Current Situation:

Nutrition cluster in North West Syria provides live saving curative and preventive nutrition interventions to the children under the age of five years, pregnant and lactating mothers. Nutrition sector implements its activities through its 22 partners; 95 percent of which are local Syrian NGOs. Nutrition cluster in North West Syria targets to reach 800,000 children under the age of 5 years and pregnant and lactating mothers, which comprises 28 percent of the total cluster targeted population in Syria.

Syria has been one of the largest emergencies globally. However, unlike other long term and protracted emergencies, nutrition concerns in Syria are multi-dimensional in its nature and of a wide spectrum impact. Nutrition survey (SMART survey, May 2019) has shown that at least one out of each three children currently living in North West Syria are stunted. According to survey results more than 130,000 children under the age of five years in Idlib and Rural Aleppo will likely not reach their full educational and intellectual potential because of stunting; half of these stunted children are also affected by displacements.

Nutrition Surveillance system is showing infant feeding practices to be extremely poor in most of North West Syria with about 20 percent of mothers feeding their children properly and this is not because just food insecurity. Sub-optimal infant feeding practices is one of the main causes behind increasing acute and chronic malnutrition in Syria. Despite the below-emergency rates of acute malnutrition, there are some areas with the highest prevalence of malnutrition named as “pockets of malnutrition. Displacement of population contributes to increased prevalence of malnutrition, which located in those “pockets” and overburdened communities in Northern Idlib and Northern Rural Aleppo.

Nutrition program data shows that Severe acute malnutrition admissions increased by 48% compared to last year, nevertheless, nutrition cluster has evidence that many severely malnourished children remain untreated at the community because of challenging access to health services, security situation and limited coverage of nutrition program due to funding limitations.

SMART survey 2019, confirmed the predictions of having at least 5,000 children under the age of five years could become severely malnourished by December 2019 if appropriate prevention measures including early case finding and referrals are not scaled up. Malnutrition admissions data shows that with the ongoing child vulnerabilities mentioned above, malnutrition burden could increase to 7,000 severely malnourished children by the end of 2019. Without appropriate treatment fifty percent of severe malnourished children will be at risk of death because of direct cause of malnutrition.
Maternal malnutrition remains a great concern to the nutrition cluster. The nutrition surveillance 2019 shows that malnutrition among mothers continue to increase. 12 percent of malnourished mothers are younger than 18; and 3 percent of the mothers are younger than 13 years. Overall and based on the available data, it is very clear that malnutrition among mothers spreads among young and child mothers, which could explain also increased prevalence of poor feeding and stunting. Without appropriate interventions that focuses on integrated preventive nutrition-specific and sensitive interventions additional children would become stunted and more children futures will be lost.

**Nutrition Cluster Services Coverage:**

Nutrition cluster continues to deliver live saving preventive and nutrition response in North West Syria especially among newly displaced population. As of June 2019, nutrition services are implemented in 82 health facilities out of the 220 health facilities operational in NWS which represents 37% nutrition services availability. Live saving nutrition services reached 369,082 children under the age of five years, pregnant and lactating mothers during the first half of 2019 across 373 communities out of the 1,141 accessible communities in 48 sub-districts in North West Syria. This represents only 33% coverage compared to HRP target. 35 percent of the reached children and mothers with live saving nutrition interventions were among displaced population.
Nutrition cluster priorities, opportunities and limitations:

Nutrition cluster to address the complexed nutrition profile in North West Syria with the extremely limited resources available from bilateral funding to the cluster and also funding received by the partners and mandated agencies such as UNICEF and WFP is looking into:

• Continue scaling up live-saving nutrition preventive activities such as promotion of optimal infant feeding and caring practices, micronutrient supplementation through integration and opportunistic approach. Nutrition cluster is using now immunization, reproductive health, child friendly spaces and health facilities as entry points.

• Scaling up management of acute malnutrition in areas where acute malnutrition prevalence is increasing to prevent any unnecessary mortalities because of acute malnutrition

• Scaling up an integrated and comprehensive child survival packages targeting high severity geographic areas in Idlib and Rural Aleppo using 20 Rapid response teams covering 886 communities in 33 subdistricts.

• Ensure that nutrition programs geographic locations are convergent with other clusters specifically health, WASH, food security and protection clusters which might improve stunting prevalence in high severity areas.

Nutrition cluster program results and scale are limited by funding availability, access limitations due to insecurities and fighting escalations as well as capacity of partners and availability of partners. Limitation of nutrition funding has reduced partners capacity to implement nutrition programs and also nutrition clusters partnerships reduced because of unavailability of resources.

Funding situation, urgent gaps and risks associated with under-funding:

As of today, nutrition cluster has received only 14% of its financial requirements this year (USD 11.7 out of required USD 83.9). Nutrition cluster during the same period last year was 40% funded Scaling up live saving nutrition services has been heavily dependent on UN agencies funding and humanitarian funding. With the ongoing escalations in Southern Idlib and possible increase in need in Northern Rural Aleppo additional resources are needed to sustain healthy nutrition commodities pipeline until the first quarter of 2019 and to increase nutrition services program coverage especially in high severity areas. To accomplish this nutrition cluster urgent funding need will be 3 Million USD until December 2019.

The immediate impact of unfunded nutrition cluster emergency response in 2019 would bring the following situation during the next two years:

• Up to 140,000 children would suffer educational and productional difficulties due to stunting.

• With the current acute malnutrition trends at least 2,000 children will face immediate risks for malnutrition associated life threatening complications and death, if no appropriate scale of management of acute malnutrition is reached. This risk will be even compounded with other factors such as displacements, limited access to health facilities and severe winter.

• 62,000 mothers in North West Syria will face the potential risks of anemia related complications which includes maternal death, heart failure and pregnancy related complications as well as growth retardation among their children.

• Trends of acute malnutrition among pregnant and lactating mothers will continue increasing which will not only negatively impact mothers but also will increase the incidence of acute malnutrition among their children.

• Nutrition cluster implementation capacity and geographic capacity will be seriously deteriorating.

• Nutrition surveillance system including nutrition surveys will not be functional beyond October 2019.

• Nutrition cluster will not achieve its targets against HRP 2019 benchmarks.
GAZIANTEP: Integrated Nutrition Programme Response in North West of Syria - As of July 2019

How to read this map:
The colors of the map represent the combination of two variables: PiN and Severity.
For reference, the two small maps of PiN and Severity are provided.

LEGEND
- Fixed facility - CMAM (OTP- SC)
- Rapid Response Team
- Turkish gov. service area
- Targeted population

Severity

PiN

<15K
20K
40K
117K

Services provided by hospitals & RRTs:
1 - CMAM - SAM/MAM
2 - IYCF - MNP - Iron tabs
3 - IMNCI (danger signs)
4 - ANC - EMONC
5 - Protection (referral)
6 - Disability screening

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