

Nutrition Cluster Coordination

HAITI Situation Report # 4

25th January 2010

General

Information on the most affected areas remains unchanged-see Sit Rep 3.

Nutrition Issues/Needs

Based on 3 million population affected and estimates of likely case loads:

Support of infant and young child feeding (10%) (Affected under 2-3 years of age= 300,000-estimate only)

Treatment of Severe Acute Malnutrition (16% x 1% SAM/WHO)(Current estimate of SAM cases 6-59m = **4,800**,

Treatment of Moderate Acute Malnutrition (16% x 4% MAM /WHO)(Current estimate of MAM cases 6-59 = **9,600**

(Note: Verbal communication that so far, NGOs are not seeing obvious signs that the nutrition situation deteriorating)

Displaced children, orphans and unaccompanied children) (16% or **48 ,000**), and pregnant and lactating women (PLW) (8% or **24,000**). These are estimates.

Response Nutrition Cluster Agencies/partners

Save the Children Alliance (SC)

IYCF; Disseminating key messages to affected population and breast feeding mothers in Creole via radio broadcasts.

Treatment of SAM

Nutrition

Third additional nutritionist is in SD and will travel to PAP in the coming days. Suggestion for SC to be the Nutrition Cluster designated agency to distribute Infant Formula (coordinate, control and monitor storage and distribution) in agreement with the operational guidance and the international code of marketing BMS

Save UK

Nutritionist is in SD travelling to PauP in coming days. Focus on IYCF.

Concern

Treatment of SAM (No: 1,080), in 7 outpatient care sites and 1 inpatient care site, expecting a doubling of cases (from 100 to 200 SAM per month per centre).

Plans for starting baby tents in 7 spontaneous camps and 3 official camps and psycho-social care to 1,592 pregnant and lactating mothers (No 1,592)

World Vision

- Health/Nutrition/WASH activities are in 12 camps - plans to expand to 10 more. Camps are in Canape vert, Junvenat, Bourdon, Delmas areas
- 10 mobile health clinics - focusing on curative and preventative services, including the promotion of appropriate IYCF
- Safe Children's Play areas, will include baby-friendly area to provide IYCF support, including pre-natal support.
- From 25 Jan to Feb 1, planning to distribute food & non-food items to 32 camps within PauP (72,000 people)
- Partnering with Help Age International to assist elderly at nursing home in (Delmas 2) with food kits and water supplies.

ACF FR

Locations in Stade/ Sainte Marie / Canapé Vert and Champs de Mars):

12 Baby friendly tents for breastfeeding counseling and psychosocial support covering 18,000 children and mothers

Nutrition activities that started before the earthquake and will still continue:

CMAM in Gonaives (3 outpatient care sites and one inpatient care site), Anse rouge, Ennery and Terre Neuve.

WFP

- General food distribution to 2 million people, consisting of cereal, vegetable oils, pulses, sugar, for 12 months
- High energy supplementation will be provided for 2 months:
 - a. Plumpy for children less than 2 or 3 years of age
 - b. Supplementary Plumpy for children less than 59 months of age for 12 months
 - c. Pregnant and lactating women will be provided nutrition
 - d. School-feeding will also be undertaken
- Emergency food security assessment will be conducted at the household level in the coming days
- *As of this moment, no plan to collect data on nutritional status*
- Targeting a **denominator of 2 million instead of 3 million**, with flexibility to scale-up, if required
- Coverage in terms of precise numbers reached at this moment unknown
- Security and lack of implementing partners are two main obstacle for distribution

World Bank

World Bank is supporting the WFP through school-feeding, maternal and child feeding programmes

World Bank is supporting UNICEF in under-2 and maternal feeding programmes

Important to channel resources as fast as possible.

Food For Peace

Ready to support IYCF for orphans in the Leogan area

UNICEF

A joint strategy with child protection is in place to ensure distribution of nutritional products to orphanages: sprinkles - micronutrient powder, vitamin A, ORS and therapeutic zinc, mebendazole and BP 100 for supplementary porridge for young children (added with sprinkles).

Scale up intervention to move out of PauP is started and Arnold Timer is in Jacmel to identify conditions and define needs.

In the process of finalising contracts with implementing organisations (ACF, Concern, local NGOs, etc). Programmes will entail treatment of severe acute malnutrition (SAM), nutritional support to Pregnant and Lactating women and infants as well as psychosocial support.

Since 23 January 5 staff members working on Nutrition Cluster Coordination and Programmes:

- 1 Nutrition Cluster Coordinator (NCC)
- 1 Nutrition Specialist on Infant Feeding (and Acute malnutrition)
- 1 UNICEF Nutrition Response Manager
- 1 UNICEF Nutrition Programme Officer
- 1 Information Manager (for the moment for Nutrition Cluster)

WHO/UNICEF

Revising the UNICEF first draft on HIV and Infant Feeding and will be finalised by COB Tuesday 26th January.

OFDA

Procuring Ready to Use Formulae and working on agreements in country with agency to coordinate

warehousing and distribution.

A nutritionist from FANTA-2 is in PAP working with the UNICEF team. She is the focal point for all IFE related coordination issues.

IMC

Nutrition specialist has arrived in PAP. Awaiting her input to sit reps and coordination meetings.

CARE

Preparing a strategy for IYCF

CDC

Supporting generation of reliable demographic data based on official government census data.

Assessment

Started Monday 25th within PauP and continues 26 and 27 outside PauP, results to e expected end of week and will be disseminated through clusters

Gaps & Constraints

1. Concern that different agencies using different denominators in terms of overall numbers affected currently at 2 or 3 million.
1. Who, What, Where & When to ensure coordination and overview of coverage, scale, etc and identification of gaps to be finalised-first draft.
2. Still no accurate information on the numbers of unaccompanied, orphaned and non-breastfed children who require infant feeding support with Ready to use formulae.
3. Need confirmation of numbers with SAM and MAM to ensure coverage of treatment programmes.
4. Need accurate figures for number displaced and non-displaced (camped, hosted) and breakdown by age group, pregnant and lactating mothers.
5. Urgently need more nutrition specialists to focus on IFE, treatment of acute malnutrition, assessment, information management.
6. Limited information is available on the scale of donations of breastmilk substitutes, who is distributing them and how many infants are receiving them but we expect this to be significant.

Action/Updates

1. The Emergency Response funds of USD750,000 for 6 months are available for any organisation (extension is possible after 6 months). Proposal formats are to be obtained through Caroline Peguet, UNOCHA peguet@un.org or ochafcs@un.org. Organisations will get the funds when the nutrition cluster is in agreement, after which funds will be released.
2. Nutrition Cluster meeting daily with 13 partners in country. Meeting of Monday January 25th held, for the first time with MoH/MSPP. In-country nutrition cluster meetings will be held every other day in UNICEF tent Monday and Wednesday and Friday at 9.00.
3. A preliminary Nutrition Cluster strategy was drafted and disseminated.
4. The NCC is giving active feedback to each Global Nutrition Cluster teleconference

5. As part of the nutrition cluster a UNICEF mission will visit Jacmel 25 to 27 January to review the nutrition response.
Considering opening combined health and nutrition sub-clusters in Petit, Guave and Jacmel.
6. Focus is so far children under two years of age
7. Have established a sub-working group on IFE and CMAM;
8. Urgently mapping all CMAM referral centres, so that mobile clinics can start to refer
9. IM coordinator (Douglas) compiling the first 'who, what, where' today. ALL to send him information as appropriate and as soon as we have it regarding assessments and programmes. Expected to have first matrix morning 26 Jan. All activities will be put on a map in due course (end this week)
10. Santa Domingo CCC arriving on 27th Jan 2010 and will work closely with the clusters in Haiti; the situation may change significantly over the coming months, and the cluster arrangements will be reviewed two months from now.
11. The NCC aims to put most relevant documents re NCC work (SitReps, minutes, tools, protocols) on one response and will reduce its actively sending information to everybody. The partners and other stakeholders should be able to keep updated on the NCC at any time via this site. All relevant documents posted on 'haiti.oneresponse.info' site
12. There is ready to use infant formula on the ground; trying to designate an agency to manage/coordinate this. Until further notice this will be Save the Children (for the OFDA batch)
13. There is ready to use formula on the ground; trying to designate an agency to manage/coordinate this.

Summary of key issues on Infant Feeding in Emergencies sub-cluster Group Haiti 25th January Meeting

IFE is focus priority in the nutrition response.

GFD has not yet reached the affected population; 700 spontaneous camps, therefore is difficult to plan for anything else as the basic needs are not met. Aim is to provide technical support on IFE information, implementation, supply management, capacity building and documentation.

Plan A

Target group: all under 1 y who are not EBF, with BF support, supply for 1 week

Intervention: controlled distributions through partners with capacity in orphanages, health facilities, baby tents set-up in camps, based on strategy Norms ANJE/MSPP and strategy baby tents/NCC (see attached and on Haiti.oneresponse.info)

Guidance note (in Creole, field tested) developed by Save, will be distributed with the 32oz cans and cups

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