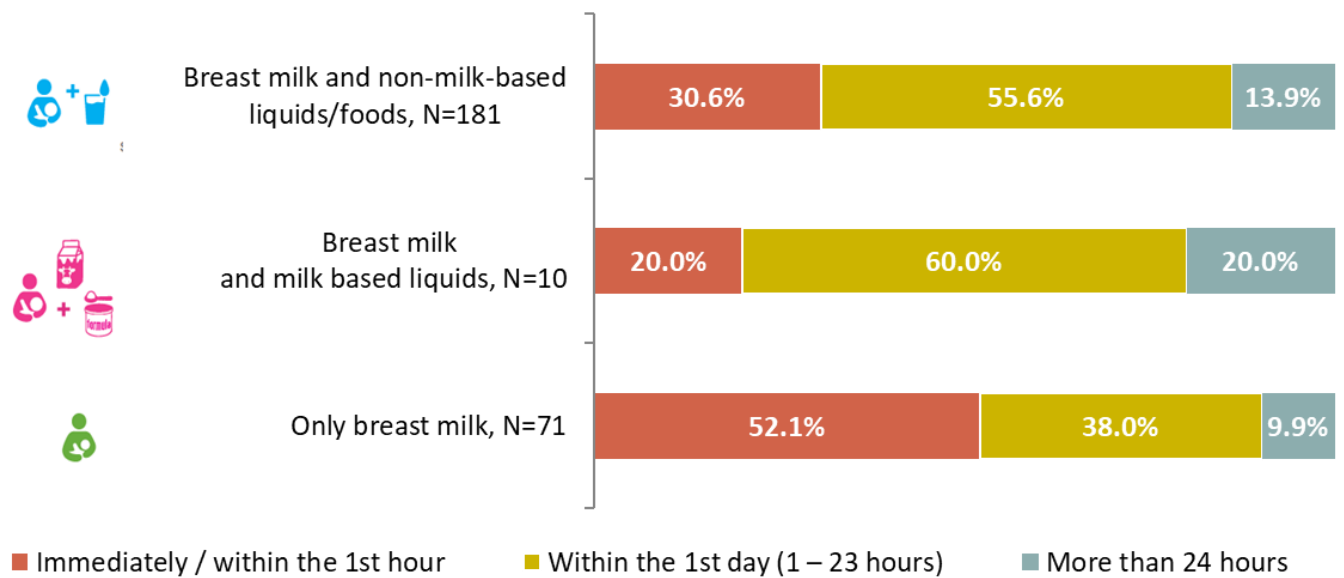




Figure 7: Reasons for squeezing out the colostrum (N=24)

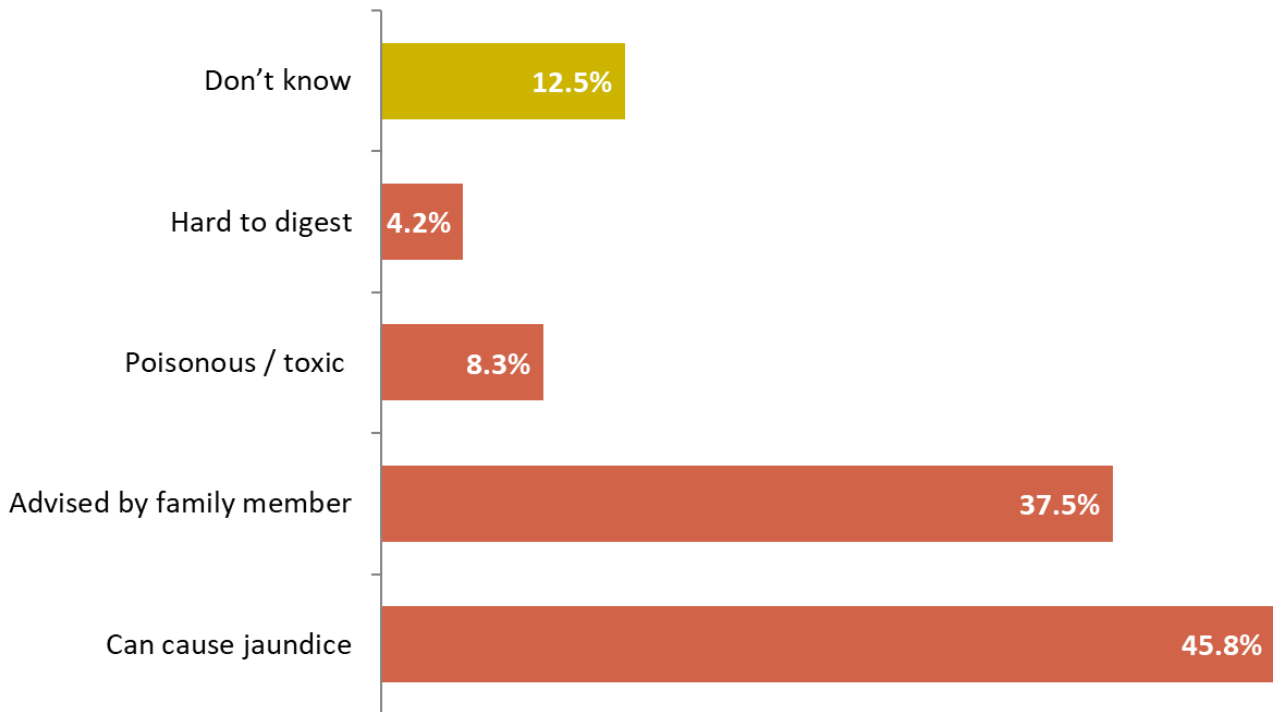
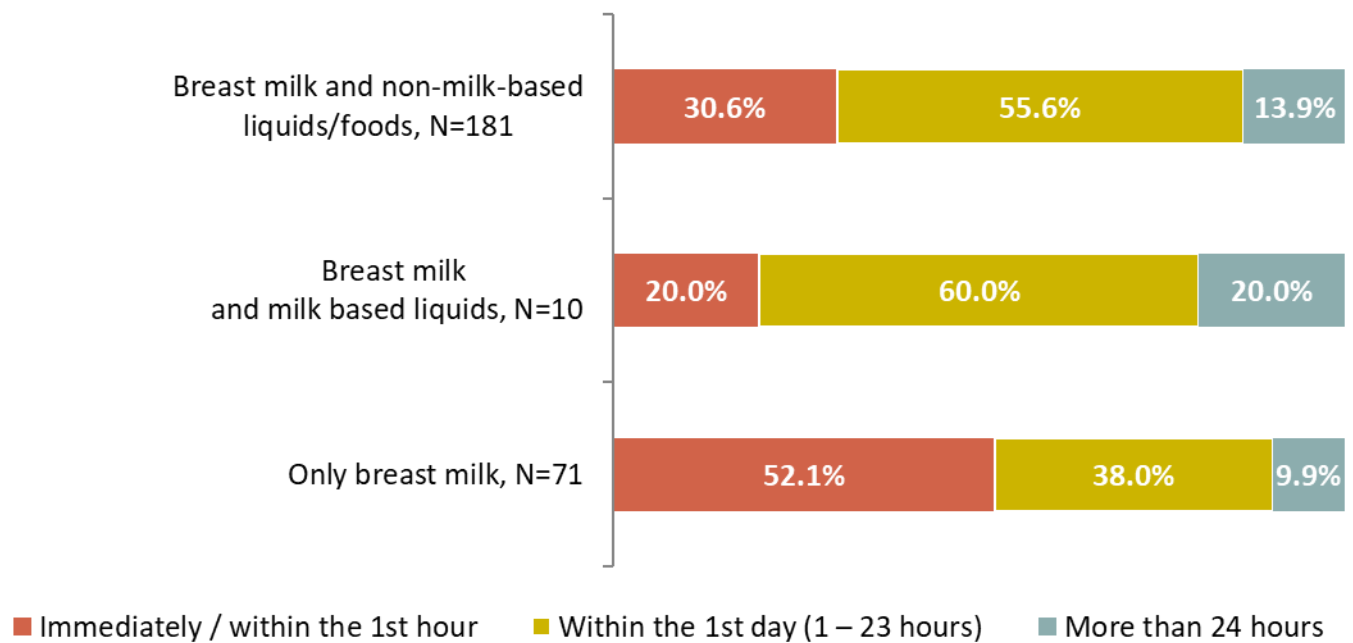
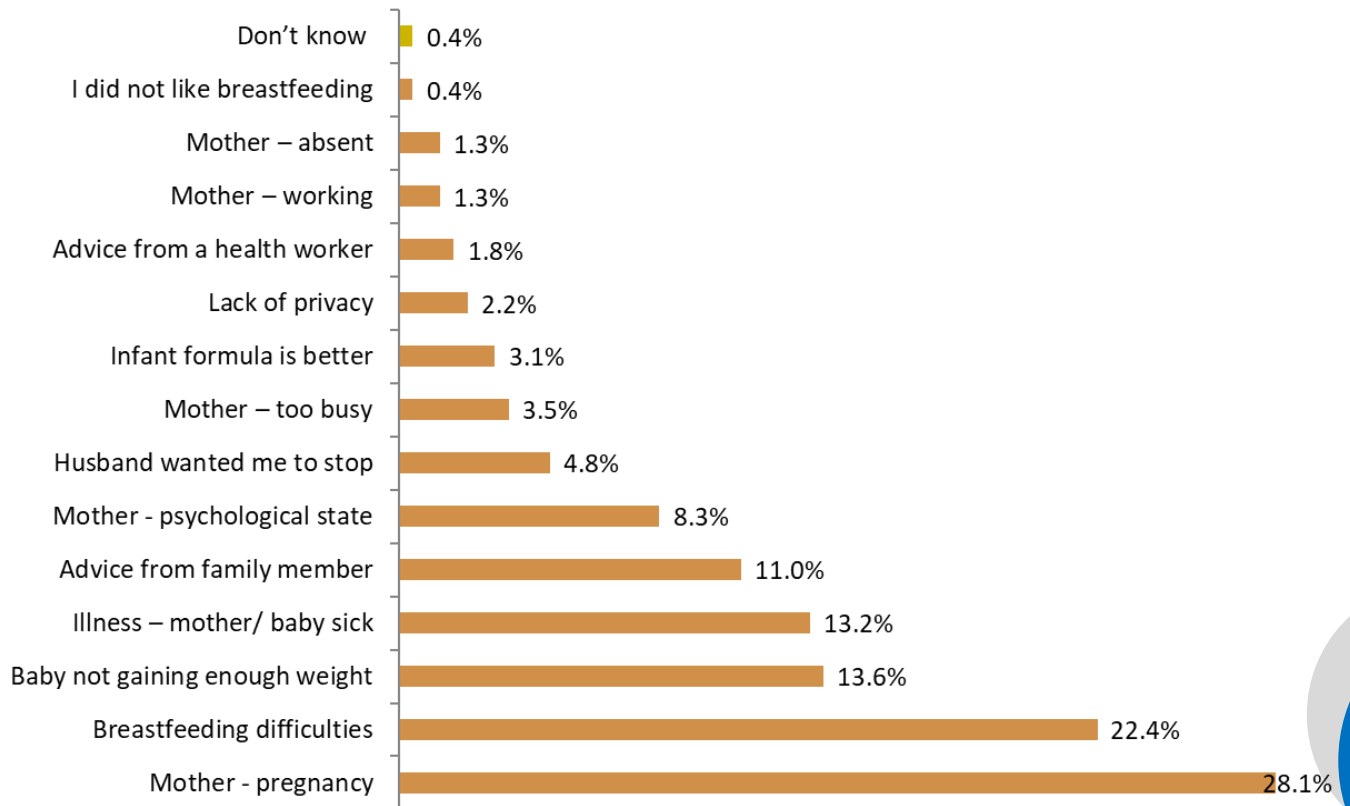
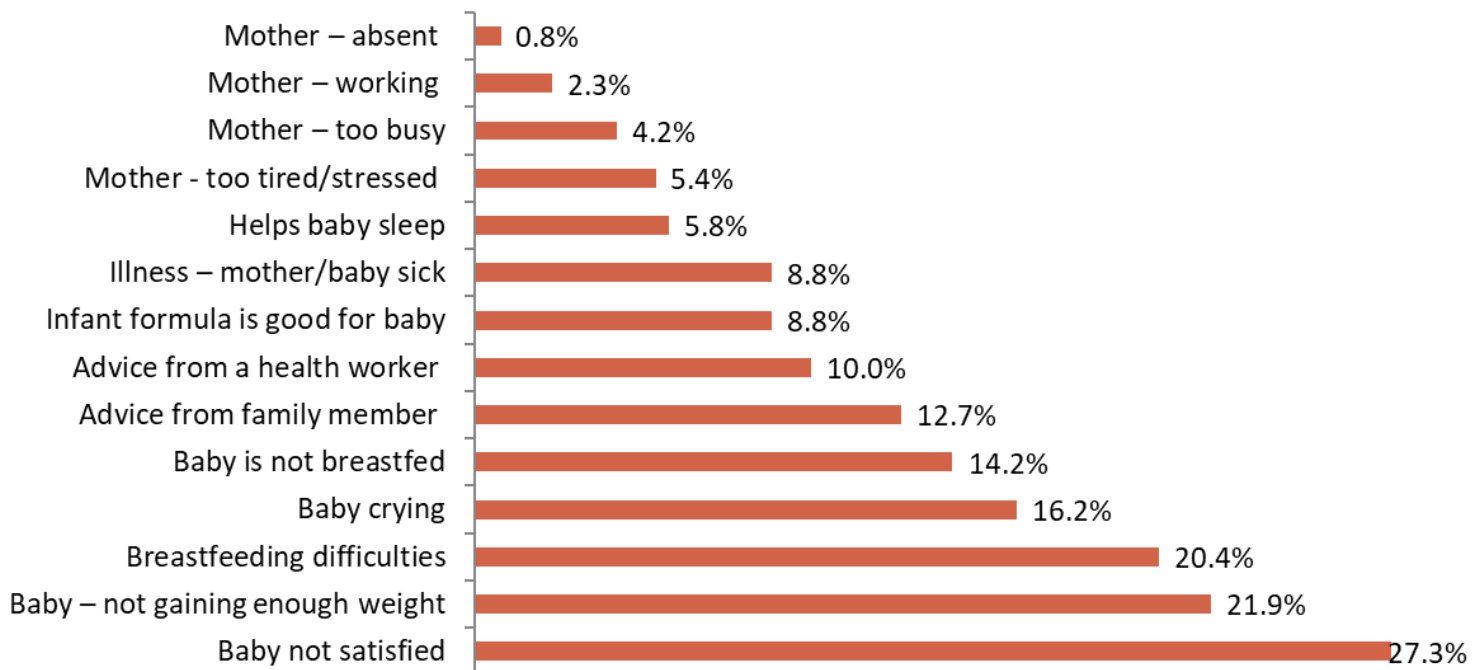


Figure 8: Percent of infants put to the breast at <1 hour, 1–23 hours and >24 hours after birth, by feeding type during the first three days after delivery



**Figure 9:** Reasons the child was not breastfed the day or night before the survey while breastfed in the past (N=228)**Figure 10:** Reason for providing infant formula to children 0 to 23 months (N=260)

**Figure 11:** Use of bottle, cup or pacifier

Key Indicators		Definition of Indicator	Result	Numerator	Denominator	Confidence Interval
Bottle, Cup, Pacifier Use	Bottle-feeding	Proportion of children 0–23 months of age who are fed with a bottle.	33.6%	326	971	30.6% / 36.7%
	Cup-feeding	Proportion of children 0–23 months of age who are fed with a cup.	62.2%	601	966	59.1% / 65.3%
	Pacifier use rate	Proportion of children 0–23 months of age using pacifier.	30.0%	293	976	27.2% / 33.0%

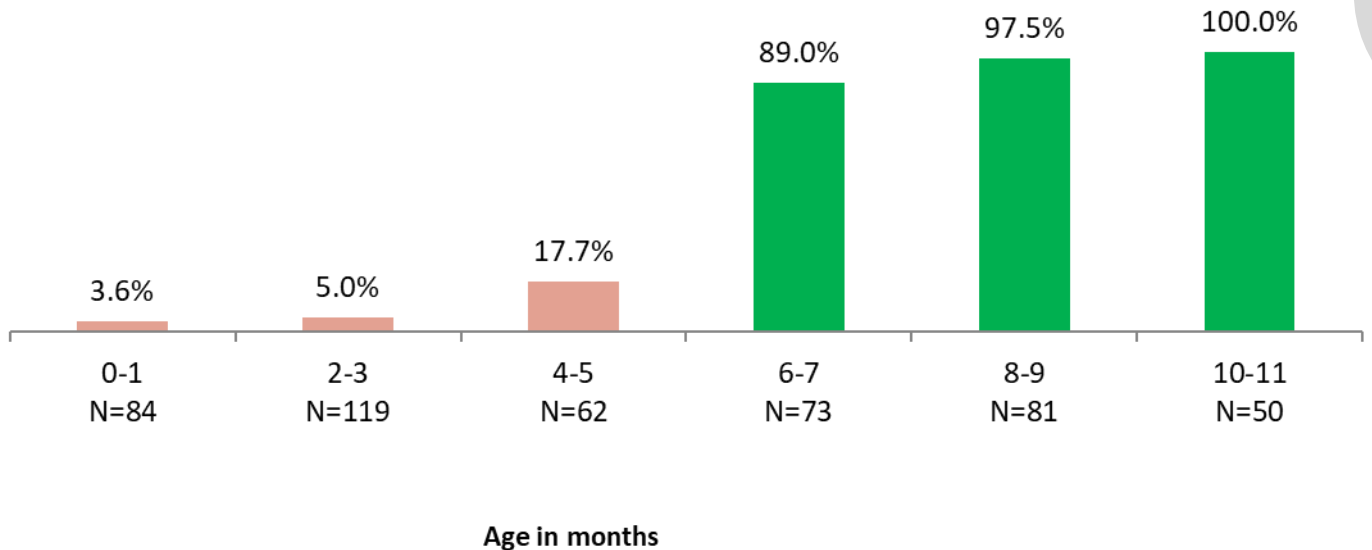
Figure 12: Percent of children fed solid, semi-solid or soft foods the day or night before the survey (only for children breastfed in the past for the under 6), by age groups



Figure 13: Percent of children 6-23 months who consumed food groups per dietary score reached (N=657)

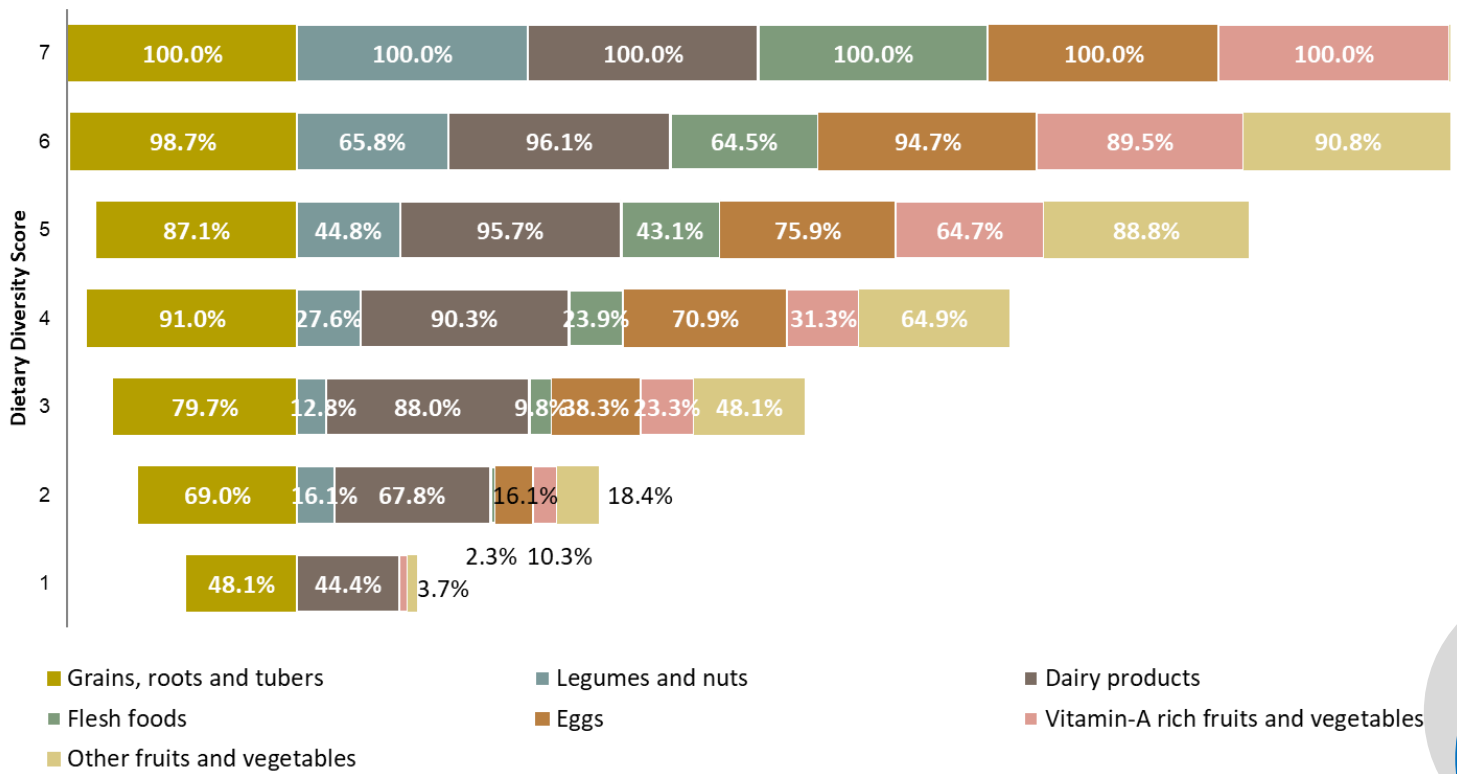


Figure 14: Reasons for eating less than 3 meals for all primary caregivers (N=256)

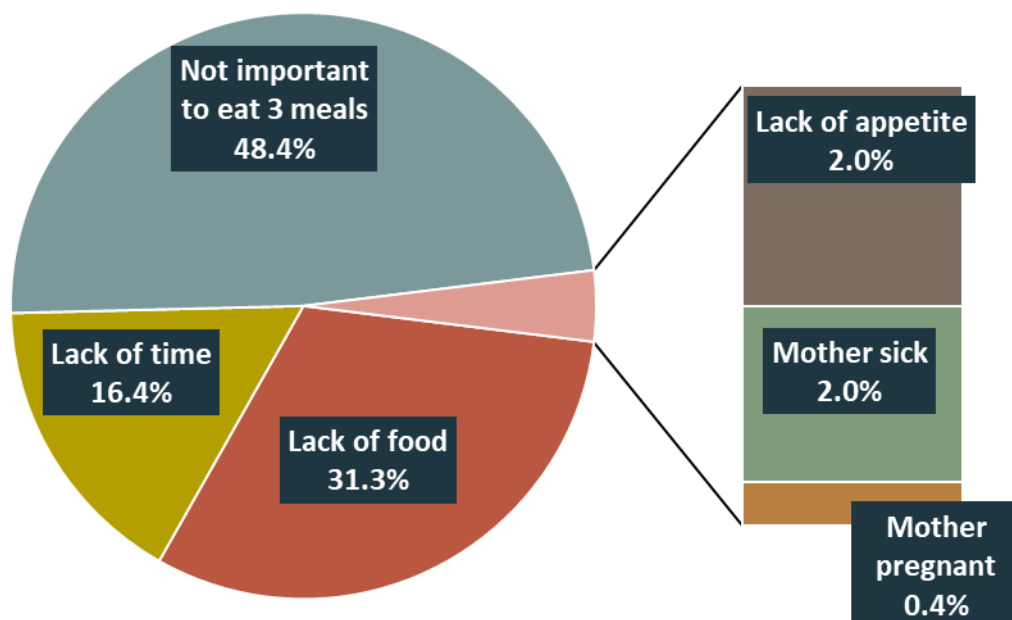




Figure 15: Perceived difficulty of mothers to eat more when pregnant or while breastfeeding (N=877)

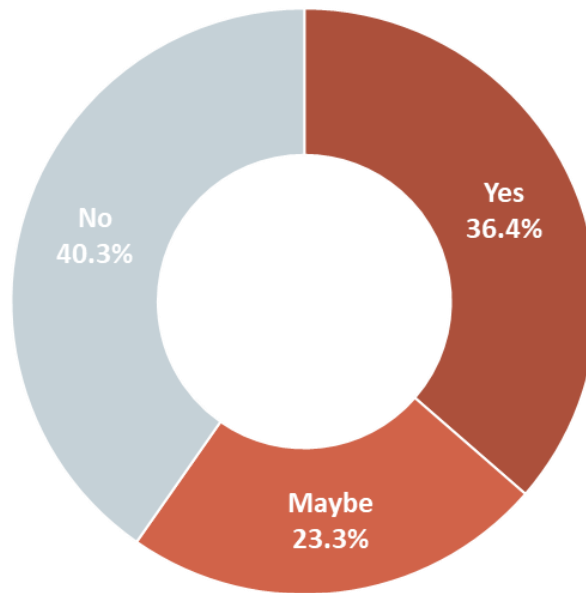


Figure 16: Reasons among mothers why eating more during pregnancy or while breastfeeding is perceived as difficult (N=523)

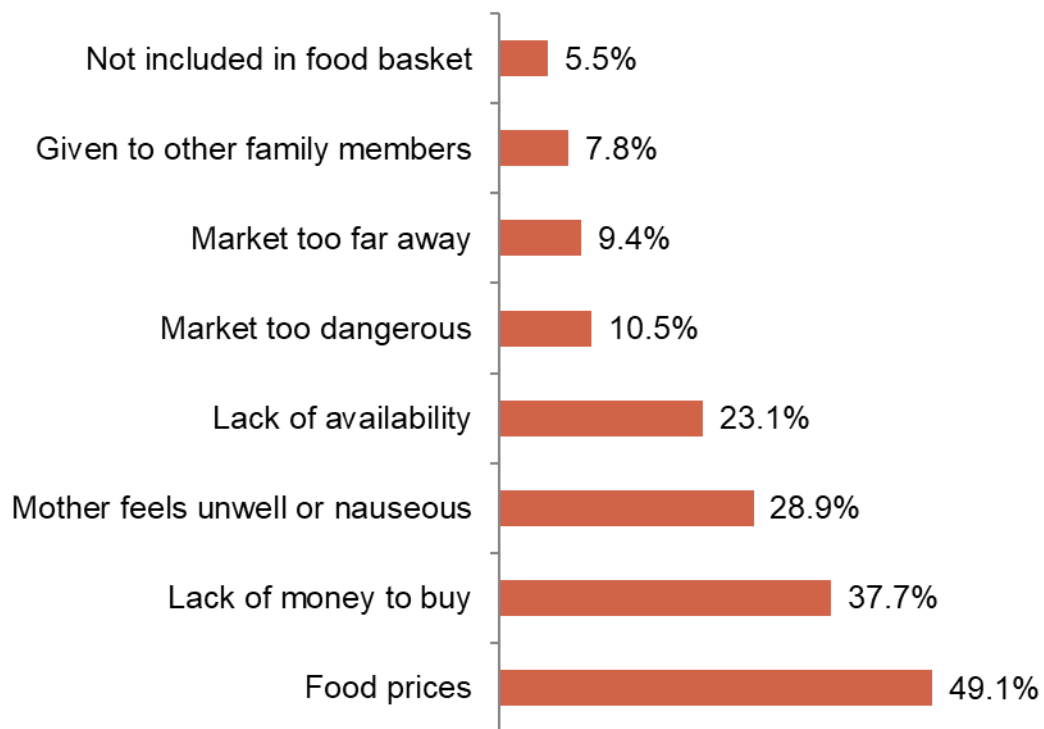
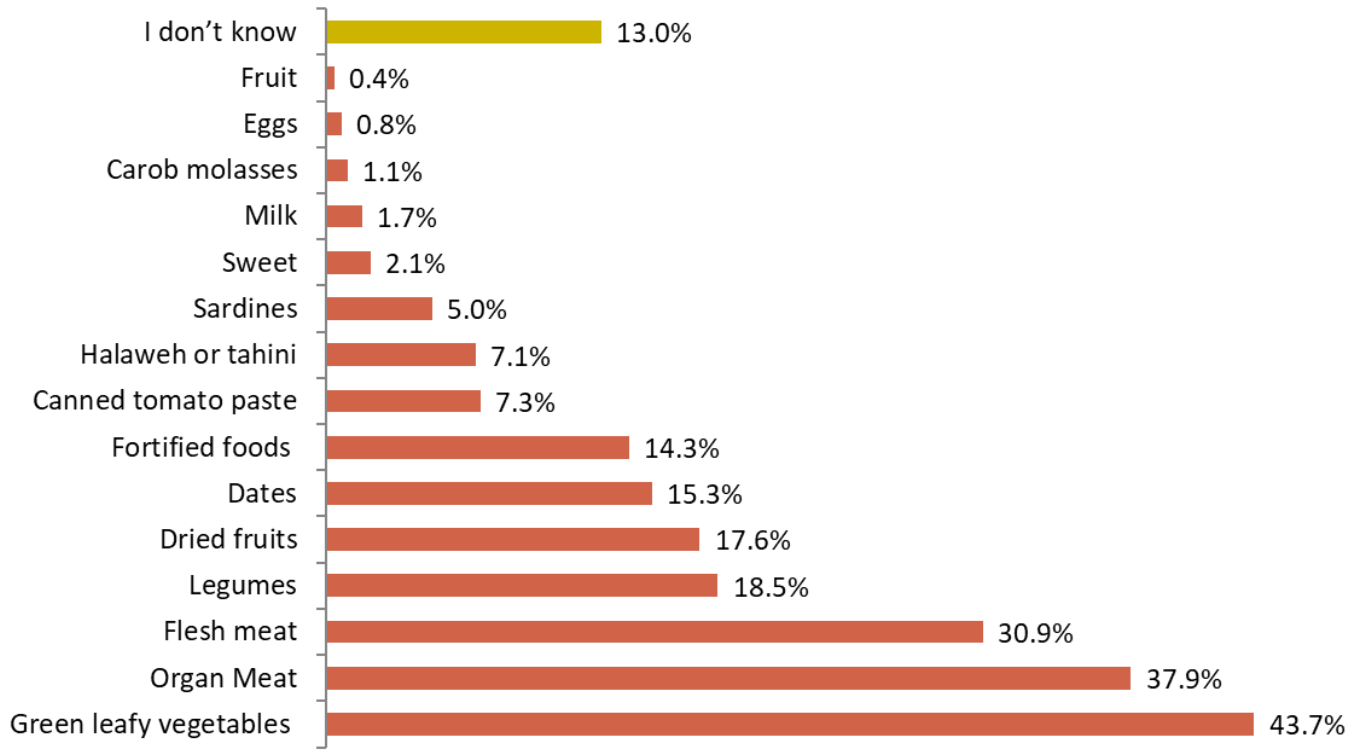




Figure 17: Percent of caregivers that listed this food as containing iron (N=932)





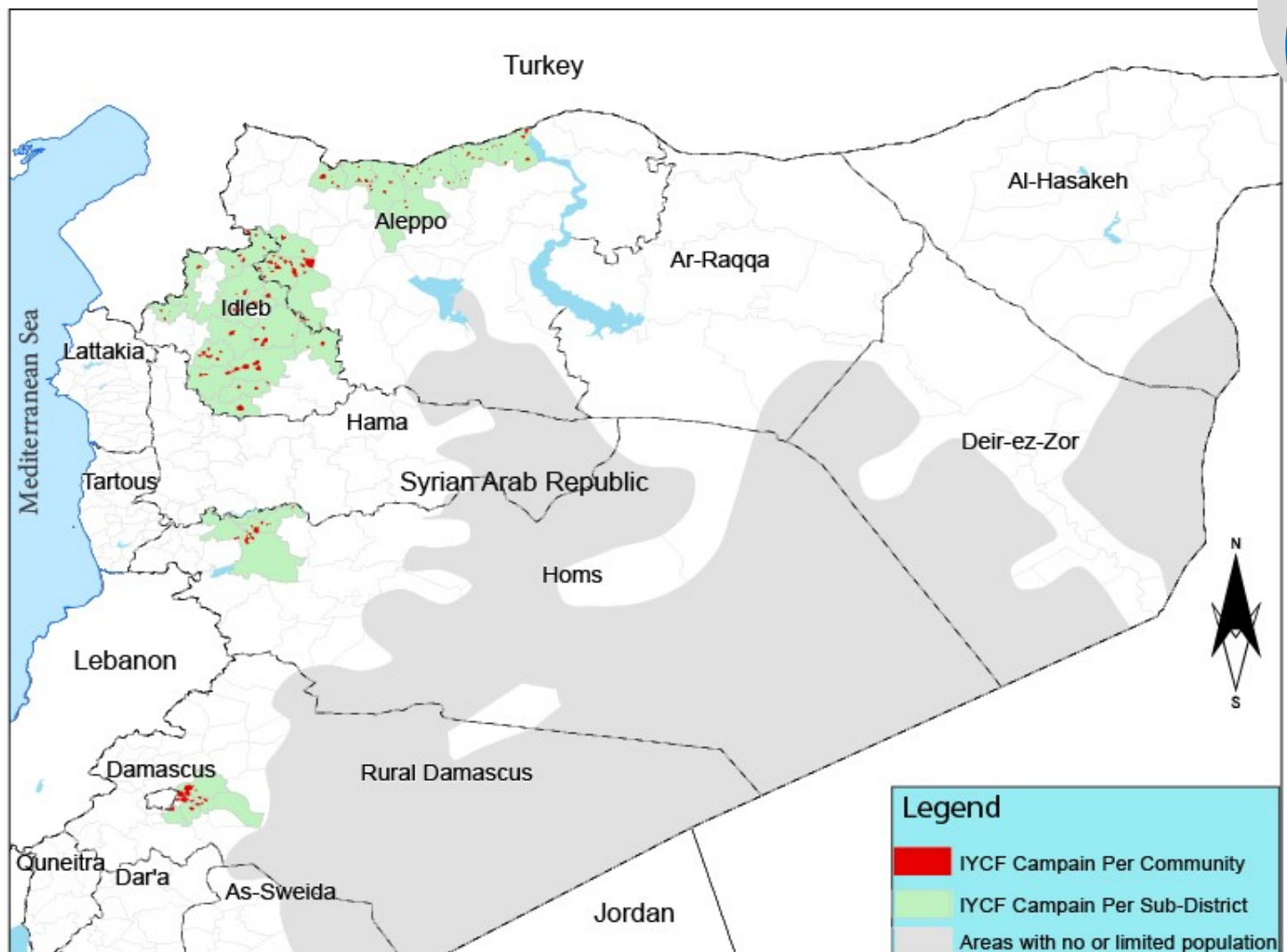
5. NUTRITION CLUSTER RESPONSE AND CHALLENGES (January – June, 2017)

- Continuous displacement of IDPs due to intensified fighting between the Government of Syria and its allies and Non-State Armed Opposition Groups to Aleppo and Idleb Governorate.
- The nutrition cluster is 70% underfunded, which hindered the scale up of the nutrition intervention including IYCF in emergency strategy .

6. IYCF advocacy and awareness raising campaign :

- Three advocacy meetings with health, food security, WASH and child protection partners on infant and young child feeding strategy and integration with other sectors as well as the SOPs for random distribution of breast milk substitute were conducted, 7 INGO and 15 Syrian NGOs participated in the meetings.
- Nutrition cluster partners launched IYCF campaign in 200 communities in February, 2017 delivering, integrated curative and preventive nutrition activities including , screening and referral for malnutrition , multiple micronutrients supplementation as well as IYCF individual counselling and awareness sessions to the communities .
- 8,772 children were screened for malnutrition using MUAC 1,034 children were found with MAM and 375 children with SAM, all malnourished cases were referred for treatment.
- 4,420 PLW screened for Malnutrition 402 cases were found with malnutrition and received treatment .
- 4,880 PLW received Micronutrients tabs and 6593 Children 6 –59 month receive multiple micronutrient powder .
- 6,133 PLW received individual IYCF counselling 1,652 IYCF sessions were conducted, 13,966 IYCF counselling was conducted a total 135,170 leaflet IYCF key messages were distributed.

IYCF Campaign Map





7.Capacity building:

- In March 2017, 29 participants from 17 NGOs attended two days nutrition cluster coordination training and one day of performance evaluation of the nutrition cluster in Gaziantep that was facilitated by the global nutrition cluster .
- In February 2017, 16 nutrition partners from NGOs were trained KAP assessment, and they supported the cascading of the KAP training to 81 staff inside Syria, and supported the implementation of the assessment, the training was facilitated by the global nutrition cluster rapid response team .
- In April 2017 Nutrition cluster coordinated SMART training that was conducted by CDC, 9 national and international NGOs were trained as Survey Manger .
- To support the scale up of curative and preventive nutrition interventions a total of 521 health staff were trained on CMAM & 529 were trained on IYCF inside Syria .
- 15 nutrition cluster partners were also trained on the nutrition cluster harmonized IYCF and CMAM reporting tools .

8.IDP response through the cluster rapid response teams :

- In January, February 2017 Nutrition supplies were prepositioned by partners through support from UNICEF in Azaz, Jarablus, Albab and in different locations in Idleb level to cover the needs of newly displaced 25,500 children under 5 years & 12,000 pregnant and lactating women, the supplies include high energy biscuit (HEB), plumpy doz, multiple micronutrients supplements and ready to use therapeutic food for treatment of severe and moderately malnourished children .

The nutrition cluster partners reviewed the rapid response to IDPs from Aleppo, documented lesson learned to improve the response to IDPs displaced from Barze, Qaboon, Alawaer, Madaya and Zabdani. The below dashboard illustrate the response .

- Nutrition cluster worked closely and build the capacity of the food security cluster partners to integrate nutrition in the new IDPs response, the intervention includes the distribution of HEB and plumpy doz for children under 5 years as part of the emergency food basket, in addition food security partners also conducted MUAC screening. Lesson learned from this experience will be documented and scaled up .



Images from IDP response in Idleb



9. Nutrition cluster updates

- The nutrition cluster is co-led by UNICEF and PAC and includes 6 INGOs, 30 LNGOs and 4 UN organizations, donors. The coordination is taking place at Gaziantep level.

Cluster coordination highlights in the last five months:

- Conducted cluster coordination performance evaluation that was facilitated by the global nutrition cluster and the cluster advisory group are following up on the implementation of the recommendation .
- Mid-year review of the implementation of the IYCF in emergency three years strategy (2017-2020) which revealed significant progress in achieving the key agreed upon IYCF indicators.
- Analysis of gaps, overlaps and operational planning per district is ongoing led by cluster coordinators .
- Development of preparedness & response plan for ArRaqqa, Displacement to North western Syria Preparedness Plan due to change in security situation (as a part of the inter-cluster plan).
- Collaboration with health cluster for integration of nutrition indicators as part of the health information system (DHIS2) and costing of the primary health care package of service.
- Nutrition cluster partners launched the nutrition surveillance system integrated with the Early Warning Alert and response Network (EWARN) in 100 health facilities across 7 governorates including Aleppo, Ar-Raqqa, Dar'a, Hama, Homs, Idleb and Quneitra .

10. Integration with other clusters:

- In May 2017 Nutrition & CP Mainstreaming workshop was conducted and nutrition and child protection taskforce was established
- Nutrition & CP Mainstreaming aims to promote the integration of child protection into nutrition for both Gaziantep Level and Field Level (Health facilities, outreach, IYCF corners and tents, Child friendly spaces and Baby friendly corners .
- As part of Collaborative Efforts Planning between nutrition and reproductive health we participated on Postnatal and New-born Training for midwives that was held in 10 March 2017. nutrition session includes ,IYCF strategies ;Pregnant & lactating nutrition+ key messages; IYCF recommendation + key messages; How to use IYCF counseling card ; MUAC measurement (PLW and children) ; check of bilateral pitting edema in children; Micronutrients supplementation and appropriate treatment for acute malnutrition (children under 5, SAM/MAM cases) and malnourished PLWs. IYCF indicators were also included in the midwives strategy developed by UNFPA in 2017.
- IYCF-E&WASH: In March 2017 nutrition cluster prepared WASH and IYCF-E integration strategy with help of RRT . And stated the common goals which includes: the vicious circle of waterborne diseases, diarrhoea and morbidity in infants and young children, which was presented to the WASH cluster partners in the WASH cluster meeting .
- Food security and Livelihoods and nutrition integration: Nutrition cluster and food security has been conducting several activities at the whole of Syria level to agree on the areas of integration and finalize the standard operating procedures. Joint food security and nutrition assessment was conducted by cross borders partners in 80 subdistricts reaching 8808 households for key IYCF indicators.





10.Success stories :

As part of the ongoing one year IYCF advocacy and awareness raising campaign . QRC conducted local council managers meeting that was held in Daret ezza in western rural Aleppo . QRC staff concluded that the local council managers have lack of knowledge and perceptions toward the consequences of the random distribution of BMS and its negative effect on infants life and community as general . QRC staff orient the participants on the random distribution of BMS SOP and IYCF-E strategy. 2017=2020 as well as key messages on IYCF.

After that meeting the local council managers sent a formal letter to all NGOs and hospitals and PHCs that working on the area requesting stopping random BMS distribution immediately and any actives related to BMS should be under supervision of QRC staff OR other NGO that are managing the BMS based on the agreed upon SOP integrated with their IYCF program.



11.Key Contacts

Title / Responsibilities	Location	Organization	Focal Point	Phone number	Email
Turkey hub coordinator	Gaziantep	UNICEF	Wigdan Madani	-	wmadani@unicef.org
Turkey hub Cooordinator	Gaziantep	PAC	Mona Maman	-	nutrition@pac-turkey.org
Turkey hub Information Management Officer	Gaziantep	PAC	Abdullah Aleido	-	nutrition.imo@pac-turkey.org

12.Upcoming events :

- July: Finalization of the IYCF-E strategy midyear review document
- July: Finalize the gap, need analysis and development of operational plans for priority districts
- July-December: second phase of the IYCF campaign with the theme from formula to breast milk
- July -August: SMART surveys in few identified areas
- July -August: IYCF barrier analysis and behaviour change communication strategies.
- October –Nutrition Cluster coordinator training .