

# Every Day Counts

An outlook on nutrition for the most vulnerable children in Syria

As the situation deteriorated in Syria in the first years of the crisis, **UNICEF built a Nutrition-in-Emergencies response from the ground up.** From 2014 to 2022, this has evolved into a mature, integrated system for the prevention, identification and treatment of acute malnutrition. Almost 75,000 children have been treated for severe acute malnutrition (SAM) - the most life-threatening form of malnutrition—during that time. UNICEF and partners also screened an average of 950,000 children per year since 2015 for acute malnutrition. This screening was a vital entry point for widescale prevention (infant and young child feeding, micronutrient supplementation) which contributed to keeping global acute malnutrition rates below ‘very high’ levels<sup>1</sup> throughout the crisis.

Children in Syria now face a triple-threat to their growth and development: **undernutrition (stunting and wasting), micronutrient deficiencies and overweight are affecting 3.77 million children.** This new emergency requires a new comprehensive response to address all forms of malnutrition.

## What has UNICEF done for Syrian children during the past 10 years of conflict?

### **2012: UNICEF begins treating newly arising life-threatening SAM**

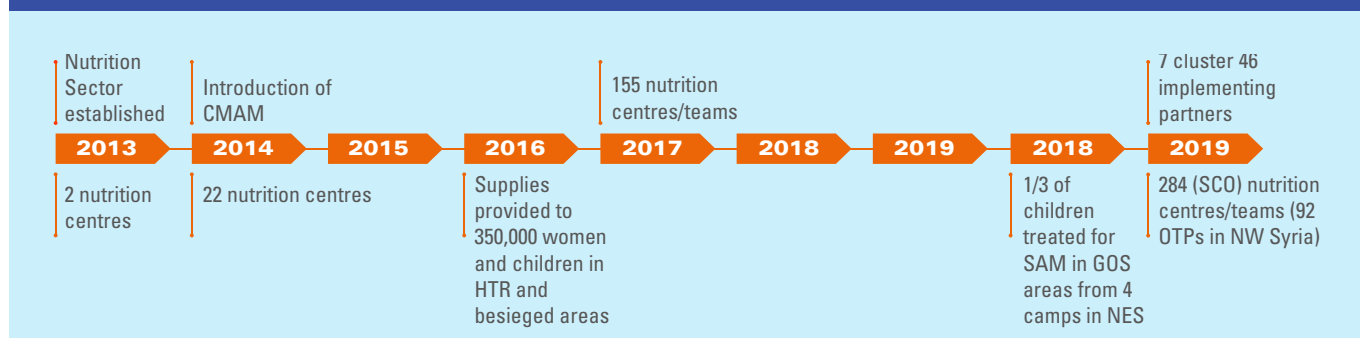
As conflict surged and disrupted the economy, markets, health facilities and water and sanitation systems across the country, **children in Syria**

**began to increasingly suffer from acute malnutrition while having fewer and fewer options for treatment.** Fifty-seven per cent of public hospitals had been damaged or were out of service<sup>2</sup>. In 2012 and 2013, UNICEF focused on importing critical therapeutic and supplementary foods, prioritizing the treatment of acute malnutrition, the most life-threatening form of malnutrition. These supplies were distributed mainly to hospitals which were, at the time, the only option available to treat children with SAM.

<sup>1</sup> WHO defines global acute malnutrition over 15 per cent as ‘very high’ in terms of public health significance. This is the highest rating.

<sup>2</sup> OCHA, [REVISED Syria Humanitarian Assistance Response Plan \(SHARP\) January - December 2013.](#)

## Syria nutrition response milestones



### 2014: UNICEF introduces a community-based approach to combatting acute malnutrition

By 2014, the scale of need had outpaced the capacity of the health system. In response, **UNICEF as Nutrition Sector lead, introduced the community management of acute malnutrition (CMAM) approach to Syria**, allowing children to be identified and treated for SAM at the community level. UNICEF's key priority was to enhance the limited technical capacity of the few partners available on the ground to address acute malnutrition. The Nutrition Sector, established the year before, had only five members<sup>3</sup>. UNICEF also supported the establishment of first nutrition centres in the country – increasing from 2 centres in Damascus in 2013 to 22 centres across the country in 2014.

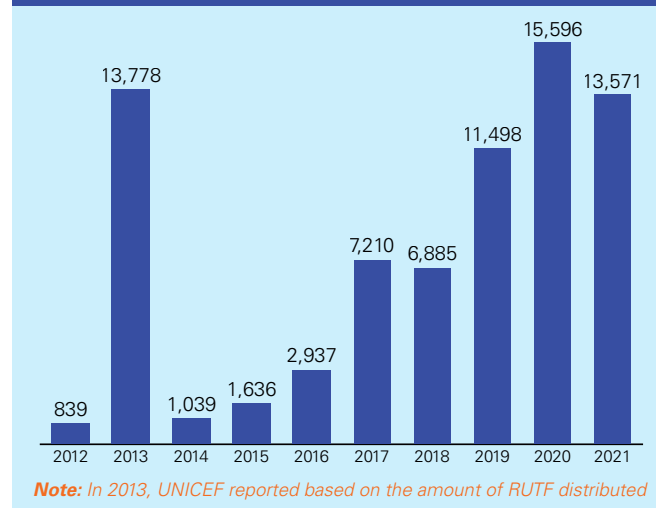
### 2016: UNICEF ensures life-saving nutrition supplies for reach besieged areas

UNICEF had a new priority: **getting lifesaving nutrition supplies for children with acute malnutrition into hard-to-reach (HTR) and besieged areas**. It was difficult to gauge rates of malnutrition in these areas, however, a 2017 SMART survey of East Ghouta, which had a population of 400,000 at the time, showed an acute malnutrition rate of 11.9 per cent. That year, UNICEF delivered life-saving supplies for over 900,000 children and caregivers including pregnant and lactating women in hard-to-reach, militarily-encircled and besieged areas, including therapeutic nutrition supplies, complementary food and micronutrients.

### 2021: Scaling up services for the prevention, early detection and treatment of acute malnutrition

UNICEF has a network of partners with the technical expertise to deliver preventive counselling on infant and young child feeding, timely identification and treatment of children with acute malnutrition. UNICEF supports 243 static facilities and 41 mobile teams, with 70 per cent of its beneficiaries in 2021 being from the most affected communities. In north-west Syria (NW Syria), access is a key challenge. UNICEF has 36 nutrition partners with 170 rapid response teams operating 92 outpatient therapeutic programmes and 47 supplementary food programmes. Fifty-eight per cent of accessible communities and camps in NW Syria were reached by UNICEF in 2021. UNICEF in north-east (NE) Syria was able to reach every sub-district of Al-Hasakeh Governorate with nutrition centres and mobile teams, as well as reaching four of seven sub-districts

## SAM treatment in Syria, 2012-2021



3 Field exchange, [Experiences of Nutrition Sector coordination in Syria](#)



in Ar-Raqqa<sup>4</sup>. In addition to providing life-saving treatment to children suffering from acute malnutrition, this access allowed detailed nutrition data to be collected.

UNICEF and its partners screened 950,000 children under 5 a year for malnutrition from 2015 to 2021. This screening was a critical entry point for preventative actions (nearly 600,000 caregivers counselled on infant and young child feeding and 500,000 children and 150,000 women receiving micronutrient supplementation a year) as well as the provision of supplementary food to over 275,000 children without malnutrition per year to prevent them from developing acute malnutrition. **This operational presence and response at scale has kept rates of global acute malnutrition below 'very high' rates**, despite the devastating consequences of 11 years of crisis, compounded by the COVID-19 pandemic, severe economic decline and sharp increase in food prices. In addition, all Ministry of Health primary health centres are providing nutrition surveillance services, and 85 per cent are providing skilled counselling to caregivers on infants and young child feeding.



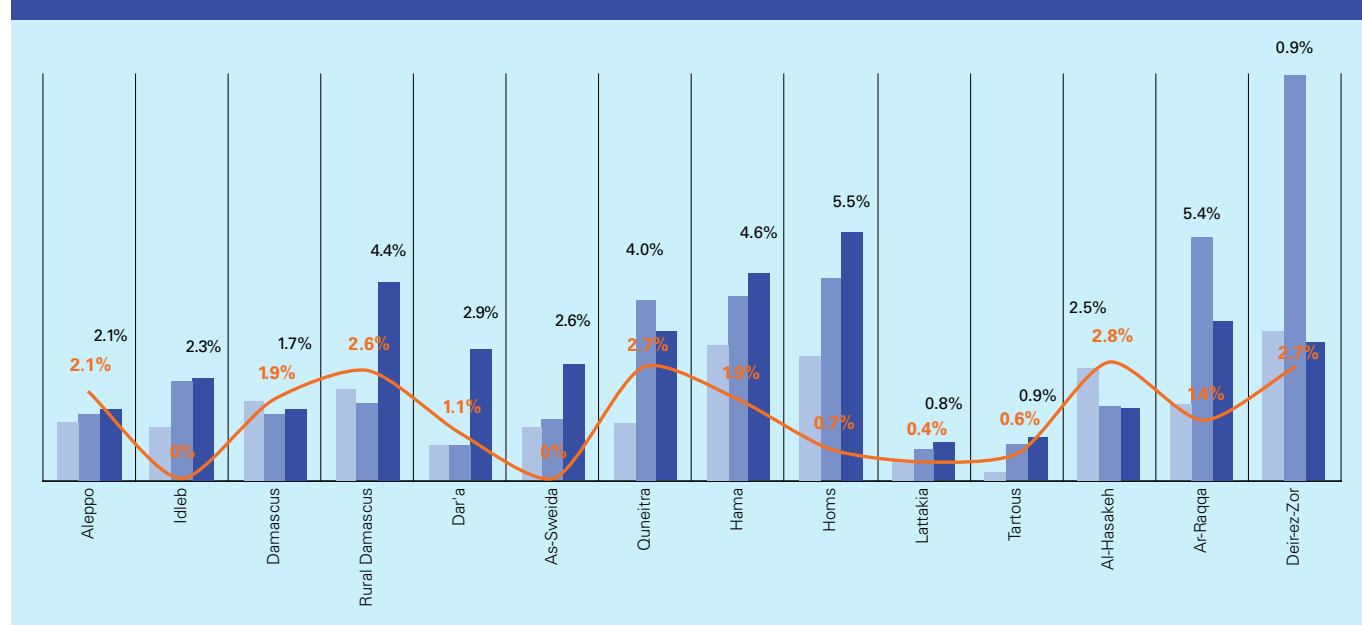
## The nutrition situation in Syria in 2022

### SAM continues to threaten children in Syria.

A 2021 SMART survey in NW Syria indicates that the prevalence of SAM increased from 0.73 to 2.5 per cent between 2019 and 2021. Routine surveillance system data collected from health facilities in 14 governates indicate increasing trends in the percentage of children admitted for nutrition treatment. Therefore, nutrition surveillance and

<sup>4</sup> Does not include sub-districts outside the UNICEF Syria response area

### CMAM admissions out of total children screened



treatment for acute malnutrition will continue to be required in Syria in the short to medium term, at minimum.

**However, a triple burden of malnutrition (undernutrition, micronutrients deficiencies and overweight) in children under 5 years of age**

**can no longer be ignored.** The prevalence of chronic malnutrition is worsening: Modelling in the Child Nutrition Report 2021 estimates that one in three children under 5 is stunted and one in five is overweight. A third of children under 5 are anaemic, including half of children in NE Syria and NW Syria (SMART 2019).



**1 in 3 children  
under 5 is stunted**



**1 in 3 children  
under 5 is anaemic**



**1 in 5 children  
is overweight**





**One in three pregnant and lactating women are anaemic**, including half of those in NE and NW Syria. This is a serious concern for Syria, as maternal anemia is considered a risk factor for low birth weight which affects the growth and development of their infants. At the same time, **265,000 pregnant and lactating women are suffering from acute malnutrition, including 114,000 women in NW Syria.**

## What can UNICEF do for children in the next 10 years?

**In the next ten years, UNICEF will strengthen communities' resilience by implementing the following approaches: Life Cycle Approach, Systems Approach and Partnership and Governance.**

### 1. Life-Cycle Approach:

Prevention comes first; when prevention fails, early detection and treatment is a must. UNICEF will address malnutrition in all its forms, under-nutrition (stunting and wasting), micronutrients deficiencies, overweight and obesity, with a comprehensive life-cycle approach that enables the programme to address the needs of following key age-groups while keeping the focus on the most vulnerable children and women during the first 1,000 days:

- a) Early childhood nutrition:** Protect, promote and support optimal breastfeeding practices from birth, promote and support age-appropriate complementary foods and feeding practices during the first two years of life and ensure the early detection and treatment of acute malnutrition in children under 5. Advocate for, and support, the use of micronutrient supplements including the implementation of mass food fortification programmes.
- b) Middle childhood and adolescence:** Advocate with line ministries (Ministries of Health and Education) in collaboration with sister agencies to establish a national school surveillance system to strengthen the school food environment; improve knowledge and skills about good nutrition and physical activity among school-age children



and adolescents; and promote good diets and active lifestyles through implementing a social and behavioural change and communication strategy. Promote the availability and access to nutritious, safe and affordable food along with the provision of multiple micronutrient supplementation and deworming in schools and at community level.

- c) Maternal Nutrition:** Work with the Ministry of Health on capacity building and system strengthening for skilled maternal nutrition counselling during pregnancy including weight gain monitoring, deworming and provision of preventive multiple micronutrient supplementation.

### 2. Systems Approach:

UNICEF will need to remove the barriers and bottlenecks around the underlying causes of malnutrition: diets, services and practices. This calls for an integrated response to address all forms of malnutrition by improving families' access to nutritious, safe and affordable foods as well as basic services and positive nutrition practices. To



accomplish this, UNICEF will leverage its leadership of the Nutrition Sector.

- a) UNICEF will work closely with Ministry of Health to involve the **Education, WASH and Social Protection Sectors** in the development of the national strategies and operational plans to address all forms of malnutrition.
- b) UNICEF will work closely with the Food Security Sector and ensure access to age-appropriate nutritious and diverse foods are mainstreamed and promoted in food security and livelihoods projects.
- c) As a leader of the **WASH Sector**, UNICEF will advocate for vulnerable communities to be prioritized for receiving water and sanitation services including clean drinking water, optimal hygiene and sanitation practices as a key underlying cause of malnutrition.
- d) UNICEF will support the Ministry of Health

to strengthen primary health care and provide equitable access to essential health and nutrition services (including supply chain management) for children and women, including antenatal care, post-natal care and early childhood.

### 3. Partnerships and Governance:

- a) UNICEF will reinforce its partnerships with other UN agencies to improve household access to safe and nutritious foods and strengthen community resilience, empowering them to better respond and adapt to shocks and crisis. UNICEF will also support the strengthening of the governance of the national system to address the determinants of malnutrition and deliver sustainable results.
- b) UNICEF will strengthen the capacity of national system to collect, digitalize and analyze the nutrition data to inform nutrition policies and plan, and integrate the nutrition indicators into the national health data system.
- c) UNICEF will continue working with WFP on evidence generation and surveys, including SMART surveys, the Multiple-Indicator Cluster Survey, integration of nutrition indicators into the Food Security Assessment and other assessments of nutrition status.
- d) UNICEF will continue to partner with civil society organizations and explore partnerships with the private sector to strengthen innovations and operational research in nutrition as well as the delivery of high-quality nutrition services at scale, including in hard-to-reach areas.

### Estimated budget requirements for 2022-2024

<b>Pillar 1:</b> Continuity of essential nutrition services	\$49,300,000
<b>Pillar 2:</b> Procurement of preventive and curative nutrition supplies	\$53,300,000
<b>Pillar 3:</b> Evidence based advocacy, technical support, capacity building activities and monitoring and evaluation	\$10,000,000
<b>Total</b>	<b>\$112,600,000</b>

UNICEF Syria

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Syria Country Office

March 2022

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