Field Exchange

Emergency Nutrition Network

Editorial views on Syria nutrition response

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Field Exchange Syria Editorial Team

Field Exchange 'special' on Syria response

- *Process*: meetings, calls, field visit, editorial support
- 2.5 x normal, 60 articles
- Cash, coordination, shelter, WASH, health, acute malnutrition treatment, IYCF
- Syria, Lebanon, Turkey, Jordan, Iraq, regional

➢ Snapshot innovative, interesting programming, fantastic open engagement by humanitarian staff

➢ Technical & programmatic……analytical capacity, technical leadership, coordination, financing

➢ NOT an evaluation, editorial overview help collective learning

Syria context

- 10.8 million people assistance in Syria
- 3+million Syrian refugees in neighbouring countries (3.59 million, end 2014)
- Majority not in camps, many in urban settings
- Programme of support – host governments, traditional, non-traditional humanitarian communities
- Humanitarian access hampered in Syria
- Role of non-traditional and affected population significant but poorly documented
- **Multi-sectoral & multi-stakeholder response averted a nutritional and health crisis**

Treatment of acute malnutrition

- Nutrition assessment
  - *Syria* U5s: 11.5% GAM & 27.5% stunting (2009), 37% anaemia (2011)
  - *Lebanon* U5s 2012: 4.4% GAM, 12.2% stunting
  - *Jordan non-camp* U5s 2012: 5.1% GAM, 12.2% stunting
  - *Jordan camp* U5s 2012: 4.8% GAM, 15.9% stunting

- "Acceptable" GAM rate *but* risk of increased prevalence & absence of national capacity to treat cases

- **Scale up AM treatment** in Jordan & Lebanon (not in Turkey)

- Interesting articles, including integrated treatment, training

Treatment of acute malnutrition

- Lebanon Nov 2013 (GAM):
  - Initial results: 5.9% (9% Bekka valley)
  - Corrected results: **2.2%**
  - Jordan April 2014 (GAM): **1.2%** non-camp, **0.8%** camp

- ➢ Was the drive to scale up treatment of AM necessary in Lebanon and Jordan?
- ➢ Could limited resources been put to better effect elsewhere?
- ➢ Why just focused on GAM? Anaemia? Stunting?

IYCF in emergencies

- Breastfeeding and infant formula use common
- IYCF response: breastfeeding support GAPS in attention & action to support non-breastfed infants
  - Small scale, low coverage
  - Biased IYCF indicators, low BF rates yielded breastfeeding actions
  - Needs indicated in assessments & programme experiences, unwilling to compromise on standards
- Complementary feeding risk identified but problematic delivery & variable action
  - Jordan: 1 year delay in Zaatari, camp; Lebanon: high risk
  - Syria: recent blanket distribution of RUSF

Questions & observations

- Were we too controlling in the response?
- Control of infant formula to protect breastfeeding, technical tensions public health v individual right

➢ **Lack of strong critical analysis of the IYCF situation**

➢ **Weak stewardship of technical response**

➢ **Lack of national & regional preparedness**

❖ Gaps in policy guidance and absent programme models for the Middle Eastern context

❖ Flaw in IYCF-E definition - excludes 'sub-optimal' formula feeding unless exceptional/last resort/relative to BF

❖ **Reframe in** humanitarian terms accommodates the nutrition needs of all children equally, rights of mothers to choose

Is there more to nutrition?

- Over-emphasis on AM and IYCF

✓ **Sector responded in good faith**

- Afrocentric approach – expect high GAM & mortality, what we can do v need, donor driven programming
- Distracted from a sector wide and more holistic needs assessment of all nutrition problems

➢ Where was more attention needed?

✓ Anaemia, stunting, non-communicable diseases (NCDs), nutrition vulnerability

Anaemia

- Background U5s 29.2% (37%,) (2011)
- U5s prevalence:
  - Jordan **Zaatari camp: 48.4%,** host community, 26.1% (2014)
  - Lebanon U5s 21% (Nov 2013)

➢ UNHCR guidelines and options on anaemia (& stunting) prevention and treatment

➢ Prevalent/increased anaemia & declining wasting – food quality (access, choice)

➢ Syria 2014: 900,000 children & 7,500 adults provided with micronutrient supplementation

Stunting

- Little attention to discerning trends, underlying causes, potential interventions
- Articles cite rates, no action
- Trends
  - Stunting 27.5% (Syria, 2009)
  - Jordan camps: 15.9% (2012), 17% (2014)
  - Jordan non-camps: 8.2% (2012), 9% (2014)
  - Lebanon: 12.2% (2012), 17.3% (2013)
- Humanitarian scrutiny justifiable – severe stunting mortality & prevalence

➢ Who is scrutinising data & what this means?

➢ What is the role of nutrition specific and sensitive actors in the development community?

Non-communicable diseases (NCDs)

- Nutrition component – diabetes, hypertension, heart disease, obesity
- Significant public health problem in older people especially – access to treatment hampered
- No analysis of suitability or cost of suitable foods via voucher schemes

➢ Should voucher scheme agencies ensure suitable foods are available, promoted, affordable?

➢ How to ensure nutrition counselling be part of the NCD care package?

➢ Does sector have adequate guidance or is this the responsibility of development actors?

Assessing vulnerability

- Vulnerability criteria to assist with targeting decisions
- Vulnerability assessment tools
  - UNHCR score cards (Jordan), WFP VASyR 2012 & 2013 (Lebanon)

➢ Little use of nutrition indicators (wasting, stunting, anaemia)

- ❖ Surveys define communities most in need
- ❖ Nutrition impact of targeting decisions on cash
- ❖ Define households for inclusion in cash transfers
- ❖ Missed opportunity for robust research on nutrition impact of cash programming

Cash programming

- Unprecedented scale of cash programming in humanitarian context (3 million refugees)
- Two ‘bigger picture’ issues to consider

1. Availability of resources for humanitarian cash transfer programming versus in-kind food aid
2. Whether and how institutional architecture around humanitarian CT needs strengthening

Financing arrangements & role of the UN and multiple INGOs/NGOs

- Massive funding through UN for regional response
- UN agencies de facto donors for multiple INGOs/NGOs
  - Concerns about lengthy admin procedures & UN not configured to be a donor and extra tier of admin very costly
  - Large INGO scale up as well (over 100 now in Lebanon alone)

Financing & roles

- Appropriateness of cross-sectoral multi-programme engagement? e.g. e-vouchers by UNHCR, UNICEF and WFP
  - Overlapping programming, gaps and beneficiary confusion, high staffing and coordination costs
- Financing models can be changed, e.g. Southern Turkey cross-border programme all via INGOs/NGOs
  - Compare cost-efficiency of programming via UN versus INGOs/NGOs southern Turkey

Nutrition Coordination and leadership

- Massive coordination challenges - 5 hosting countries, cross border programming (Southern Turkey, Jordan, Iraq) and in-country (Damascus-led).
- Impressive response – scale, programme innovation , commitment and resourcing from host and donor governments.
- IASC cluster mechanism not formally activated in host countries - UNHCR has overall responsibility
- Sectoral working groups, covering food security, health, shelter, protection and education with UNHCR at helm
- Within Syria, similar working groups exist to coordinate the response
- Nutrition working groups not been established in any country except Syria (second quarter or 2013)– absorbed into small sub-groups of health working group

Nutrition Coordination and leadership

- Protracted Level 3 crisis yet marginalised nutrition coordination structures and focus
- Nutrition sector dedicated working groups to enhance analysis and response and/or mainstreamed in the overall response by having representation (sub-working groups) in working groups beyond health. If so, how and by whom should this have been coordinated?
- Should Nutrition Cluster have remained active in southern Turkey's cross-border programme ?
- Should the Nutrition Cluster have been/be activated for refugee impacted populations in refugee hosting countries?
- Where is the responsibility for a coherent and objective nutrition sector assessment and response overview?

Question about leadership and critical analysis

- Was there a **clear lead agency for nutrition** in this crisis to oversee the scope and quality of assessments, analysis, and interpretation and in turn, the shape and content of the nutrition related considerations across all related sectors?
- How do we hold ourselves **accountable** and institutionalise **learning** to strengthen future response ensuring it is more needs based?