

Save the Children Jordan
Combating Anemia among Children between 6 months to 59 months at Za'atari Camp
Summary Report

Background:

Save the Children is a leading independent organization creating lasting change in the lives of children in need around the world. Recognized for our commitment to accountability, innovation and collaboration, our work takes us into the heart of communities, where we help children and families help themselves. We work with other Non Government Organizations, Governments, Non-Profits and a variety of local partners.

Save the children Jordan was established in Jordan in 1974 with Her Royal Highness Princess Basma Bint Talal being the chairperson of the board. Save the Children Jordan is the only Arab member of the 30 Save the Children organization members operating in 120 countries worldwide.

We work to resolve the ongoing struggles children face every day — poverty, hunger, illiteracy and disease — and replaces them with hope for the future.

- The Combating Anemia Campaign aims to change dietary behavior among children between 6 months to 59 months in Za'atari Camp.
- The campaign aims to directly screen for Iron Deficiency Anemia and directly medically intervene by providing supplementation to more than 2,000 children and indirectly reach out their families and relatives through the nutritional awareness campaign.
- The campaign distributes Iron Supplements free of charge for those diagnosed with Anemia.

Objectives:

- 1) Prevent and control Iron deficiency Anemia among Syrian Children Refugees in Zaatari Camp to prevent excessive Mortality.
- 2) Develop collective action and positive interaction between Save the Children Jordan team and the service providers at primary and secondary health services to carry over the Combating Anemia Campaign.
- 3) Provide health workers with an opportunity for promoting and advocating for healthy eating patterns.
- 4) Improve Mother's and Children's dietary habits by encouraging increasing iron intake, improving bioavailability of dietary iron, and reducing iron loss.
- 5) Strengthen the already existing efforts for prevention, case detection and treatment of Iron Deficiency Anemia in Syrian refugees where high prevalence was detected.
- 6) Promote breast feeding and exclusive breast feeding practices
- 7) Promote the important of family planning and birth spacing

Target Groups:

Directly Screen 2,000 Children aged between (6-59) months in Za'atari camp.

Duration:

3 Months, divided into: Screening phase (9 days) and following up phase (3 Months).

Program Partners at the Zaatari Camp:

- (1) Ministry of Health.
- (2) Saudi Clinics.
- (3) Medics Du Monde (MDM).

Program Approach:

- 1. Screening and diagnosis.** for detection of Iron Deficiency Anemia:
 - Parent approval forms
 - Dietary behavior assessment questionnaire
 - Awareness raising sessions for mothers or caregivers
 - Commination materials distribution stories (Hadoosh)
 - Anemia detection by HB (Hemoglobin) test.
 - Determine the cause of the anemia through medical examinations carried out by qualified General Practitioners.
 - Comprehensive blood analysis for children identified with Iron Deficiency Anemia
 - Further counseling on dietary behavior for children identified with Iron Deficiency Anemia
- 2. First Follow up include**
 - Further counseling session for children identified with Iron Deficiency Anemia.
 - Provide children identified with Iron Deficiency Anemia with iron supplements shown in supplementation protocol.
 - Distribute cookbook which includes low cost and locally available ingredients for mothers to refer to when cooking in order to get the highest nutritional values from meals.
- 3. Second and Third Follow up visit includes**

A rescreening is conducted to the identified children by withdrawing another blood sample to test Hemoglobin levels. This measures whether the first phase treatment has had a positive effect on them so far.
- 4. Treatment or Referral of Cases**

Once an individual is determined to have severe anemia, a decision must be made regarding whether to treat in the local setting or refer to a hospital.

Methodology:

Sample selection

Sample size is 2042 child aged 6 months to 5 years. Both males and females residing in Zaatari Refugee camp. Instrument used for testing was DiaSpect Hemoglobin T®.

Implementation

Save the children`s anemia team implemented the campaign in partnership with health providers inside the camp, Saudi Specialized Clinics and Medicine Du Monde. Screening for 2,042 children aged 6 to 59 months occurred 4 days weekly; 3 days in Saudi Specialized Clinics and one day in MDM Clinic2; both inside Zaatari. Syrian Community Mobilizers were hired to raise awareness and inform the public about this service and share information with the community about the location of the campaign as well as the working hours. Staffing consisted of: three Laboratory technicians, one Nutritionist, two General Practitioners, a pharmacist, and several volunteers; all of which working under supervision of the Program Coordinator.

Initially a consent form has to be signed by the child's legal guardian; this consent includes approval for withdrawing a blood sample from the child and the option to photograph the child in the case that they have Iron Deficiency Anemia – for their medical records. After signing consent the child is tested for Hgb (Hemoglobin) and PCV (Packed Cell Volume) in the initial room and according to cut by the World Health Organization. Those cut offs read: children who have Hgb lower than 11mg/dL are considered anemic; therefore children are referred to the medical room where a medical record is also established.

A survey to test the dietary behavior, past food consumption habits and knowledge on Iron Deficiency Anemia is filled by the mothers with the assistance from the volunteers with Save the Children Jordan. An extensive awareness session about Iron Deficiency Anemia signs and symptoms is also carried out in the waiting area as mothers wait their children's turn. In the waiting area: children are given coloring books for entertainment. The material was prepared by Save the Children Jordan's Nutrition and Public Relations Department- the coloring books follows a story of a boy who was diagnosed with Iron Deficiency Anemia and was treated,

Once children are tested, those with suspected Iron Deficiency Anemia are referred to a medical room to fill out a medical form and undergo a physical examination by the General Practitioners. The General Practitioners interview mothers for patient history and to get a better understanding of the children's eating habits. Some of the questions asked by the General Practitioners include: family history of hematologic diseases, lethargy, and irritability, pica, and tea consumption and worm infection signs.

Children identified with mild anemia are encouraged to control it through dietary habits change. Moderate to severe cases are referred to advance blood testing that includes full testing of CBC and ferritin level.

Advanced blood tests need about ten days show the findings; whether children have Iron Deficiency Anemia or not, therefore

Challenges:

- **Facility's space**
It was challenging to implement the campaign inside an already functioning health facility; crowdedness in the waiting was prominent nearly throughout the entire campaign duration.
- **Survey filing**
It was also a challenge to get clear information from mothers about their children, as they have many children and are not aware of specific habits of each child.
- **Packing\unpacking**
Due to working in more than one health facility we have had to pack and unpack each time we change the location of our work, which yielded in delay of working in some days.
- **Mothers' reluctance**
Some mothers were unaware and reluctant regarding changing their children's dietary habits especially tea drinking excusing with the availability in the low cost of tea and that children insist on drinking.,

Results:

- ❖ The total Numbers of Beneficiaries screened are: **2042 child** (53.3% boys, 46.7% Girls).
- ❖ The campaign found identified **842 Children with** anemia levels below WHO Cut of point .those identified with anemia a total of **769** mother and caregivers completed knowledge and practice questionnaire to assists their children`s dietary behaviors.
- ❖ A higher population age group that completed blood test, among 48-59 months.

- ❖ Percentage of anemia in children among 6-59 months: 36.3%, prevalence of this percentage anemia suggests a **moderate level** depending on WHO classification.
- ❖ Percentage of Iron Deficiency Anemia (IDA) in Children age 6-59 months: 42.9% mainly from age group 12-23 months its **14.3%**.
- ❖ Knowledge and Practice of Anemia among mother and caregiver from the nutrition survey:
 - Among all mothers and caregiver who reported that **69.3%** had heard of anemia.
 - **64.4%** thought that lack of food cause anemia, **58.4%** followed by who thought that lack of iron causes anemia.
 - **70.5%** of mother thought that consuming meat prevents anemia followed by **69.8%** liver and followed by **69.3%** vegetables.
 - **77.9%** among children who drink tea.
 - Highest frequency of consumed food **per day** was: Fortified bread **71.7%** followed by **69.3%** Citrus.
 - The consumption **once per week** is limited into chicken and legumes.
 - **62.3%** fish is **not consumed** followed by **57.9%** red meat.

Recommendations:

1. Strengthening anemia`s screening program in the camp.
2. Blanket supplementary feeding children 6 to 24 months.
3. Promotion a proper complementary feeding.
4. Develop key messages that related to iron rich food , inhibitors and enhancers.