

NUTRITION CLUSTER UPDATE

Haiti

4 February 2010

The nutrition cluster is growing as new partners, especially local partners, cooperate in the coordination from the cluster. We have had strong support from the coordination unit of the national program of food and nutrition, (MSPP), who chaired our most recent cluster meeting.

Last week, 9 new partners joined the cluster for a total of 37 working in the affected areas and in areas receiving displaced families. So far, 87 community outpatient care centres / mobile units for the treatment of severely acute malnutrition are open or have re-opened throughout Haiti. 52 more are planned within the next weeks. Technically trained staff remains one of the scale-up constraints. Based on our projections using latest CDC demographic ratios and affected population from OCHA UNDAC, we expect the pre-emergency service effort needs to triple to meet demands of the displaced and non-displaced.

Feb 4 was the first day “Who, What, Where and How Much” information gather tool 3W, reporting on beneficiaries who have received nutrition services. Of our 40 partners, 9 provided the cluster with information – 7,828 mothers and children have been given nutritional counseling through community mobilization and education, and 1165 mother and infants have participated in baby friendly feeding tents within the camps in Port au Prince. 398 children under 5 have been enrolled in targeted supplementary feeding programs, and 131 children affected with severely acute malnutrition have been admitted to the outpatient care centres that reported. 40 Children with severe acute malnutrition were admitted in the last week into stabilization centres throughout the affected area. The 3W is gathered each Monday, once a week, reporting weekly activities from Saturday to Friday.

Nutrition effort magnitude estimates, 4 February 2010

Within the areas that are most affected, both IDPs and affected residents are in need of nutrition services. Within the 2 most affected Departments, OUEST (Pre-quake population 3,724,442 - 2010 projection) and SUD'EST (Pre-quake population 555,375 - 2009), 577,246 infants, children and pregnant and lactating women have been affected.

Based on GAM of 4.5% and SAM of 0.8%, in the affected population of 6-59m, 15,967 GAM children of which 2,839 are SAM and need our response. Of 1,549, GAM infants < 6m, 275 SAM infants are expected. As the IDP influx is measured by the rapid needs assessment finishing this week, we will be able to provide more accurate affected population estimates.

Pre-crisis population and West and East	in need of nutrition response	of People currently covered	% Coverage	6 - 59 months	< 6 months	Pregnant and Lactating Women	Other vulnerable groups (e.g. elderly, handicapped)
647,918	577,246	55,800	9.80%	354,821	34,423	153,579	Unknown
		PTA only					
	0.045	GAM in affected Pop		15,967	1,549	(source: NCC)	
	0.008	SAM in affected Pop		2,839	275		

Currently programmes are start to implement blanket supplementary feeding (estimated target 200,000 children in temporary settlements) aiming for 30,000 children. Efforts are done to scale up the implementation).

Major Concerns

Note: In the coming 2 months the GAM rate are likely to increase because of the following factors:

- rainy season starts soon and with this, the risk of increased child morbidity (ARI, Diarrheal diseases, possibly epidemics)
- there are many infants of whom nutritional issues are still not addressed
- the hunger gap starts in May (up to July)
- the blanket supplementary feeding for children 6-59 months is reaching at best 15% of target population currently (this could be lower)
- care practices might change as more mothers are trying to find solutions for obtaining food for themselves and their families
- a small proportion of the population is currently covered with regard to GFD
- overall the sanitation conditions are poor and diarrheal diseases incidence in reported to be increasing.