Regional

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International legal consequences of the conflict in Syria

By Natasha Harrington

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A. Introduction

The term “humanitarian catastrophe” has particularly profound meaning in relation to the situation in Syria. After three years of civil war, over 150,000 people are estimated to have been killed and more than 2.5 million Syrians (over 10% of the population) have fled to neighbouring countries. In addition, at least 9.3 million Syrians inside Syria are in need of humanitarian assistance, over 6.5 million of whom are internally displaced.

The existence of a “humanitarian catastrophe” is a trigger point for action under certain doctrines of international law. For example, the Responsibility to Protect (or R2P) doctrine recognises an obligation on the international community to prevent and react to humanitarian catastrophes. Certain international lawyers and States, including the UK, also argue that under international law it is permissible to take exceptional measures, including military intervention in a State, in order to avert a humanitarian catastrophe (hereafter referred to as “humanitarian military intervention”).

This article examines the legal consequences of the humanitarian crisis in Syria. It addresses: a) the serious breaches of international humanitarian law and international human rights law committed by the parties to the conflict (Section B) b) the responsibility of the international community to react to the crisis in Syria, and in particular, the “Responsibility to Protect” (Section C), and c) the scope, under international law, for intervention in Syria by third States without UN Security Council authorization (Section D).

B. Breaches of International Law during the Conflict in Syria

Documenting all of the violations of international law carried out during the Syrian conflict would be an immense task, one that perhaps only the International Criminal Court (ICC) or a specialist tribunal could attempt (see below). Therefore, this section highlights just some of the most grievous violations of the rules of international law carried out by the parties to the conflict in Syria.

1 Advocates for International Development (A4ID) is a charity that helps the legal sector to meet its global corporate social responsibility to bring about world development. It provides a pro bono broker and legal education services to connect legal expertise with development agencies worldwide in need of legal expertise.


4 The International Court of Justice considered the relationship between international humanitarian law and international human rights law in Legal Consequences of the Construction of a Wall in the Occupied Palestinian Territory, Advisory Opinion, I.C.J. Reports 2004, p. 136, at p. 178, para. 106. The UN Security Council called on both the Syrian authorities and armed groups to cease all violations of human rights in Security Council Resolution 2139, para. 2.
parties to the conflict must not undertake “indiscriminate attacks”, which by their nature strike civilians and military objectives without distinction. This rule has been repeatedly violated by both sides to the conflict. In particular, the use by government forces of barrel bombs in civilian areas violates the rule of distinction. In May 2014, the UN Secretary-General reported that: “Indiscriminate aerial strikes and shelling by Government forces resulted in deaths, injuries and large-scale displacement of civilians, while armed opposition groups also continued indiscriminate shelling and the use of care bombs in populated civilian areas.”

(2) Torture and inhuman treatment: the use of torture is absolutely prohibited, and cannot be justified by a state of emergency or war.

An Independent International Commission of Inquiry for Syria (the Commission of Inquiry), set up by the UN Human Rights Council, has found evidence of the widespread use of torture, as well as incidents of starvation and sexual violence, in government detention facilities. Recently, certain rebel groups such as the Islamic State of Iraq and Al-Sham (ISIS) are reported to have increased their use of torture against civilians.

(3) Prohibition against the use of starvation of the civilian population as a method of warfare: the use of starvation against the civilian population is absolutely prohibited. This means that, for example, during a siege civilians must be able to leave, and food and humanitarian supplies must be allowed access to, the besieged area. The Commission of Inquiry has noted reports of starvation in areas besieged by the Syrian authorities, such as Yarmouk. Human rights groups have accused the Syrian government of using starvation as a weapon of war.

(4) Prohibition against the use of chemical and biological weapons: the use of chemical and biological weapons in armed conflict is also strictly forbidden under international law. However, a chemical weapons attack on 21 August 2013 reportedly killed hundreds of people. A recent UN report on the situation in Syria also contained information about the use of toxic gas.

(5) Protection of humanitarian relief personnel and medical personnel and facilities: the parties to the conflict must protect and respect humanitarian relief and medical personnel. Medical facilities must be protected and must not be attacked.

In September 2013, a group of doctors published an open letter in The Lancet in which they cited “systematic assaults on medical professionals, facilities and patients... making it nearly impossible for civilians to receive essential medical services.” Some health facilities have been repeatedly attacked, and over 460 health care workers have reportedly been killed in Syria. UN staff and medical professionals have also been abducted or detained by the Syrian authorities and rebel groups.

(6) Access to Humanitarian Relief: rapid and unimpeded access to humanitarian relief for all civilians in need, without distinction, must be ensured by the parties to the conflict.

Both the Syrian government and rebel forces frequently interrupt access to humanitarian relief, particularly basic medical equipment. For example, a report by the UN Secretary-General states that: “Medical supplies including life-saving medicines and vaccines, and equipment for the wounded and the sick are commodities privileged through the Geneva Conventions. Denying these is arbitrary and unjustified, and a clear violation of international humanitarian law. Yet, medicines are routinely denied to those who need them, including tens of thousands of women, children and elderly. The Security Council must take action to deal with these flagrant violations of the basic principles of international law.”

Summary

The scale of the violations of international law committed in Syria is such that the Commission of Inquiry describes evidence “indicating a massive number of war crimes and crimes against humanity suffered by the victims of this conflict.” War crimes are grave breaches of international humanitarian law, and crimes against humanity are acts such as murder, torture and sexual vio-
lence committed as part of a widespread and systematic attack against a civilian population.

These offences could be tried by the ICC. However, because Syria is not a member of the Court’s statute, the ICC has no jurisdiction unless the situation in Syria is referred to it by the UN Security Council. A draft Security Council resolution referring the situation in Syria to the ICC was vetoed by Russia and China on 22 May 2014.26

Therefore, there is a risk that war crimes and crimes against humanity will continue to be committed with impunity in Syria. In light of the gravity of the situation, we turn to examine the responsibility of the international community to respond to the crisis in Syria.

C. Responsibility of the International Community to Respond to the Situation in Syria

The R2P doctrine was developed by an International Commission on Intervention and State Sovereignty (ICISS) following the failure of the international community to prevent humanitarian catastrophes in Rwanda in 1994 and Srebrenica in 1995. R2P operates at two levels. First, the State itself is primarily responsible for protecting its own people. Second, if the State is unwilling or unable to protect its people, then the international community is responsible for doing so.

This was affirmed by the UN General Assembly in 2005 in Resolution 60/1, which stated that “each individual State has the responsibility to protect its populations from genocide, war crimes, ethnic cleansing and crimes against humanity”.27 UN member States also declared that “we are prepared to take collective action, in a timely and decisive manner through the Security Council should peaceful means be inadequate and national authorities are manifestly failing to protect their populations from genocide, war crimes, ethnic cleansing and crimes against humanity.”28

However, even draft UN Security Council resolutions condemning the violence in Syria and calling for non-military sanctions have been vetoed to date. Four draft resolutions have been vetoed by Russia and China, none of which sought express authorisation for military intervention. The second draft resolution to be vetoed actually stated that “nothing in this resolution authorizes measures under Article 42 of the Charter [i.e. military intervention].”29

It is no coincidence that the first and only time that R2P has been invoked to justify collective military action through the Security Council against a State was in relation to Libya.30 Russia and China consider that regime change in Libya went beyond the authorisation to protect civilians that was given in Security Council Resolution 1973 (2011)31, and are said to be extremely wary that R2P will be abused to effect regime change in the future.32

Resolution 60/1, in which the General Assembly endorsed R2P, only refers to collective action through the Security Council, which is the UN organ with primary responsibility for international peace and security. However, the ICISS report contemplated that, if the Security Council fails to act, the General Assembly might authorise military intervention or regional organisations might intervene with the approval of the Security Council.

The General Assembly has no express powers under the UN Charter to authorise the use of force, in contrast to the Security Council’s powers under Article 42. However, in 1950 the General Assembly adopted Resolution 377(V), referred to as “Uniting for Peace”. Under Resolution 377(V), if the Security Council fails to exercise its primary responsibility for the maintenance of international peace and security due to lack of unanimity amongst permanent members, the General Assembly “shall consider the matter immediately” and may recommend collective measures, including the use of armed force where necessary to maintain or restore international peace and security.33

“Uniting for Peace” and R2P might provide a basis for the General Assembly to make non-binding recommendations for the use of force in Syria, providing greater legitimacy for intervention. However, while the General Assembly has passed resolutions condemning the violence in Syria34, and criticising the Security Council’s inaction35, it has not recommended military intervention or sanctions. This is likely to be partly due to the complexity of the conflict (discussed below), and the difficulty of securing support for intervention from a majority of UN members.

Thus, the UN has been unable to enforce its own demands for an end to the violence in Syria and a political resolution to the conflict. We therefore now examine the legal scope for intervention by third States without UN Security Council authorisation.

D. The Legal Scope for Third State Military Intervention in Syria

The situation in Syria rekindled the debate over the legality of “humanitarian military intervention”. That debate was particularly intense following NATO’s intervention in Kosovo in 1999, which NATO undertook without seeking prior UN Security Council authorisation.

The three main positions taken by States and commentators in relation to NATO’s intervention in Kosovo have been reiterated in relation to Syria. They are summarised below:

(1) One group built a forceful argument that “humanitarian military intervention” is un

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26 Provisional record of the meeting of the UN Security Council on 22 May 2014, UN Doc. S/PV.7180.7 UN General Assembly-Resolution 60/1, 2005 World Summit Outcomes, para. 138. UN Doc. A/RES/60/1.
27 Ibid., para. 139.
28 Draft Resolution proposed by 19 States, dated 4 February 2012, UN Doc. S/PV.7180.7
30 Resolution 1973 authorised UN Member States “to take all necessary measures...to protect civilians and civilian populated areas under threat of attack in the Libyan Arab Jamahiriya...while excluding a foreign occupation force of any form on any part of Libyan territory”. UN Doc. S/RES/1973 (2011), 17 March 2011, para. 4.
31 For a summary of these concerns, see Z. Wiqi, Responsibility to Protect: A Challenge to Chinese Traditional Diplomacy, 1 China Legal Science 97 (2013).
32 Uniting for Peace has only been used as the basis for the UN General Assembly to recommend military intervention on one occasion, in 1951 in relation to Korea (Resolution 491(V)).
35 Article 2(4) of the UN Charter provides that “All Members shall refrain in their international relations from the threat or use of force against the territorial integrity or political independence of any state, or in any other manner inconsistent with the Purposes of the United Nations.” See for example, Brownlie & Apperley, Kosovo Crisis Inquiry Memorandum on the International Law Aspects, (2000) 49 Int’l & Comp. LQ, 878.
37 See, for example, Greenwood, Humanitarian Intervention: The Case of Kosovo, 2002 Finnish Yearbook of International Law, p. 141.
lawful because it is contrary to the prohibition against the use of force under Article 2(4) of the UN Charter. There are only two exceptions to the prohibition against the use of force: the inherent right of individual or collective self-defence (Article 51, UN Charter); and acts authorized by the Security Council under Chapter VII of the UN Charter.

It is often argued that Article 2(4) of the UN Charter was deliberately drafted to create an absolute rule. This protects State sovereignty, and in particular, protects less powerful States from intervention by more powerful States. Permitting exceptions to the prohibition against the use of force may lead to abuse; such as regime change thinly veiled as “humanitarian” intervention.

(2) A second group argued that military intervention in a State to prevent or avert a humanitarian catastrophe is permissible under international law. This position was taken by the UK government, which argued that “force can also be justified on the grounds of overwhelming humanitarian necessity without a UNSCR.”

Advocates of this position often argue that the protection of fundamental human rights is also vital to the purposes of the UN, as reflected in the preamble to the UN Charter. They also cite potential precedents for “humanitarian military intervention” such as Uganda, Liberia and now Kosovo.

(3) A third group argued that although “humanitarian military intervention” was not permitted under international law as it existed in 1999, the law could or should develop a doctrine of “humanitarian military intervention”. For example, Professor Vaughan Lowe argued that it is: “desirable that a right of humanitarian intervention...be allowed or encouraged to develop in customary international law. No-one, no State, should be driven by the abstract and artificial concepts of State sovereignty to watch innocent people being massacred, refraining from intervention because they believe them selves to have no legal right to intervene.”

In August 2013, the USA and the UK threatened to use force against Syria. However, the threat of force was limited to “deterring and disrupting the use of chemical weapons by the Syrian regime” (UK government position). There now seems to be little support for military intervention in Syria similar to that carried out in Kosovo or Libya.

This reluctance to engage militarily in Syria is partly due to the increasing complexity of the conflict, which would make it extremely difficult to ensure that military intervention would make the humanitarian situation better and not worse. Unfortunately, as the Syrian conflict continues the humanitarian situation for many worsens as both sides flout calls to end violations of international law, and extremist groups such as ISIS increasingly use torture and disrupt the distribution of aid.

Criteria for Intervention
If “humanitarian military intervention” can ever be justified, the criteria defining the “exceptional circumstances” in which it may be invoked must be sufficiently clear and narrow to limit the risk of abuse.

The criteria justifying intervention that are often proposed usually include the following:

(a) an impending or actual humanitarian disaster, involving large-scale loss of life or ethnic cleansing, which is generally recognized by the international community; or
(b) last resort – there must be no practicable alternatives to avert or end the humanitarian disaster; and
(c) necessary and proportionate use of force – the force used must be limited in time and scope to that which is necessary and proportionate to the humanitarian need.

A further criterion, which is acutely highlighted in the Syrian crisis, is the need for military intervention to be an effective means to provide humanitarian relief. In Syria, it would be very difficult to ensure that military intervention would improve the humanitarian situation in both the short and the longer term.

More limited forms of intervention than the direct use of force in Syria may also pose problems from the perspective of international law. For example, the arming and funding of rebel forces may constitute the threat or use of force or an intervention into Syrian internal affairs. Permanent aid corridors, as proposed by the French and Turkish governments, would be likely to necessitate military enforcement, involving the threat or use of force.

Despite the ongoing debate concerning “humanitarian military intervention” in international law, one thing is clear: humanitarian assistance itself is lawful under international law. In the words of the International Court of Justice:

“There can be no doubt that the provision of strictly humanitarian aid to persons or forces in another country, whatever their political affiliations or objectives, cannot be regarded as unlawful intervention, or as in any other way contrary to international law.”

E. Conclusion

Despite the grievous violations of international law that threaten the lives of many civilians in Syria, there is no consensus of will or legal thinking around “humanitarian military intervention”. Meanwhile, both the Syrian government and the international community appear to be failing in their responsibility to protect the Syrian people, as the conflict leaves many people cut-off from essential humanitarian assistance.

Lack of unity over “humanitarian military intervention” may appear to show the dominance of State sovereignty over human rights. The reality, as reflected in the R2P doctrine, is that the two normally go hand-in-hand because the State should protect and promote the human rights of its people. In exceptional circumstances, there may come a point when “humanitarian military intervention” may be justified, particularly where the use of force can prevent a humanitarian disaster in which the State itself is complicit. However, to reach that point there must be a real prospect of improving and stabilising the humanitarian situation through the use of force. Sadly, if that point ever existed in the Syrian crisis, it may have long been surpassed.

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Author’s note:
Since this article was written, ISIS declared a caliphate on 29 June 2014 and changed its name to “Islamic State”. The United States launched air strikes against ISIS in Iraq on 8 August 2014, and on 22 September 2014, the United States and its allies also launched air strikes against ISIS in Syria.

The government of Iraq requested assistance to fight ISIS. Therefore, the use of force in Iraq can be justified on the basis that it was carried out with the consent, and at the request, of the Iraqi government.

However, the legality of the air strikes in Syria is the subject of legal debate. Significantly, the United States did not justify intervention on the basis of humanitarian assistance, despite the atrocities committed by Islamic State in Syria. Instead, the United States relies mainly on the collective self-defence of Iraq because ISIS carries out attacks in Iraq from safe havens in Syria. The United States argues that it does not need consent from the Syrian government to carry out air strikes in Syria because that government is “unable or unwilling” to combat ISIS in its territory. The UN Secretary-General also appeared to lend some support to this argument. Reacting to the air strikes in Syria, Ban Ki-moon observed that they were carried out in areas no longer under the effective control of the Syrian government and that they were targeted against extremist groups, which he said undeniably “pose an immediate threat to international peace and security”.

38 The Assessment Capacities Project, Regional Analysis Syria – Brief, 3 June 2014, p. 2.
41 A form of Islamic political-religious leadership which centres around the caliph (“successor”) to Muhammad.
A year after the start of the Syrian crisis, ACAPS\(^1\) was approached by a range of donors to consider a small project to bring together all existing information concerning the humanitarian situation of those affected by the crisis. Many organisations (humanitarian, governmental, media etc.) were reporting on elements of the crisis, usually specific to a particular problem in a particular age-group or in a particular country, such as shelter for refugees in Lebanon or food for Palestinians in Syria. With UNHCR country offices responsible for the coordination of the response in refugee-hosting countries, (the exception being Turkey where government took responsibility for coordination), and OCHA responsible for coordination in Syria, obtaining a holistic picture of the situation was challenging. It was also impossible to determine what was known and what the gaps in information were, due to the sensitivities of reporting on the humanitarian situation, particularly by agencies working from Damascus, as well as those working cross-border without registration. Most actors engaged in the Syria conflict response agreed that there was an incoherent picture of the humanitarian situation in Syria and neighbouring countries, and how dynamics in Syria affected host countries and vice versa. Humanitarian stakeholders had an insufficient shared situation awareness, and there were significant and persistent inconsistencies in reports on the actual number of affected Syrians both inside and outside the country, the movement and flows of populations, general humanitarian needs and the longer-term impact on infrastructure and livelihoods in-country. This problem was further exacerbated by the sensitivities associated with information management while ensuring continued access to the affected population. It was for this reason that SNAP (the Syria Needs Analysis Project) was born in December 2012.

SNAP was initially conceived as a two to three person project with some remote support from the ACAPS and MapAction\(^2\) headquarters, aimed at improving the humanitarian response by creating a shared situational awareness. Using ACAPS’ skills and experience in the analysis of secondary data, SNAP would seek to build trust with sufficient stakeholders in the region so as to gain access to as much information as possible then, bearing in mind the various levels of confidentiality by which information is shared, create products to inform the strategic decisions to be made by the humanitarian community. As such, SNAP created the RAS (Regional Analysis of Syria), which was initially monthly and would cover both humanitarian issues in Syria and neighbouring countries. In addition, due to increased demands from humanitarian stakeholders, thematic reports of governorate profiles\(^3\), cross border access analysis\(^4\), etc. were produced as well. Within a month of starting the project, SNAP took advantage of an opportunity to support a joint multi-sectoral needs assessment in northern Syria (J-RANS). By providing the bulk of the technical capacity (analytical skills, geographical information system (GIS) and assessment expertise), SNAP facilitated the process for the humanitarian community to gain the first comprehensive overview of needs in northern Syria. As a result, SNAP expanded its objectives to include the provision of support to coordinated assessment initiatives and staffing increased accordingly, with additional needs assessments facilitated in Dar’a and Quneitra governorates in southern Syria.

Concurrent to this support to primary data collection in northern Syria, SNAP worked to develop relationships with humanitarian actors throughout the region. Linking quickly with UNHCR and some key non-governmental organisations (NGOs) in Lebanon and Jordan proved essential in understanding the refugee context. It quickly became clear that few organisations made public their most useful and interesting data due to operational sensitivities, particularly with host governments and at times, with donors. Thus SNAP strove to build personal relationships with key stakeholders across the humanitarian community which necessitated a further expansion, deploying additional analysts

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**Table 1: Outline of SNAP’s information sharing protocol**

<table>
<thead>
<tr>
<th>Category</th>
<th>Level of anonymisation for public disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprotected</td>
<td>Can be quoted and attributed to an ‘international NGO’ or ‘national NGO’ etc.</td>
</tr>
<tr>
<td>Protected</td>
<td>Can be quoted and attributed to ‘a trusted source’</td>
</tr>
<tr>
<td>Restricted</td>
<td>Cannot be quoted directly but can be used for analysis and the analytical deduction published without any attribution</td>
</tr>
</tbody>
</table>

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1. ACAPs (The Assessment Capacity Project) is a consortium of NGOs created at the end of 2009 to strengthen assessment and analysis methodologies as well as providing surge capacity for the IASC in time of crisis
3. For example, see latest Idleb governorate profile at http://www.acaps.org/en/pages/syria-snap-project
4. For example, see: http://www.acaps.org/reports/downloader/cross_border_movement_of_goods/67/syria
in Jordan and Turkey and expanding the core team in Lebanon. Over the first six months of the project, the SNAP team grew from three to nine, with further expansion to 20 staff planned in 2014.

Key to accessing data and information in the Syrian context has been confidentiality; many organisations are sensitive about details of their operations – particularly in Syria, due to the complex nature of the crisis and the need to work in areas under control of the various parties to the conflict. SNAP quickly developed a simple information sharing protocol to facilitate the sharing of information and clarify the level at which it could be made public (see Table 1). SNAP also aims to source and hyperlink all information in the reports to enable readers to further investigate and judge the reliability of the source. However, where organisations are reluctant to be associated by name with information sharing, two levels of general sourcing are used: a) ‘an INGO’ or a UN agency’ etc. or b) ‘a trusted source’. Where partners share information on the understanding that it is not shared publicly, SNAP uses it to triangulate data from other sources and to inform general analysis. ‘Off the record’ conversations with experts in a particular field are useful as they may either confirm or question information from other sources, highlight issues of which we are unaware, assist us in reprioritising issues, as well as contribute to our overall understanding of the situation. Support to assessment initiatives across the region also contributes to SNAP’s overall aim, by increasing the quality of timely data available.

The absence of systematically collected, reliable information from Syria also presents a challenge in deciding the level of information that is ‘good enough’. When information is scarce, a particular piece of information can seem especially valuable, but if it is highly specific (such as information on a particular village) and no comparable information is available, it is misleading to include it in a report as it gives the impression that the information is the most important piece of information. For example, credible and reliable information might be available that village X has suffered repeated aerial bombardment and that food is scarce and insufficient for the population. Without information on the situation in other villages in the area, reporting this information may give the impression that village X is the only part of the district witnessing direct attacks and in need, or that it is the most in need.

Collecting information on nutrition in the Syrian context has been particularly challenging due to the need for specialised training of enumerators and achieving proper sampling in a context where population estimates and displacement are highly dynamic. In the second iteration of the J-RANS in April 2013, SNAP included nutrition in the multi-sectoral assessment, however, it was found that enumerators lacked adequate training to properly distinguish between food security and nutrition needs. Hence, the results blurred the lines between the two sectors, and in subsequent assessments, nutrition was not included as a standalone sector.

Underpinning SNAP’s work is the view that information is never perfect and thus we strive to give analysis deemed ‘good enough’ to enable decisions to be based on the best possible evidence. To this end, SNAP seeks to highlight information gaps and the most recent information while giving a sense of the reliability of the information.

Various challenges have arisen: the sheer number of actors in the crisis; the significant part played by actors who do not link to the international humanitarian architecture (such as diaspora, armed groups, community-based and faith-based organisations, etc.); the political sensitivity of headline numbers; the operational sensitivity of information in Syria (especially regarding access and border crossings); lack of access to and information on certain areas within Syria; lack of information on certain groups and sectors; the dynamic nature of the crisis and thus humanitarian decision-makers’ information needs.

SNAP thus adopts a graduated approach to information collection that starts with a daily trawl of the internet. Each piece of information is captured in a spreadsheet which categorises it according to geographic location, affected group, sector, date, type of information (conflict; needs; response etc.), source, etc. The data can then be filtered by sector and location, say health in Ar-Raqqa governorate, to view all the recent/new information on health in that governorate. Combined with unpublished information gathered directly from other sources, this gives a basis for identifying key issues (or gaps in knowledge) of the situation. Weekly team analysis sessions help the team identify issues for further investigation/data collection. Prior to the drafting of a report, SNAP invites specialists in particular fields, and some general humanitarian analysts, to help analyse the issues that have been identified as particularly important, and that will be highlighted in the report.

One of SNAP’s strengths is that it is independent – in that, not being an operational response organisation, SNAP has no cause to promote the needs in one sector, location, or of one group over another. That all SNAP’s analysts are generalists also reduces this risk – although it does necessitate the involvement of specialists in the analysis process. Not being operational in Syria also means that SNAP can publish information with which the Government or opposition might disagree, although the need to ensure that our publications do not compromise the safety and security of staff in Syria or jeopardise humanitarian operations remains paramount.

A second strength is that SNAP has no mandate for coordination or information management in a specific context and can produce independent analysis of the whole humanitarian situation based almost entirely on information provided by others. Many organisations see this as useful, as it gives them evidence from a trusted source to support interventions and appeals for donor funding. UNHCR in Lebanon and Jordan also see SNAP’s products as contributing to their effort to coordinate the response. Coordination with OCHA is more of a challenge due to the constraints faced by Damascus-based organisations on publicly sharing information and analysis, since most information coming out of Damascus-based operation have to be approved by the Government of Syria.

A growing part of SNAP’s focus is direct support to humanitarian needs assessments, especially within Syria but also in Jordan and Lebanon. SNAP only supports initiatives that are coordinated with multiple actors such as the J-RANS and SINA exercises in Syria and the MSNA in Lebanon. As SNAP’s added value is in secondary data collation and analysis, we are working increasingly closely with other specialist primary data collection organisations such as REACH. Further to that, in both Turkey and Jordan, SNAP has provided a number of assessment training to the humanitarian communities and intends to further expand this service that would include in the future, in-depth trainings in specific topics, such as analysis or devising sampling methodologies.

Monitoring the use of SNAP’s analysis and the catalytic effect the project has had on assessment coordination and information sharing is one of the more challenging parts of the project. An independent evaluation undertaken nine months into the project found that SNAP “offered significant value to the humanitarian community in strengthening the targeting of assistance and in making an important contribution to a shared situation awareness” and that its relevance “stemmed from its ability to fill critical gaps in the information and analysis of the humanitarian community”. While anecdotal evidence suggests many donors and NGOs, both international and national, use and value SNAP products, their value to the humanitarian community within Syria, especially the Humanitarian Country Team, remains unclear.

Over the first 15 months of SNAP, it has become clear that there is a huge appetite for independent analysis and a consolidated report on the overall humanitarian situation, although views differ as to the level of detail required. SNAP has also proved that it is possible to gain the trust of a variety of organisations, UN, NGO, faith-based etc., and gain access to otherwise confidential information. However, to do this takes both time and staff and it is a constant challenge to ensure that the value of SNAP’s products is worth the cost of the project.

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1. The more detailed SNAP information sharing classification system is available at http://www.acaps.org/en/pages/syria-snap-project
2. J-RANS: Joint Rapid Assessment of Northern Syria
3. SINA: Syria Integrated Needs Assessment
4. MSNA: Multi-Sector Need Assessment
What is the SIRF?
SIRF is an INGO led regional forum based in Amman, Jordan, set up in April 2013 to give voice to INGOs conducting humanitarian responses in the Syria region. The move towards a regional hub/coordination in Amman, Jordan for the Syria response by many agencies working in the region coincided with the creation of the Syria INGO Regional Forum (SIRF). Member organisations, as well as representatives of country coordination fora, have gathered regularly since SIRF’s inception to discuss and address priority issues.

Who are the members and how does SIRF operate?
All members are registered INGOs in their home country and are committed to humanitarian principles, implementing responses to the Syrian Crisis, active in two or more affected countries, willing to actively participate in SIRF, and able to appoint senior individuals as focal point for participation. Membership is exclusively for INGOs although national NGOs are represented in the country level NGO fora, which have linkages to the SIRF.

Currently there are 38 INGOs and observers in SIRF; together they are present in more than 11 countries in the region. A board of six individuals drawn from the member INGOs and elected by these members steer the group. The Board members are chosen on personal title and do not represent the INGO they are coming from. Working groups on issues of particular interest are established as required. For example, there is an advocacy working group within the SIRF and a communications working group comes into play when SIRF are looking to speak publically on issues.

General members have monthly meetings in Amman and the Board meets twice a month. Many SIRF members are based in Amman in regional agency offices or commute from Beirut. The biweekly advocacy working group meetings tend to generate most of the concrete outputs of the SIRF – talking points, briefings – that are publically or privately shared to raise issues and influence policies.

Until now, SIRF members have worked on a voluntary basis, with the Board members taking on the majority of the workload. This is not considered to be a sustainable model and SIRF are in the process of hiring, for the first time, a dedicated representative to help with coordination.

Advocacy issues and target audience?
A key focus of SIRFs advocacy work has been on the situation inside Syria. Much of this work is highly sensitive and goes on ‘behind the scenes’ and relates to issues of access, cross border and cross line programming and coordination mechanisms. SIRF shares information on these various issues to relevant stakeholders across the region and at global levels where appropriate. One of our key successes has been in ensuring that global events and meetings are informed by messages and policy positions that are developed by the region and channelled to global levels.

What else has SIRF ‘brought to the table’?
The SIRF provides a mechanism for interaction with existing country level coordination forums (NGO forums). SIRF also participates in regional processes such as the development of the regional resilience response plan. One of the strengths of SIRF is that it has multiple contacts and channels of communication at various levels in the humanitarian system. SIRF can advocate to donors and UN agencies at regional and headquarters level thereby channelling field level perspectives to higher levels within the humanitarian system.

SIRF’s added value is in the provision of ‘current on the ground information’ that benefits both donors and UN agencies.

What is it about the NGO perspective that needs representation?
NGOs are doing the bulk of implementation and working on a daily basis at the heart of the Syria response. They are closer than many UN agencies and donors to the affected people, and have a firmer grasp of issues around programme implementation that may require addressing at a strategic and policy level. It is important to consider that the combined funds of 7-8 larger INGOs are significant and carry weight.

When it comes to speaking out, as a group of NGOs, there can be safety in numbers. However it is also true that there is a critical role for the UN in speaking out. The UN has a mandate that is given by UN member states so that it is often safer for them to speak out than for NGOs who may risk jeopardising their field presence.

What is your opinion of the sustainability of the Syrian crisis response and how to manage it, given the significant shortfall in funding?
This is a challenge we all are faced with. Members see the importance of increasingly integrating relief programming with development and resilience work and longer term resource flows. It is important to recognise that we haven’t seen a crisis of this scale in a long time, if ever. We are concerned that fatigue around this regional emergency will ensue and that other emergencies and priorities will emerge that displace the attention and focus on this regional crisis. As a global humanitarian community, we don’t have the capacity to deal with all the many humanitarian challenges around the world. We need to be thinking about what kind of new approach is needed, as this situation isn’t going away.

What have been SIRFs challenges?
One of the main challenges for SIRF has been managing membership of 38 organisations with different mandates and modalities of working; it is difficult to be truly representative of the membership. Consequently there are times when we cannot speak as SIRF but as a “coalition of the willing” on particular issues. In practice this means we may need to produce a document endorsed by a group of INGOs rather than SIRF as a whole. SIRF provides the umbrella to coordinate and solicit views and we always endeavour to represent the membership as fully as possible.

We always endeavour to represent the views of the membership but inevitably members do not always agree completely and there is often lack of time and capacity to undertake the outreach, consultation and consensus building with all members. It is hoped that with a dedicated SIRF representative this is something we will be able to do more effectively in the future.
Nutrition response to the Syria crisis:
UNICEF’s perspective

By James Kingori, Dr Hayder Nasser, Muhaidin Abdullahi and Dr Khaldoun Al-Asaad

James Kingori is the UNICEF Regional Nutrition Specialist for UNICEF’s Middle East and Northern Africa (MENA) Regional Office since April 2011, based in Jordan.

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NB: The opinions expressed in this article are those of the authors and not of the organisations mentioned.

Background

Syria is in the fourth year of escalating crisis1 and the impact on the population cannot be overstated. The humanitarian situation in Syria has deteriorated significantly since late 2012/early 2013 with an estimated 6.5 million people displaced as of October 2013 (2014 Syria Humanitarian Assistance Response Plan – SHARP, Dec 2013) and 2.3 million refugees by the end of 2013 (Regional Response Plan for Syrian Refugees, Dec 2013). On-going conflict, population displacement, breakdown in social and public services, intermittent reports of droughts since 2011 and disruption of peoples’ livelihoods, have the potential to have an effect on the health, food security and eventually on nutritional status of the affected population. The refugees are hosted in Lebanon, Jordan, Iraq, Turkey and Egypt.

The overall nutrition situation before the crisis was poor with an estimated 23% stunting prevalence, 9.3% wasting and 10.3% underweight2. Exclusive breastfeeding rates stood at 42.6% while the proportion of newborns introduced to breastfeeding within the first hour of birth was 42.2% (SFHS, 2009). Micronutrient deficiencies have also been recorded in Syria in the past, presenting risk for sub-optimal growth among children, e.g. pre-crisis anaemia prevalence among 0-59 month old children was 29.2% (MOH, nutrition surveillance system report 2011), 8.7% Vitamin A deficiency rate (MOH, 1998) and 12.9% iodine deficiency prevalence (MOH, 2006).

The ongoing crisis in Syria has disrupted peoples’ daily life, affected their livelihoods, caused displacement and threatened people’s wellbeing. As this crisis persists, a considerable proportion of the population continues to depend on food aid (channelled through direct distribution or via cash and voucher systems) for survival. Compromises that would have impact on nutrition are, however, likely in terms of dietary diversity and frequency, separation of children from caretakers thus affecting infant and young child feeding (IYCF) practices, poor water sanitation and hygiene (WASH) conditions predisposing to diseases, destruction of health facilities and loss of health professional leading to insufficient health care, among others. These prevailing factors necessitate increased attention to nutrition, to prevent any deterioration and nutrition-related deaths.

There has been no documented nutrition crisis to date in Syria and the neighbouring countries of Turkey, Iraq, Jordan and Lebanon that are receiving Syrian refugees. However, the ongoing conflict in Syria and the resultant population displacement necessitates response to address prevailing sub-optimal nutrition issues while developing preparedness plans to be able to deliver any critical nutrition responses that may be needed in the future. This involves enhancing capacity for close monitoring of the nutrition situation for women and children, identifying and treating cases of acute malnutrition that arise and strengthening preventive interventions like infant and young child feeding (IYCF) support and micronutrient supplementation. It is important to note that all these countries are categorised as middle income countries (World Bank, 20133). Generally speaking, nutrition is often not a priority sector in some middle income countries and they happen to have limited emergency nutrition preparedness and response capacity; e.g. no government endorsed national nutrition guidelines/ protocols for both prevention and treatment for malnutrition or fully fledged nutrition department with trained nutrition technical staffs; few, if any, technical nutrition non-governmental organisations (NGOs); limited government budget for nutrition, etc.

This article describes the evolution and status of the Syria crisis nutrition response and nutrition response advocacy effort from UNICEF’s perspective and provides an overview of UNICEF supported regional and national capacity strengthening initiatives around nutrition in emergencies.

1 The crisis is associated with violence, attacks on social and economic infrastructure and disruption of services. The unilateral economic and financial sanctions have further exacerbated the humanitarian situation (SHARP, Dec 2013, page 14).
2 Syrian Family Health Survey (SFHS), 2009.
3 http://data.worldbank.org/news/new-country-classifications: Syria and Egypt are lower Middle Income Countries while Jordan, Iraq and Lebanon are upper Middle Income Countries.
Evolution of the Syria crisis nutrition response

Positioning of nutrition in the humanitarian response

The need to establish the nutrition situation of the affected Syrian population was identified back in late 2011 following reports of below normal rains in the northern governorate of Syria. However, with the escalation of the conflict and subsequent limited access, this initiative could not proceed and was superseded by other humanitarian priorities, such as tracking population movement and facilitating population safety, ensuring adequate daily food and water, etc. With the intensification of the crisis in Syria and the neighbouring countries receiving refugees, sectors like water, sanitation and hygiene (WASH), health, protection, education and food security were identified as priorities back in 2012, with nutrition not featuring prominently.

Advocacy for nutrition as a first line of intervention and raising its profile nationally was nevertheless pursued by UNICEF and other stakeholders. However, ‘selling’ nutrition to the wider humanitarian community was challenging as there was no glaring ‘nutrition crisis’ (i.e. no severely emaciated children reported) like in most global emergencies. The only official government report on nutrition within Syria reported a ‘poor’ situation, according to WHO nutrition situation classification criteria. The 2009 SFHS was viewed by most stakeholders as old data to depict the current situation and therefore not adequate for response planning. Furthermore, the absence of any significant caseload of acutely malnourished children reported during the routine screening in health facilities and the delay in implementing the proposed nutrition survey in Syria (a nutrition assessment was eventually started in March 2014) meant that it was difficult to convince many in the humanitarian community, including some donors, of the need to prioritise a nutrition response within Syria. The identified need for preventive nutrition interventions (support to IYCF and micronutrient interventions, basic capacity strengthening and associated coordination), in spite of their relevance, didn’t trigger much interest at the early stages of nutrition response.

Despite these challenges, nutrition advocacy has continued unabated through building evidence, making presentations in various fora, and bilateral discussions and sensitisation of strategic partners since late 2012. The basic messages communicated through this active nutrition advocacy has been that though there is no documented evidence of a nutrition crisis as yet, malnutrition and related preventable death can occur should there be a lapse in other basic services of water sanitation and hygiene, health, food security and other relevant interventions. Hence preventive nutrition activities and capacity strengthening are regarded as paramount to avert nutritional deterioration. The need to know what infants and young children are eating and the importance of preventing acute malnutrition and stunting through an integrated response was some of the strategic messages used in advocating for more resources to be directed towards nutrition in the current emergency.

In the pre-crisis period in Syria, some aspects of IYCF and micronutrient issues (iron deficiency, in particular) were given some attention through the advocacy for food fortification and iron supplements delivered to mothers through antenatal care services. Advocacy for dietary diversity has been maintained during the emergency response, with deliberate targeting of children and mothers. Lipid-based Nutrient Supplements (LNS) (Plumpy’doz) and micronutrient powders (MNP) have been distributed in Syria and Lebanon while Super Cereal Plus targeting children aged 6-23 months and beyond has also been distributed in Syria and Jordan. UNICEF has been procuring some of these products in coordination with WFP. Much of the response, coordination and strategic discussion are held under the auspices of UNICEF.

Further, due to the recognised need for improved IYCF related programming in the emergency context, the Global Nutrition Cluster (GNC) in collaboration with nutrition stakeholders in the Syria, Lebanon, Iraq and Jordan compiled a comprehensive presentation on promotion and protection of appropriate IYCF practices in emergencies. This was used for some of the specific targeted advocacy within the region by some GNC members led by UNICEF, through presentations in meetings, wide sharing of the comprehensive presentation, and maintaining regular contacts. IYCF support and close monitoring of the nutrition situation through facility based screening and rapid assessment became the primary nutrition response across the five countries significantly affected by the Syria crisis.

Overall, these various advocacy efforts have led to some successes in positioning nutrition as one of the sectors to be prioritised in the ongoing humanitarian response.

Successes from the nutrition advocacy effort

Nutrition reflected in the Syria Arab Republic’s Humanitarian Assistance Response Plan (SHARP): For the first time, an independent sector response plan for nutrition was introduced in the SHARP (version 5) document developed in April 2013. This sectoral plan articulates the priority for nutrition sector and associated funding needs to allow delivery of a response in the challenging operating environment within Syria and in the countries hosting the refugees. The (Syria) Regional Response Plans (RRP) drafted by the countries hosting Syrian refugees (Iraq, Jordan, Lebanon, Egypt and Turkey) do not have an independent nutrition response plan; instead nutrition is integrated in the health and food security response plans.

Nutrition sector established in Syria with Ministry of Health (MOH) and UNICEF co-leadership since April 2013: The advocacy for nutrition led to its recognition as a critical life-saving sector, in order to facilitate close monitoring of nutrition situation and evidence building, sector priority setting and sector specific strategy development, capacity strengthening, partnership fostering, nutrition response coverage and gaps analysis, etc. Nutrition response coordination is currently ongoing and opportunities for integration with other sectors is being explored and exploited in an effort to protect and promote better nutrition. A number of capacity building initiatives (training sessions, sharing of guidelines and technical discussions) have been organised; a nutrition assessment has been planned (see below); partners have been fostered (e.g. UNICEF, WHO and WFP with and the Syrian Arab Red Crescent (SARC) and other national NGOs; and a response matrix (4W) has been drafted to enhance coverage and gaps analysis.

Syria nutrition sector strategy drafted and approved by the Ministry of Health (MOH) Syria in October 2013: This articulates broad priority response strategies for consideration by the various nutrition stakeholders. These include:

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Syrian Family Health Survey (SFHS), 2009
a) Prevention of undernutrition through accelerated promotion of appropriate IYCF, ensuring improved coverage of appropriate micronutrient intervention and promotion of nutrition sensitive responses alongside positive behaviour change activities

b) Supporting the identification and treatment of acutely malnourished cases using inter nationally approved guidelines and treatment products

c) Strengthening the nutrition surveillance system through supporting facility based and community based screening for malnutrition, as well as conducting comprehensive nutrition assessments

d) Strengthened coordination of the nutrition response through promotion of the nutrition sector priority responses (surveillance, IYCF, micronutrient supplementation and treatment of identified malnourished child), and

e) Supporting integration of nutrition with other sectoral responses.

Nutrition assessment to update nutrition situation: Two rounds of nutrition assessments for the refugees in Jordan and Lebanon have been accomplished, i.e. Lebanon Sept 2012 and Nov/Dec 2013 and Jordan Oct/Nov 2012 and April 2014 while a series of governorate level assessments among IDP children in collective shelters are in their final stages in Syria (April – Aug 2014). These new data will complement the facility based screening data on weight and height for children, programme reports and other qualitative information in the consolidation of the evidence on the nutrition situation for the Syrians within and outside Syria.

Capacity strengthening initiatives: A series of trainings have been conducted targeting technical public health specialists from Syria, Lebanon, Jordan, Iraq, Turkey and Egypt. These include a number of Nutrition in Emergencies trainings with emphasis on IYCF-E in emergencies, specific IYCF training and briefing sessions during coordination, rapid assessment and community and facility based screening, and full five day sector/cluster coordination training (see details below). Various United Nations (UN) agencies and NGOs have also deployed technical nutrition specialists from Syria, Lebanon, Turkey and Egypt. These include a number of Nutrition in Emergencies trainings for the refugees in Jordan and Lebanon, benefiting 35 participants. In November 2014, UNICEF Jordan conducted NIE training using the same package in December 2012 for their staff and partners in Jordan.

In conclusion, although advocacy for nutrition has led to a stronger positioning of nutrition within the overall regional response, much is yet to be accomplished. The established humanitarian coordination structure with nutrition being one of the prioritised sectors in Syria, building of an evidence base to inform the response, monitoring, as well as response capacity, will need continued investment and support to ensure adequate provision for the treatment of identified malnourished children and to prevent deterioration of the situation.

Regional and country capacity strengthening development on nutrition

Nutrition related capacity strengthening efforts undertaken by the UNICEF Middle East and Northern Africa Regional Office (MENARO), as well as country offices and other nutrition stakeholders, are described below. This capacity strengthening effort has been necessitated by the technical gap existing on nutrition in emergencies in the Syria crisis affected countries, the need to adequately prepare for any possibility for nutrition situation deterioration and the need to enhance the quality of the ongoing nutrition response.

Nutrition in Emergencies (NIE) training (2012 and 2014)

To address the existing capacity gap for identifying and treating acutely malnourished children, two regional/multi-country training were organised by UNICEF in Jordan (June 2013) and Lebanon (June 2014), followed by additional cascaded training at country level. These NIE trainings were based on the Global Nutrition Cluster (GNC) endorsed Harmonised Training Package (HTP) with an emphasis on IYCF-E in emergencies (IYCF-E) and screening for acute malnutrition at the community level. UNICEF MENARO organised the training in June 2013 in Jordan reaching 41 MOH, UN and NGO public health professionals from Syria, Turkey, Lebanon, Jordan, Iraq and Egypt (See Table 1).

UNHCR conducted NIE training using the same package in December 2012 for their staff and partners in Jordan. In May 2014, UNICEF Turkey conducted NIE training for NGOs, UN agencies and the Turkish Red Crescent, benefiting 25 participants. In June 2014, UNICEF Lebanon in partnership with the American University of Beirut (AUB) in collaboration with the Institute of Child Health of the University College of London (UCL) organised a similar NIE training, largely targeting nutrition stakeholders from Lebanon and Syria, benefiting 35 participants from UN agencies, NGOs and MOH.

UNICEF, in collaboration with MOH Syria, has facilitated a series of Community based Management of Acute Malnutrition (CMAM) training activities for MOH and NGO staff from various governorates largely focusing on the identification of acutely malnourished children, their referral and treatment, as well as the integration of IYCF-E services into CMAM. This effort aims to ensure reasonable capacity exists to trigger an emergency nutrition response in every governorate, if the need arises or as access improves. The NIE training materials used in the June 2013 Jordan training have been translated into Arabic for use at national and sub-national levels.

Infant and Young Child Feeding in emergencies (IYCF-E)

As described above, IYCF-E has been integrated into the NIE training. In addition, UNICEF, in partnership with Save the Children Jordan (SCJ), has engaged the services of an IYCF-E specialist to conduct a situation analysis of the IYCF-E implementation activities, identify IYCF capacity

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Table 1: MENA RO/NIE training participants, June 2013

<table>
<thead>
<tr>
<th>Country</th>
<th>UN</th>
<th>NGO</th>
<th>MOH/Government</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jordan</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Iraq</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Syria</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Lebanon</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Egypt</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Turkey</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>15</td>
<td>9</td>
<td>41</td>
</tr>
</tbody>
</table>

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1 Available at: http://www.ennonline.net/resources/htpversion2
2 UNICEF, WHO and WHO boosted capacity of over 2000 staff from MOH and NGOs in Syria between Jan –October 2014 in the field of CMAM, Infant and Young Child Feeding (IYCF), health facility screening and rapid assessments
3 The IYCF-E issues addressed included aspects of maternal nutrition, early initiation of breastfeeding, exclusive breastfeeding, complementary feeding and dealing with non-breastfed children. The emphasis slightly varied depending on the length of training as it was not fully standardized in the beginning.
gaps and provide guidance on IYCF programme implementation and progress monitoring. Implementing partners in Lebanon, Jordan, Iraq, Turkey and Syria have been supported by the IYCF-E specialist in accessing the appropriate IYCF-E training materials, translation of IYCF-E operational guidance for programmes and in the IYCF-E response monitoring. Lebanon IYCF programmes are also benefiting from the technical leadership of the National Breastfeeding Committee and the technical expertise of the International Orthodox Christian Charities (IOCC), facilitated through the IOCC partnership with UNICEF and in close collaboration with the Ministry of Public Health, Lebanon. In Turkey, special IYCF sessions were conducted in the Syrian refugee camps targeting women’s groups. These sessions were conducted in collaboration with the women’s committees that were organised by UNHCR. The sessions were conducted in an open forum where women could learn about the importance of exclusive breastfeeding, timely and adequate complementary feeding and feeding of non-breastfed infants. In Syria, IYCF-E has been integrated into the CMAM programmes established in various governorates while independent IYCF interventions are under development in partnership with national partners that are undertaking health promotion activities in the country.

Assessment and screening
Aspects of basic nutrition screening have been covered in the NIE training but additional training on rapid screening using Middle Upper Arm Circumference (MUAC) and height and weight measurements, as well as data interpretation, has been conducted in Jordan, Iraq, Lebanon and Syria. Assessment teams involved in the recent nutrition assessment in Syria have been exposed to the SMART methodology and the associated task of taking accurate anthropometric measurements. A SMART Survey Manager training for the MENA region was successfully conducted between 23rd and 29th August 2014, benefiting 26 public health professionals from emergency prone countries in MENA, particularly Syria and neighbouring countries.

Cluster/sector coordination
The MENA regional cluster/sector coordination training was conducted between 6th – 10th October 2013 targeting the emergency prone countries in the MENA countries, benefitting 12 nutrition/public health professionals and 20 water and sanitation technical staff. A deliberate effort was made to conduct this joint nutrition/WASH training to foster inter-sectoral coordination, which is necessary in the prevention of malnutrition. All those trained can be deployed in any of the countries within the region on short notice to support response coordination. A deliberate effort was made to conduct this joint nutrition/WASH training to foster inter-sectoral coordination, which is necessary in the prevention of malnutrition. All those trained can be deployed in any of the countries within the region on short notice to support response coordination. The training covered such topics as humanitarian reform, division of roles and responsibility among different stakeholders in an emergency context, humanitarian programme cycle, collaborative leadership, information management, resource mobilisation, inter-cluster coordination, systems and processes necessary for stronger coordination, transformative agenda, and technical standards/ references in emergency response and partnership. Additional sector-specific topics were also covered when the two groups (WASH and Nutrition) were separated to focus on updating the participants’ technical knowledge on nutrition and WASH issues.

General support and supplies
Relevant guidelines have been provided to various stakeholders for reference. In addition, distant and on-site support has been provided through field visits and surge support by persons with specific technical expertise and experience. There has been ongoing communication with technical staff involved in programme implementation (through phone, webinars, skype calls) and technical discussion during the coordination meetings. The outlined capacity strengthening effort has been complemented by strategic pre-positioning of essential supplies such as micronutrients, therapeutic and supplementary food supplies, anthropometric equipment and development of information education and communication (IEC) materials necessary for the community level training and awareness raising/social mobilisation.

Conclusions
Additional capacity strengthening effort is needed through on the job training and regular guidance and supportive supervision for improved quality of intervention. This is an ongoing process that continues to be underscored in the various coordination forums in an effort to enhance nutrition programme quality and quality.

Final reflections by UNICEF
There is often an assumed association between a humanitarian crisis and a high global acute malnutrition rates with a resultant ‘automatic’ dispatch of Ready to Use Therapeutic Food (RUTF) and Ready to Use Supplementary Food (RUSF) thus translating into a misconformed response. There may also be an assumption that a nutrition crisis in a middle income country can be responded to by medical staff within the existing health care services, who could at times be without adequate exposure to emergency nutrition response. This necessitates consideration of the nutrition response capacity and the health system that existed before the crisis in the overall response planning and actual implementation. On IYCF, the need to monitor and prevent distribution of feeding bottles, facilitation of bottle substitution with cups and delivery of related education, may need to be better captured in the existing guidelines. Integration of IYCF-E and CMAM is often viewed as a new approach that requires a whole set of refresher training – yet it should be viewed as a best practice of dealing with situation that need both programme elements. Countries such as those in the Syria sub-region, need to be encouraged to have some contingency measures, such as capacity, essential nutrition supply in the pipeline, or at least knowledge of the channels through which to obtain these resources and support.

The Syria crisis experience has demonstrated that an occurrence of a humanitarian event does not always translate into an immediate nutrition crisis but this should not mean that nutrition is automatically relegated to a non-priority sector in the response planning by agencies and donors. Capacity strengthening and support to preventive services are critical. Efforts on regular generation of data, even in normal times, are essential to inform appropriate response while existing global guidelines play an important role in providing guidance to inform the response. Ingenuity will be required to ensure that global guidelines are adapted to the needs of contexts such as those in the MENA region.

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### Table 2: Cluster Training Participants

<table>
<thead>
<tr>
<th>Countries</th>
<th>WASH</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
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<td>4</td>
</tr>
<tr>
<td>Sudan</td>
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<td>2</td>
</tr>
<tr>
<td>Jordan</td>
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<td>Syria</td>
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</tr>
<tr>
<td>Lebanon</td>
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<tr>
<td>Palestine</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

For more information, contact: James Kingori: jkingori@unicef.org
This article describes elements of the infant and young child feeding response in the Syrian crisis and the author’s perspective on the major issues arising from it, with particular consideration of challenges around artificial feeding. It draws on the findings of a six month UNICEF/Save the Children Jordan mission to support optimal IYCF practices and take account of the IYCF in emergencies (IYCF-E) response\(^1\). It is accompanied by five case studies of individual mothers compiled by the author during her time in the region, to give an insight into the complexities and realities around infant feeding in the crisis.

**Context**

The provision of infant formula and milk for infants and young children during emergencies remains a very controversial subject. Humanitarian aid agencies have continued to struggle with how to tackle this problem since the early 1990s, when emergency responses in countries such as Iraq and Lebanon revealed that a significant percentage of women had been using breastmilk substitutes (BMS), typically infant formula, before the crises hit. Previously, relief work had focused on countries where the pre-crisis breastfeeding rate was nearly 100%; although breastfeeding practices were often less than ideal, at least that lifeline for infants was there.

The recurring challenges in infant feeding during emergencies over the last decade or more prompted agencies to develop infant and young child feeding in emergencies (IYCF-E) policies, initiatives and training materials. However, the ongoing conflict in Syria has again highlighted the difficulties in supporting formula-fed infants, while at the same time promoting breastfeeding.

According to the Syrian Family Health Survey (SFHS) (2009), conducted prior to the crisis, the nutrition situation of children under five years of age was poor, with an estimated 23% stunted, 9.3% wasted and 10.3% underweight. Exclusive breastfeeding rates stood at 42.6% while the proportion of newborns introduced to breastfeeding within the first hour was 42.2%. Micronutrient deficiencies were also recorded in Syria, presenting risk of sub-optimal growth among children, e.g. anaemia prevalence among 0-59 month old children was 29.2\(^2\); Vitamin A deficiency rate was 8.7\(^3\) and iodine deficiency prevalence was 12.9\(^4\).

At time of writing, more recent IYCF data from Syria are not available but a rapid nutrition assessment conducted in August 2013 revealed that many women in Syria are misinformed about the ability of mothers to breastfeed during the current crisis and that the exclusive breastfeeding rate is decreasing\(^5,6\). Lack of privacy and lack of time were cited as barriers to exclusive breastfeeding. This is exacerbated by the fact that some local and international non-governmental organisations (NGOs) are importing BMS and providing it in a way that is undermining breastfeeding and increasing infants’ risk of diarrheal diseases, malnutrition and death\(^7,8\).

**Policy guidance & regulation**

Two important policy guidance are the International Code of Marketing of Breastmilk Substitutes (the Code) and the Operational Guidance on IYCF-E; both are endorsed in World Health Assembly Resolutions (see Box 1). Based on an overall analysis of IYCF indi-

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2. MOH, nutrition surveillance system report 2011
3. MOH, 1998
4. MOH, 2006
5. Rapid Nutrition Assessment report in Northern Syria; Emma Littledike for Nutrition sub-working group 9/3/2014
6. Desk review of nutrition rapid assessment reports compiled by Nutrition Working Group; Turkey, May 2014
7. HIHS Policy on the use and distribution of powdered infant formula milk, 2014
8. Experiences and Reports by INGOs and NGOs responding in Syria

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Artificial feeding in emergencies: experiences from the ongoing Syrian crisis

By Suzanne Mboya

Suzanne Mboya is a consultant nutritionist. In 2014 she completed a sixth month mission supporting the Syrian crisis IYCF-E response through a partnership agreement between Save the Children Jordan and the UNICEF Jordan country office, with financial support from the UNICEF Middle East North Africa Regional Office.

Suzanne acknowledges and thanks the UNICEF regional team, country specific offices and Save the Children teams in Jordan and at headquarters.

The views expressed in this article are the author’s own and do not necessarily reflect those of UNICEF and Save the Children.
sanctions for failing to abide by the Code where it has been incorporated into the legislature of a nation state. Access at: http://ibfan.org/code-monitoring/114

The Operational Guidance on Infant Feeding in Emergencies provides concise guidance for emergency relief staff on how to ensure appropriate infant and young child feeding in emergencies. It is endorsed by WHA Resolution 23.23 (2010). It is produced and managed by a collaboration of NGOs, UN agencies and individual experts (IFE Core Group). First produced in 2001, it has been updated in 2004 and 2007 in response to lessons from emergency experiences. Sphere IYCF Standards (2011) are based on its recommendations. It is available in 13 languages. Access at: http://www.ennonline.net/operationalguidanceyicv2.1

Violations of the Code (and non-compliance with the Operational Guidance on IYCF-E) during the response in Syria have been noted and include:

• Foreign governments mainly from the Gulf region have donated infant formula, bottles and pacifiers to the health care system in both community and refugee camps with packaging sometimes not in Arabic (violation of Code Article 6.6 and non-compliance with Ops Guidance on IYCF-E 6.3.6).

• NGOs distribute ‘baby kits’ including infant formula and bottles to hospitals, municipalities and directly to refugees and IDP households (Untargeted distribution is a violation of Code Article 6.7 and non-compliance with Ops Guidance on IYCF-E 6.3.6).

• Single tins of infant formula (defined as ‘samples’ by the Code) are distributed to mothers by health workers (violation of Code Article 7.4) without undertaking that the supplies would continue for as long as the infant concerned needed them (violation of Code Article 6.7 and non-compliance with Ops Guidance on IYCF-E 6.3.5).

• Tins of formula milk received by NGOs as donations are in a foreign language (violation of Code Article 9.2 and non-compliance with Ops Guidance on IYCF-E 6.3.6).

**Arisiing challenges**

The direct and indirect effects of the ongoing Syrian crisis have heightened the vulnerability of mothers and children to undernutrition. The types of IYCF-E interventions implemented to widely varying degrees in the Syria response are listed in Box 2.

The prolonged conflict in Syria has caused a disruption of supply networks and market systems, including for infant formula. Although breastfeeding remains the preferred mode of feeding, particularly for babies up to the age of six months, there are some situations in Syria where breastfeeding is not a viable option. Mothers who had already made an informed choice not to breastfeed now have babies dependent on infant formula but are no longer able to access supplies. This has resulted in use of non-milk substitutes, including herbal drinks, tea and sugar-water to feed babies and infants exacerbating the problems of malnutrition12. In addition, babies and infants who have lost their mothers in the conflict are being cared for by relatives and friends, making maternal breastfeeding impossible. Whilst re-lactation remains the first option for the non-breastfed infants, the absence of skilled lactation support in Syria means there is no support to help caregivers’ initiate/practice re-lactation. Very limited and intermittent access across borders and between governorates makes assessments and the estimation of non-breastfed infants in need of support difficult. Internally displaced people who are living in besieged areas within Syria beyond the reach of international aid agencies are mostly affected.

“One thing that is of concern is the number of requests on the internet and social media from individuals’ and charities for the donation of ‘formula milk’ for babies from individuals and charities within the region.”

Umm Nasayba, UK based columnist

Providing support to IYCF in a crisis is a relatively new concept for countries in the Middle East such as Jordan and Turkey which are host countries to fleeing refugees. What it entails is little understood, even by health and nutrition staff. Most NGOs and front-line relief workers believe that IYCF-E is only about promoting breastfeeding and thus is not highly prioritised in early phase of emergencies. In countries

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9 According to the Code, a breastmilk substitute is any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. These include infant formula, other milk products, therapeutic milk, and bottle-fed complementary foods marketed for children up to 2 years of age and complementary foods, juices, teas marketed for infants under 6 months.

10 See the article by MSF on the subject of acute malnutrition in infants under 6 month of age in Northern Syria in this edition of Field Exchange.
such as Iraq, Lebanon and Syria, where many women use infant formula in non-emergency settings and “know how to do it”, many people fail to understand why infant formula should not be freely distributed during an emergency. Is it time to re-consider infant and young child feeding guidelines in urban settings where pre-crisis practices indicate infants were predominantly formula fed.

Agencies recognise the significant importance of breastfeeding to the health and wellbeing of infants and are mindful of the need to ensure that the supply and distribution of infant formula does not undermine the health benefits of breastfeeding. NGOs have adopted and endorsed statements in line with the position of the United Nations (UN) and the World Health Organisation (WHO) on infant feeding in refugee settings, the international conventions on breastfeeding, including the Code and the Operational Guidance on IYCF-E13. However infant formula prescription, dispensing and follow up remain a major challenge for aid workers and partner agencies. Although artificial feeding was established in Syria before the crisis, the current artificial feeding situation is unclear due to lack of documentation on the numbers and locations of non-breastfed infants, on the situation regarding BMS use and on complementary feeding for non-breastfed infants. Some agencies do not document for fear of criticism for not upholding the Operational Guidance on IYCF-E.

“We sometimes distribute infant formula to non-breastfed infants but we don’t document it.”

The infant formula is mainly sourced through donations and thus we only distribute when we receive supplies. We recognize that we should only distribute when we have adequate and sustainable pipeline but the current context doesn’t guarantee that. Currently there is a shortage of available formula milk and external aid agencies with experience in supplying infant feeds are also absent yet the numbers of non-breastfed infants and orphans are increasing.”

An aid worker, Syria

In Iraq, an already serious humanitarian crisis is growing worse with hundreds of thousands of men, women and children fleeing their homes in the wake of escalating conflict. Recent reports indicate that caregivers are requesting that infant formula be part of baby kits as happened during the national oil for food programme in the mid-1990s14.

Lessons drawn from the ongoing Syrian crisis IYCF-E response

Although significant gains have been made in the development of IYCF-E policies, initiatives and training materials, we are not there yet. Recurring challenges in translating the policies into practice suggest the need to revisit the current guidelines in establishing a way forward. Although breastfeeding remains one of the most scientifically researched topics, a universal model of determinants of breastfeeding that applies to every country is yet to be developed.

Although some national level gains were made during past emergencies in Iraq and Lebanon (e.g. adoption and endorsement of the Operational Guidance on IYCF-E), the momentum was lost at the end of the crises. In Lebanon, the national policies that were developed and adopted were not translated into practice. For example, despite the adoption and revitalisation of the BFHI during the crisis, the BMS industry remains rife in Lebanon today with health professionals being strong advocates:

“When I delivered a month ago, I had to fight to be allowed to breastfeed my baby. Immediately after delivery, my baby was taken to the nursery and kept away from me. Being a nutritionist, I requested to have my baby close to me. After delivery, I was brought a tin of formula milk with a note from the paediatrician saying it’s good for my baby. When I declined to give my baby the formula milk, I was given a declaration form to sign. The declaration form was clearly supporting formula feeding and citing my refusal to formula feed.”

A nutritionist and humanitarian worker, Lebanon

Support for IYCF-E is still regarded as solely a nutrition/health issue while in reality, it is cross-sectoral and can be supported through shelter programmes, food security sectors and protection sectors. Furthermore, limited political will to support IYCF programmes through legislation and adoption of national IYCF policies and guidelines, such as the Baby Friendly Hospital Initiative (BFHI) and the Code, hinders implementation.

“Infant formula is a serious political issue within the Middle East region. I will therefore advise that we approach the issue with a lot of caution.”

A government official

The lack of policies, support and an enabling environment for IYCF makes it difficult to implement IYCF support during emergencies. In the ongoing crisis, some international NGO’s have established parallel systems to provide IYCF support to affected populations, which are generally not sustainable post emergency and thus gains are often lost. Furthermore, some field personnel have shown limited ability to establish and provide successful models of IYCF services. There is limited documentation of what works or not which hinders development of models and references.

Although agencies normally review their IYCF-E policies, funding policies and programming responses during crisis, past crisis, particularly Lebanon and Iraq, suggest the momentum is lost after the emergency ends. The experiences and lessons learnt during the Lebanon crisis triggered a review and update of the Operational Guidance on IYCF-E at the global level, yet today Lebanon still has no emergency preparedness plan on IYCF-E. Furthermore, nutrition policies and guidelines that were developed after the crisis ended are yet to be reviewed and implemented. This raises the question, how can we ensure that the gains made during emergencies are sustained and embedded into existing national policies? Besides, in the current Syrian context where artificial feeding was established pre-crisis, should a policy aimed at guiding aid workers and agencies about how to source, distribute and handle infant formula milk within the Syria response be considered? The policy should ensure that sourcing, distribution and handling of infant formula is done in line with international standards whilst maintaining a flexible and pragmatic approach in accordance with the developing security situation in Syria and across Middle East region.

Emergencies can happen anywhere, and humanitarian response plans must be flexible, while still following guidelines. This is especially the case with regard to IYCF, where agencies need to respond to the local context. Agencies must also be aware that addressing IYCF is important in all emergency settings, including middle-income countries, and has inter-sectoral implications. Since emergencies happen fast and unexpectedly, NGOs and staff from all sectors should ensure that IYCF-E policies are in place, and that IYCF-E is included in staff training and materials so that programming is swift and of the highest quality, and that infants and young children are protected.

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CASE STUDY ONE
Jordan: The experience of a young mother who fled the ongoing conflict in Syria

Noor is a first time mother with a five month old daughter-Leila living in Zaatar camp, Jordan for two years. She has been attending baby friendly spaces by Save the Children Jordan since she arrived in Zaatar camp. “I didn’t have much to do at our family caravan so I always accompanied my neighbour, Lizah to the baby friendly spaces. The caravan provides a relaxing atmosphere and allows women to meet and share experiences.” Noor decided prior to delivery that she would practice exclusive breastfeeding having attended many sessions on breastfeeding and infant feeding practices. Although she had hoped to deliver naturally, complications during labour compelled her to undergo a caesarean section making her unable to initiate breastfeeding immediately, as it took long for the anaesthesia to wear off. When she regained consciousness, her baby was already receiving infant formula. When she tried breastfeeding, her baby refused the breast and for ten days, her baby did not breastfeed. “I fed Israh sugar water, herbal-chamomile tea and powdered milk. My breasts were very painful and swollen because Israh was not feeding. I was stressed because I knew the benefits of breastfeeding”. On the 11th day after delivery, Noor was visited by an IYCF counsellor who counselled her about the possible reasons for baby’s refusal to breastfeed.

After three hours of trying to breastfeed with the assistance of the IYCF counsellor, she was able to breastfeed. “I was really happy. After eleven days of agony, Leila was able to latch on and suckle the breast. My nipples were painful and sore but I was happy to finally position and try breastfeeding. The milk did not flow immediately; the right breast flowed first after three days of trying while the left breast flowed after four days.” Noor was pleased by the kind of breast feeding support she received. “The IYCF counsellor really helped me, she sat with me every day and assisted me with breastfeeding and even after the milk came in, she continued to visit me and support me. I am still breastfeeding Leila exclusively”. Noor is looking forward to giving Leila complementary foods when she soon turns six months old. Leila is a healthy baby girl who rarely gets sick.

CASE STUDY TWO
Jordan: The experience of a multi-para mother who fled the ongoing conflict in Syria

Basma is a mother of five children. Basma arrived in the heat and dust of Zaatar refugee camp in December 2012 after fleeing the ongoing conflict in Syria. “There was bombing and explosions everywhere. I decided to flee when a bomb fell near our house”. She was exhausted and hungry after travelling for two days with her children. Basma’s husband followed five months later. Basma has practiced artificial feeding with all her children. She was advised to do so by doctors back in Syria after she lost her first two children. “After losing my first two children, I was told my breastmilk was poisonous and should give infant formula instead”. Basma’s older children were often sick and very irritable. “I was always in and out of hospital because of constant diarrhoea.”

After learning about safe artificial feeding practices following interaction with IYCF counsellors, Basma has changed the way she feeds her last baby, now four months old and in good health. “With this child I can sleep well because she is not sick” she said. “I give her only infant formula. I prepare her milk using the preparation instructions given to me by the IYCF counsellors; I prepare small quantities enough for single feeds. I have to maintain hygiene and safely prepare the milk to prevent contamination.” Basma receives infant formula every two weeks from UNHCR through the Jordanian Health Aid Society (JHAS). She recalls that during the earlier days in the Zaatar camp, infant formula was provided by agencies, particularly in field hospitals, to all mothers.

This feeding experience is a sharp contrast to Basma’s previous experience with motherhood when she fed her baby infant formula, sugar water, herbal drinks and sometimes cow milk or yoghurt. “I often took my children to the health centre with abdominal cramping, diarrhoea and vomiting. I would lose money paying the health centre. I used to buy the infant formula from supermarkets and pharmacies back home. It was very expensive so I sometimes used other milks” she recalls. She was not given any information regarding preparation and safe artificial feeding by the hospital staff back in Syria.

Basma is happy with the key messages and support she has received on safe artificial feeding. The key messages she recalled included: need for exclusive formula feeding; preparation procedures-quantity of water and milk to be used; amount to be prepared according to age; hygienic preparation and safe storage of infant formula.
CASE STUDY THREE

Turkey: Experience of a mother of a non-breastfed infant who fled the ongoing conflict in Syria

Sawsan is a mother with three children living in a refugee camp in Nizip, Turkey. Sawsan’s last born Wael, who is now 2 years old, was born in Syria. On the onset of the crisis, after her neighbour’s house was bombed, Sawsan came with her three children and her husband followed later. Sawsan and her family arrived in the dust and heat of after two exhausting days. “Wael was six months old when we arrived in Nizip. Since birth, I have always given Wael infant formula. In Syria, infant formula was easily accessible and available from pharmacies and supermarkets. When the bombs went off, I left my home with only one tin of Nido powdered milk. I prepared this milk for Wael during the journey”. Liza and her older children ate bread and water. Unfortunately her fortune turned worse at the entry point when someone stole the Nido tin of milk when she was attending to her other children. “At the border, Wael’s tin of milk was stolen and I was left with nothing. I was really stressed and had nothing to give Wael. I gave him water that was given to us at the resting areas at the borders and it really broke my heart.”

Upon arrival at the refugee camp, Sawsan thought she would receive a can of infant formula to give to Wael. However upon examination by the midwife, she was told she did not qualify for the infant formula since Wael was already six months old. She was instead advised to start complementary feeding. “I felt angry and frustrated. How could they deny me the infant formula after everything I had gone through? I felt like the midwife was not really supporting me. However, after two hours of yelling, the midwife finally gave me the formula. I understand that complementary foods should be introduced at six months; the security situation back home did not allow me to do that. I believe the midwife should have given me formula and allowed me to wean Wael gradually. I had to buy formula to give Wael as I gradually gave him the recommended complementary foods. Wael is two years and healthy now; that puts a smile on my face.”

CASE STUDY FOUR

Syria: The experience of an internally displaced mother living in Syria

Zainab is a mother of five children living in Idleb, Syria. After a bomb explosion in which she lost some of her relatives, she took in three children whom she cares for. “I was in the house when the bombs went off. After the chaos, the blast and the commotion died down. The aftermath was more than comprehension. Yes, I and my children were safe; I just couldn’t say the same for my two sisters and brother in-law. I had lost three relatives in the explosion. I had to take care of three children-Ahmad, Amira and Rasha who had lost their mothers. Ahmad and Rasha were four and five months respectively. It was a very difficult time for me and my family.”

“My last born, Ammar was 4 years old then. When Amar was young, I breastfed him though I sometimes gave him formula milk. The doctor told me to use formula because Ammar used to cry a lot. My breastmilk was not enough. Infant formula was easily available and accessible from the pharmacies. However since the start of the crisis, things have really changed. When I took in Ahmad and Rasha, I was not really prepared on how I would feed them.” Zainab faced a difficult challenge providing for her new adopted children with the ongoing crisis. “Although I received counselling on the possibility of re-lactation, I was not able to try it. Getting infant formula was really difficult. Sometimes I would find and sometimes not. I had to complement with tea, sugar water and any available milk.” The prolonged duration of the Syrian conflict is leading to a widespread shortage of commercially available powdered infant, particularly in opposition-held areas. In addition, any available infant formula is very costly, making it prohibitively expensive for many people.

Zainab introduced complementary foods at seven months. She was faced with further difficulty in obtaining nutritious complementary foods due to market shortages. “I am honestly glad Ahmad and Rasha are above one year old now. They are now eating family foods. It’s still not easy getting food sometimes but it’s much better than searching for infant formula. It sure has been a roller coaster but I am grateful to Allah for his beneficence.”

CASE STUDY FIVE

Jordan: The experience of a first time Syrian mother in Jordan

Nazreen, a first time mother of one month old Heeba recently moved to Zaatari camp from Amman. Nazreen arrived in Amman 21 months ago after 4 long exhausting days. “I fled Syria alone in the heat of the conflict and went to Amman to work as a nanny for a family. I stayed with family for six months then moved to Zaatari camp because the family left Jordan. Back home, I lived with my sister after we lost our parents. I fled leaving my only sister behind.”

Arriving in Zaatari camp, she felt depressed having no one to turn to. She therefore decided to get married to escape loneliness. “I was very lonely and depressed. I married my first husband but things changed after a few weeks. My husband would really beat me up and verbally abuse even when I was pregnant. When I was 7 months pregnant, he beat me up and experiencing intense bleeding. I had to be taken to hospital. I was put on drugs but had to deliver Heeba preterm.”

“After delivery, I divorced my first husband and met my current husband two months later. I experienced complications at birth and had to be separated from Heeba. In addition, Heeba refused to breastfeed and so I gave her dates soaked in water and infant formula. On my discharge date, I met Israh, an IYCF counsellor at the protection centre after referral by UNHCR. Israh was very good to me. She advised me on the importance of breastfeeding and offered breastfeeding support with positioning and latching. After three hours, Heeba was able to latch onto my breast and start suckling. I was also given a breast pump to help with expressing milk. After three days, milk began to flow. I am currently breastfeeding Heeba exclusively.”

Living alone with no family support and prior breastfeeding experience, IYCF counsellors provide a lot of IYCF support to Nazreen. She also receives information about childcare practices, immunisation and hygiene. “I am very grateful to Save the Children for their support. The IYCF counsellors visit me on a weekly basis and assist me with my nutrition needs.” Fortunately her current husband is very supportive and caring for both her and Heeba.”