SITUATION ANALYSIS

In 2019, it is estimated that 4.7 Million girls and boys under the age of five years and pregnant and lactating women are at risk of under nutrition and in need of comprehensive curative and preventive nutrition services. Around 92,000 children under the age of five years are expected to suffer from acute malnutrition, out of which 19,000 girls and boys are at risk of death due to severe acute malnutrition; a life threatening condition that requires immediate treatment. Without appropriate care, Children with severe acute malnourished children are nine times at risk of mortality than their well-nourished counter-parts. Approximately 865,295 girls and boys under the age of five years suffer from micro nutrient deficiencies. It is estimated that 1.6 Million mothers will require maternal nutrition services and skilled support to necessitate optimal infant and young child feeding and care practices.

Global Acute Malnutrition among boys and girls under the age of 5 years remains within acceptable international benchmarks in most of the assessed areas during 2018. However, there are some pockets where SMART surveys and nutrition surveillance information show an increased stunting rates such as Eastern Ghouta (36%) and Tel Abyed (32%) which are close to the 40% emergency thresholds according WHO thresholds. Chronic malnutrition was a problem in Syria even before the crisis and increased rates have been observed recently (SMART surveys 2019). Nutrition surveillance system in some areas such as North West Syria indicates that up to 90% of children aged below 6 months are not exclusively breast fed and most of the mothers are not practicing optimal complementary feeding practices. There are increasing concerns on appropriate feeding and care practice for non-breast fed infants. Overall, the coverage of nutrition services is below recommended level due to capacity constraint, heightened insecurity affecting access and resource limitations.

RESPONSE STRATEGY

- Strengthening life-saving and preventive nutrition services for vulnerable population groups focusing on safe and appropriate IYCF practices in emergency contexts and beyond, micronutrient interventions, and optimal maternal nutrition. Infant and young child feeding interventions will be provided in the community, health facilities, and local health system structures in close collaboration and coordination with the health sector and reproductive health sub-cluster, food security and child protection sectors.

- Improve equitable access to high quality, life-saving, curative nutrition services through systematic identification, referral, and treatment of acutely malnourished cases for boys and girls under five and PLW. The response modality will be informed according to context and will be adjustable and flexible to serve the needs of the target groups. Provision of management of acute malnutrition will be ensured at the health facility and community level and in integration with infant and young child feeding services and primary health care services.

CHALLENGES

The main challenges encountered are:

1. Continuous deterioration in security which limits population access to services, suspension of services and displacements.

2. Acute malnutrition problem is not a priority since GAM and SAM rates are not high and hence nutrition cluster was only 55% funded during 2018 and less than 20% funded during the first quarter of 2019, for which cluster has put lots of advocacy with donors to put more emphasis on acute and chronic malnutrition prevention which increased funding slightly during the first half, more funds for nutrition are pledged during the second half of 2019.

3. Implementing cluster partners are mostly medium to low scale national NGOs with limited capacity to effectively undertake nutrition in Emergencies interventions.

4. In spite of the fact that access has improved inside Syria, quality of services remains a challenge.
5. Remote programming which puts lots of focus on quality assurance and ensuring assistance is delivered in alignment with humanitarian principles which includes monitoring quality, aid diversions and influences of aid, cross cutting issues such as gender and disabilities.

6. Coordination between different hubs and ensuring continuity of services has been a challenge due to political sensitivities, with increasing communication and engagement with all hubs now it is less challenging.

7. Capacity issues with the partners inside Syria, nutrition interventions are carried out by the ministry of health. In areas where MOH has no access, NGOs fill in a gap as well as INGOs. Approvals for work for INGOs and NGOs remain a challenge.

PRIORITIES DURING THE NEXT 6 MONTHS OF 2019

- Strong focus on preventive nutrition services especially scaling up community based infant and young child feeding program.
- Nutrition survey results will help prioritize geographical areas but in general nutrition cluster is prioritizing areas with severity 3, 4 and 5 which includes government controlled areas, North West, North West Aleppo and parts of North East Syria.

WOS NUTRITION DASHBOARD

Key Figures In 2019

Achievements Per Activity

Children 6-59 months

SAM new admissions

MAM new admissions

BSFP new admissions

Vitamin A Supplementation

Micronutrient Supplementation

Pregnant and Lactating Women (PLW)

MAM new admissions

BSFP new admissions

Micronutrient Supplementation

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Reason for low reporting rate: Funding remains the major challenge across WOS, partners capacity and availability in some areas is the other reason behind low achievement. Cluster is trying to bypass these challenges through integration and working closely with the other clusters.