Inside this issue:

Sector highlights—July to Dec 2016

- A total of 2,455,870 Women and children under 5 were reached by preventative and therapeutic nutrition interventions between July and December 2016, from them 834,469 women and children are living in the besieged and HTR areas.
- The Nutrition Sector partners step up their response from South turkey and Syria hub to Eastern Aleppo crisis, reaching nearly 40,000 children under five and pregnant lactating mothers with preventative and therapeutic Nutrition interventions. The beneficiaries were among the evacuated families in rural Aleppo and Idlib, those living in IDPs centres in Western city of Aleppo, and families remaining in Eastern city.
- The Nutrition and food security sectors first planning workshop conducted in Oct 2016, supported by the global coordinators from both sectors, roadmap with recommendation report finalized and informed Joint HRP planning.
- Ten sector partner’s staff from UN and NGOs across the three hubs were trained in Cyprus, by CDC Atlanta & UNICEF on Nutrition Assessments, the ten participants graduated as SMART survey managers in July.
- The 2017 Nutrition Sector Response Plan detailing the sector priorities, objectives and targets for 2017 was developed, presented to the Government of Syria’s Ministry of Health for review and endorsement. The HRP process involved a collaborative efforts by WOS partners across the hubs.
- The Nutrition Sector in Syria successfully secured USD$700,000 through the Syria Humanitarian Fund (SHF) to support nutrition responses in besieged and hard-to-reach areas.
- A National Community Management of Acute Malnutrition Protocol targeting health workers at outpatient treatment and supplementary feeding programmes, with supporting standardised reporting tools, were developed, finalised and distributed to partners in Damascus in order to harmonise programming efforts.
- The Infant and Young child feeding operational strategy was launched officially in Gaziantep on the 20th of December.
- Nutrition supplies are prepositioned in Qamishli, Homs, Azaz and Daraa as part of Ar Raqqa contingency planning.
- Health workers from 20 hospitals were trained by the Nutrition Sector in Syria on the Baby Friendly Hospital Initiative (BFHI), and are now providing BFHI services.
- The Nutrition Coordination Working Group for Jordan XB operations was formally separated from the Health Coordination working group in December 2016.

Key facts

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

Map 1: Severity and PIN Map (HNO 2016)
Sector achievements at WOS level in 2016

- 983,665 children out of 732,200 targeted, and 188,167 pregnant and lactating women (PLW) out of 133,184 targeted, were screened for acute malnutrition.
- 1,807,308 under 5 girls and boys out of 915,249 targeted received Lipid-based Nutrient Supplements (LNS) and 655,101 PLW out of 500,000 targeted received infant and young child feeding counselling (IYCF).
- 612,716 boys and girls, and PLWs received micronutrient supplementation. This includes 468,480 children that received micronutrient powders, 446,416 children that received vitamin A supplementation.
- 277 CMAM centres are currently functioning in Syria and providing specialised therapeutic and supplementary nutrition treatment, integrated IYCF) to children and mothers; while 450 MoH health centers are carrying out anthropometry measurements including weight, height, MUAC and oedema for children under five through the facility-based nutrition surveillance system run by the MoH with the support of WHO.
- 32,260 boys and girls under 5 were identified and treated for acute malnutrition. This included 5,941 boys and girls for severe acute malnutrition and 26,319 boys and girls for moderate acute malnutrition. In addition 3,425 PLW received treatment for acute malnutrition.
- Through a capacity building initiative, the sector trained 2,737 health workers on CMAM and 1,759 health workers and community outreach/volunteers on IYCF.
- In close collaboration with the Damascus, Turkey and Jordan hubs, 197,454 children under five and PLW in besieged and 963,111 children under five and PLW in hard-to-reach areas, were provided with essential nutrition support including preventative and treatment of acute malnutrition through the Inter-Agency Convoy (see Map 6).

<table>
<thead>
<tr>
<th>4,496</th>
<th>35,685</th>
<th>612,716</th>
<th>655,101</th>
<th>1,171,832</th>
<th>1,807,308</th>
</tr>
</thead>
<tbody>
<tr>
<td>U5 and PLWs treated for MAM and SAM</td>
<td>U5 and PLWs receiving micronutrients</td>
<td>PLWs counselled on appropriate IYCF</td>
<td>U5 and PLWs Screened for malnutrition</td>
<td>U5 reached with LNS/HEB</td>
<td></td>
</tr>
<tr>
<td>128% Achieved</td>
<td>103% Achieved</td>
<td>58% Achieved</td>
<td>131% Achieved</td>
<td>135% Achieved</td>
<td>197% Achieved</td>
</tr>
</tbody>
</table>

Figure 1: Accumulative achievements Jan – Dec

Situation overview

- The second half of 2016 saw a further deterioration in the humanitarian situation in Syria. The combination of the ongoing hostilities, the limited humanitarian access, and the effects of economic collapse have resulted in a complex humanitarian situation, and left the children and mother in dire conditions adding to their vulnerability to malnutrition.
- Anemia prevalence represent a moderate public health problem among both girls and boys under five and women (CBA) with a prevalence of 25.9 per cent and 24.5 per cent respectively(1). This result alerted nutrition partners to the possibility of the presence of other micronutrient deficiencies beyond anemia among both children and women that could lead to serious health problems if not tackled appropriately.
- Only 38.5% of the families in Syria consume iodized salts which is suboptimal(1).
- Poor levels of Global acute malnutrition (GAM) 7.8 percent were recorded among women in child bearing age (CBA) (1), which could further deteriorate and trigger a vicious cycle of intergenerational transmission of under-nutrition and poverty.
- Despite the acceptable levels of acute malnutrition reported among under-five children, factors such as sub-optimum IYCF practices (particularly the low levels of exclusive breastfeeding below 30%, use of infant formula) are likely to contribute to higher rates of acute malnutrition.
- Existing food insecurity, deteriorating livelihood options, and population displacement exacerbate vulnerability, while limited access to quality water and poor hygiene practices contribute to a high prevalence of diarrhoea and other childhood diseases. These factors negatively influence the nutrition situation, especially in the context of worsening healthcare and service coverage that characterize inaccessible besieged and hard-to-reach locations. Combined, these factors have the potential to further jeopardize the health and Nutrition status of girls and boys under five and pregnant and lactating women.
- Nutrition cluster partners from Gaziantep hub supported the integration of the Mid Upper Arm Circumference (MUAC) screening with round 2 of routine immunization in North Syria. The results indicated acceptable level of malnutrition (GAM < 5%) in Aleppo (with exception Aleppo city), Idlib and Hama, which is consistent to what we have seen in SMART surveys conducted in 2015 in Aleppo, Idlib and Hama. As expected with MUAC, prevalence is higher among young children (children less than 2years).

(1) The most recent SMART nutrition surveys conducted in Syria (11 out of 14 governorates) in 2015/16
The Whole of Syria (WoS) Nutrition Sector, coordinates the nutrition response across three hubs respectively located in Damascus, Gaziantep and Amman.

The Coordination is done through regular skype calls, quarterly face-to-face meetings, and support missions by the WOS coordinator to the three hubs.

The geographic coverage, and the beneficiaries targeted are discussed and agreed upon through the WoS Nutrition Sector coordination mechanism.
Achievement of the Amman hub in 2016

- During 2016, sector partners reached 27,200 girls and boys under five and pregnant and lactating women (PLWs) with both preventative and therapeutic nutrition interventions in Daraa and Quanitra governorates through Jordan cross border operations, in 20 communities.

- 17,454 children under-five and 3,224 PLWs were screened for acute malnutrition using MUAC. 757 girls and boys under-five were identified with acute malnutrition, from them 120 children had severe acute malnutrition (SAM) and 637 had moderate acute malnutrition (MAM). All identified cases were referred to one of three health facilities that provide lifesaving CMAM services (two in Daraa and one in Quanitra) and enrolled in the relevant therapeutic or supplementary feeding programme. Additionally 418 PLWs were identified with moderate malnutrition and enrolled in supplementary feeding programmes in order to receive nutritional interventions.

- 3834 boys and girls between 6-59 months benefited from a blanket supplementary feeding programme, through the provision of lipid based Nutrient supplements to prevent acute malnutrition, and 2170 girls and boys under-five received micronutrient supplementation to prevent and treat micronutrient deficiencies.

- In order to improve infant and young child feeding practices, UNICEF and sector partners supported counselling sessions to 6,998 PLWs on the breast feeding practices and timely introduction and appropriate complementary feeding.

- Standalone Nutrition coordination working group established in December 2016, while the technical working groups were functional since March 2016.
During 2016, cluster partners reached 815,000 girls and boys under five and pregnant and lactating women (PLWs) with both preventative and therapeutic nutrition interventions through South Turkey cross border operations in 328 communities.

A total of 286,803 children under 5 years and 35,793 PLWs were screened for malnutrition. Among them, 959 children were treated for Severe Acute Malnutrition (SAM), including 48 children as SAM with medical complications.

Lipid-based Nutrient Supplementations were provided to a total of 302,143 children under 5 years and appropriate IYCF counselling was provided to a total of 289,342 PLWs.

Trainings on CMAM were received by 889 health workers while 669 health workers received training on IYCF counselling.

The three years IYCF strategy in Emergency was finalized together with the costed operational plan. Official launching of the strategy took place in December 20th.
Achievement of the Damascus hub in 2016

During 2016, sector partners reached 2,550,000 girls and boys under five and pregnant and lactating women (PLWs) with both preventative and therapeutic nutrition interventions through Syria hub operations in 726 communities.

The nutrition sector has reached a total of 1,507,564 children under the age of 5 with fortified nutrient supplements (LNS) complemented with appropriate IYCF services through promotion and counseling reaching a total of 358,825 PLW.

Multiple micronutrient supplementation was provided to a total of 445,798 children under 5 years and 126,281 PLW, this includes Vitamin A to under-five children and lactating women.

A total of 683,338 children under 5 years and 150,406 PLW were screened for acute malnutrition. Of which 22,599 were identified with acute malnutrition (4,814 children with Severe Acute Malnutrition (SAM), 17,785 children with Moderate Acute Malnutrition (MAM) and 2,107 PLW with MAM). The identified cases were treated for malnutrition in CMAM centers.

196 CMAM centers (OTP/TSFP/SCI/IYCF-E) are functioning in Syria and providing specialized therapeutic and supplementary nutrition treatment support to both children and women while 433 MoH health centers are carrying out MUAC screening from children under five under the nutrition surveillance scheme.

Through the Inter-agency convoy A total of 206,796 children under five and the PLW in besieged and hard-to-reach areas were provided with essential nutrition support including preventive and treatment of acute malnutrition.

Through capacity building initiative, the sector trained 1,848 health workers on CMAM and 1,008 health workers and community outreach/volunteers on IYCF.

As part of the capacity building for sub-sector focal points and partners, two orientation sessions were conducted for partners on “Cluster Approach” with the attendance of 22 sector partners including Directorates of health.

Through Syria Humanitarian Fund (SHF), the sector secured a sum money of US$700,000 to support nutrition responses in besieged and hard-to-reach areas.
Response in besieged and hard to reach areas in 2016

- Inter-agency (IA) multi-sectoral convoys initiated at the beginning of 2016, continued as part of the efforts to provide humanitarian assistance including nutrition. 16 besieged locations in Rural Damascus, Idleb, Homs and Deir-Ez-Zor and 51 in hard-to-reach were reached during the second half of 2016, with some being reached more than the others.

- As nutrition is a priority within the IA convoy response, the nutrition sector in Syria was actively engaged in the process. From January till December 2016, the nutrition sector reached 197,454 in besieged and 963,111 in hard-to-reach areas with nutrition assistance including Lipid Nutrient Spread, Ready to use Supplementary Food, High Energy Biscuits and micronutrient for the prevention of undernutrition and therapeutic nutrition items for the treatment of acute malnutrition in outpatient and inpatient facilities.

- The convoy operation is facilitated by OCHA and SARC with the participation of UN agencies and the nutrition sector in Damascus, in close coordination with other sectors where monthly IA convoys plans are prepared by the sector. During the process of developing nutrition sector IA convoys plans, consultations are made within the whole of Syria for deconfliction and better coordination of the response.

- During the delivery of nutrition supplies to besieged and hard-to-reach locations, various other activities were carried out such as remote training and orientation of health workers and conducting rapid assessments to better understand the situation of the population. In addition, remote technical support is provided to the health workers in those locations to deal with cases of malnutrition identified.
**East Aleppo Response**

- Since late November 2016 when the operation in East Aleppo started, the WOS Nutrition Sector partners stepped up their response from South Turkey and Syria hubs to serve the evacuated/affected under-five children and PLWs in rural Aleppo, Idleb, the three IDP shelters in Jibreen, Hanano, Almahaleg and other areas in the Western and Eastern city of Aleppo.

- Most of the nutrition services were delivered through mobile and/or fixed clinics, supported by a network of community health workers through national NGOs and SARC. The services were delivered through home visits, including screening and referral of acutely malnourished children and pregnant and lactating women (PLWs) for treatment.

- The accumulative number of girls and boys under-five and PLWs screened for acute malnutrition since the response of Aleppo started is 20,052 (16,929 children, 3,123 women) with 149 children suffering from SAM and 737 from MAM. While a total of 250 PLWs were found with MAM. The screening data indicated higher proportion of children affected by the global acute malnutrition compared with the national prevalence of 3%. Among the 16,929 children under-five screened by MUAC, 886 were detected with acute malnutrition (5.2%), the majority were MAM cases indicating that stressful environment resembling that of Eastern Aleppo which deprived the children from access to social basic services and nutritious food can easily deteriorate their nutrition status on the short run.

- Nearly 40,000 children under five and pregnant lactating mothers living in IDPs centers in Western city of Aleppo, and families remaining in Eastern city, were reached with preventative and therapeutic Nutrition interventions by the Syria nutrition sector. In addition, evacuated families in rural Aleppo and Idleb and also supported through South Turkey partners.

- The South Turkey Cluster established a rapid response team in East Aleppo (RRT). The RRT team conducted a rapid MUAC screening of all children under five entering the reception area. In total, 4041 children aged 6-59 months were screened and the global acute malnutrition was at 6.48% (n = 262) among children screened (not representative). Also, 789 mothers of children under 6 months were assessed on breastfeeding practices and received counselling services. While 2378 PLWs received IYCF counselling in general. In addition, 1229 PLWs received micronutrient supplementation, and 691 children under 5 years received micronutrient powders.

**IYCF-E Strategy**

- The IYCF-E strategy was launched in the second half of 2016.

- This work was financially supported by UNICEF, and technically supported by Save the Children and UNICEF.

- The launching of the IYCF-E strategy was followed by a 1 year IYCF-E campaign focusing on different IYCF activities and advocacy towards managers from all I/NGOs working inside Syria, policy makers, donors as well as boarder authorities against the random distribution of formula milk among children.

5. **Technical Working Group Updates**

- the technical working group from Gaziantep were working very actively from January, 2015 with quarterly review of the work plans

- The Advocacy Working Group conducted a one-day training on ‘how to write a success story’.

- The IYCF Working Group finalized the costed IYCF implementation plan and the IYCF campaign was rolled out in December 2016.

- The Technical Working Group from Syria finalized the monitoring tools for CMAM and IYCF activities which were translated and shared with partners. In addition the working group completed the compilation of training tools, materials, treatment guidelines, counselling messages etc. The technical working group members are currently working with these resources to develop a harmonized CMAM and IYCF training tools for Partners.
Success Stories

*Story of Haifa and her daughter Elaf*

Haifa, a mother of 5 kids, never breastfed her children due to her inverted nipples. When her youngest child Elaf was born, Haifa came to the nutrition center, requesting infant formula. Through the Nutrition team on ground, Haifa received immediate Infant and Young Child Feeding (IYCF) counselling. The team provided her with necessary support with positioning and attaching Elaf so that she could breastfeed. While conducting the counselling, the team assisted Haifa with pumping breastmilk, and this milk was given to Elaf using the Supplementary Suckling Technic (SST). After a number of additional one-to-one counselling sessions, and through direct support to the mother, Haifa was able to relactate and successfully breastfeed her child for the first time.

![Figure 6 Nutrition team using SST to Haifa to feed Elaf](image)

![Figure 7 Haifa feeding Elaf by herself after receiving continues support from Nutrition team](image)

*Grandmother able to breastfeed her grandson*

In 2016, a grandmother carried her grandson, suffering from diarrhea and dehydration, to the Primary Health Centre when the nutrition partner happened to be starting their nutrition services at the same location. Her grandson was only 2 months and 28 days old. As she reached out to one of the nutrition team members, she said “please help me. I want a tin of milk for my grandson. His mother is naive and doesn’t know how to breastfeed her child. She doesn’t even want to come with me to take care of this sick child and now I am responsible for this baby”. The nutrition team, with support from the psychosocial support team at their organisation, started talking to the grandmother and tried to explain to her the benefits of breastmilk and the negatives of using infant formula. The outreach team also visited the mother of the baby for counselling but the mother refused to breastfeed her child and wanted to have formula milk instead. As a last resort, the nutrition team spoke with the grandmother again and mentioned that they can help support her to breastfeed her own grandson. The grandmother was cooperative and willing to breastfeed her grandson. At the beginning no milk came out, but after trying for a several hours and with support from the nutrition team, the grandmother was able to feed her grandson. Today, the child is more than 6 months old, has started with the complementary food, and remains cared for by the grandmother. The nutrition team members continue to provide counselling to the grandmother, providing her with ongoing encouragement and support.

![Figure 8 Grandmother breastfeeding her grandson](image)
Challenges and response

- The Nutrition Sector faced numerous challenges over the second half of 2016 while implementing nutrition programmes. Access was hampered by shifting frontlines, insecurity affecting the delivery pipelines of essential nutrition supplies, and data collection and reporting, in besieged and hard-to-reach areas including East Aleppo, western countryside and parts of rural Damascus.

- Violations of the international code of marketing of breastmilk substitutes continue to be of major concern in Syria. These violations resulted in hindering IYCF efforts at a community and health care level.

- Detection of maternal malnutrition appears to be weak. Most pregnant and lactating women access antenatal and post-natal care in private-clinics where MUAC measurements are not routine procedures.

- Referral pathways and data collection between the nutrition surveillance centers and CMAM treatment centers remained a challenge. This resulted in acutely malnutrition children from not receiving needed nutritional treatment.

- The Nutrition Sector remains underfunded. Limited funding is one of the main challenges affecting nutrition programme planning.

Response to challenges

To overcome challenges resulting from insecurity, the Nutrition Sector is working closely with other sectors to deliver cross-line and cross-border life-saving nutrition supplies through inter-agency convoys. In addition, efforts are underway to scale-up nutrition services at a community-level through health facilities and community nutrition volunteers, whom have better access to the affected populations.

Standard Operating Procedures (SOP) to manage BMS donations, procurement and distribution within Syria, were released at the end of 2016. The SOP was issued for agencies, organisations and partners working in southern Syria, and are in accordance with international guidance, code, and the Joint Statement from the Jordan cross Border nutrition Working Group calling for support to appropriate IYCF in southern Syria. In addition, IYCF advocacy campaigns were conducted targeting donors, partners INGOs and board authorities.

Capacity development initiatives were conducted to improve detection of maternal malnutrition at private clinics. A training was conducted targeting health workers from private health clinics and hospitals; and further trainings are planned from early 2017.

Efforts were made to address gaps in referral pathways between nutrition surveillance centers and CMAM treatment centers. Contact lists were provided, and trainings are currently being prepared.

The Nutrition Sector continues to advocate for funds. Cost-effective programming is being enhanced in order to meet the needs of the population. This is being done through the strengthening and scale up of the IYCF program, and integrating nutrition activities with Health and Food Security and Livelihoods.
Based on the above indicators, and compared to the achievements of 2015, it is evident that 2016 witness wider coverage on training of health workers in order to improve upon case detection of acute malnutrition cases and counselling services on IYCF. There is also greater improvement in provision of micronutrient and lipid-based nutrient supplements when compared to 2015. The target for SAM and MAM might need further revision. Generally 2016 shown better coverage and enhanced reporting.
Key activities till June 2017

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMAM outpatient treatment and IYCF training</td>
<td>Cluster performance monitoring workshop</td>
<td>Nutrition and food security operational planning workshop</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>KAP and Barrier analyses training</td>
<td>Cluster coordination training (Damascus and Gaziantep)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CMAM Training</td>
<td>Sector coordinator’s face-to-face meeting</td>
<td>SMART training (Gaziantep)</td>
<td>SMART training (Damascus)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IYCF and Early Childhood Development training</td>
<td></td>
<td>Sector coordinator’s face-to-face meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cross border assessments jointly with</td>
<td>CMAM in-patient training</td>
</tr>
</tbody>
</table>

Key contacts

<table>
<thead>
<tr>
<th>Title / Responsibilities</th>
<th>Location</th>
<th>Organization</th>
<th>Focal Point</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>WoS Sector Coordinator and Jordan Hub Coordinator</td>
<td>Amman</td>
<td>UNICEF</td>
<td>Saja Abdullah</td>
<td><a href="mailto:sabdullah@unicef.org">sabdullah@unicef.org</a></td>
</tr>
<tr>
<td>Information Management Officer</td>
<td>Amman</td>
<td>UNICEF</td>
<td>Shabib Alqobati</td>
<td><a href="mailto:salqobati@unicef.org">salqobati@unicef.org</a></td>
</tr>
<tr>
<td>Syria hub coordinator</td>
<td>Damascus</td>
<td>UNICEF</td>
<td>Muhadiin Abdullahi</td>
<td><a href="mailto:mabdulahi@unicef.org">mabdulahi@unicef.org</a></td>
</tr>
<tr>
<td>Syria Information Management Officer</td>
<td>Damascus</td>
<td>UNICEF</td>
<td>Lana Al-Maradni</td>
<td><a href="mailto:lalmaradni@unicef.org">lalmaradni@unicef.org</a></td>
</tr>
<tr>
<td>Turkey hub coordinator</td>
<td>Gaziantep</td>
<td>UNICEF</td>
<td>Wigdan Madani</td>
<td><a href="mailto:wmadani@unicef.org">wmadani@unicef.org</a></td>
</tr>
<tr>
<td>Turkey hub Co-coordinator</td>
<td>Gaziantep</td>
<td>PAC</td>
<td>Mona Maman</td>
<td><a href="mailto:nutrition@pac-turkey.org">nutrition@pac-turkey.org</a></td>
</tr>
</tbody>
</table>

Nutrition Website

https://www.humanitarianresponse.info/en/operations/whole-of-syria/nutrition