ON THE GROUND

Global acute malnutrition (GAM) levels among the child refugee population vary from ‘poor’ to ‘serious’ according to World Health Organization (WHO) classifications. Rhino Camp has the highest level with a ‘serious’ prevalence of GAM at 14.2%; whereas, ‘poor’ GAM rates exist in Adjumani, Bidibidi and Lobule at 9.6%, 76% and 75%, respectively. Rates of stunting among children from host communities in some districts are up to twice as high as among refugee children. Among the South Sudanese refugee population, the prevalence of anaemia in children aged 6–59 months and in non-pregnant women of reproductive age stands above the WHO threshold of 40%, which presents a ‘significant public health problem’. Frequent exposure to malaria, infestations of intestinal hook worms, inadequate water and sanitation, and poor food and dietary diversity, all contribute to high rates of anaemia. UNICEF and partners have achieved good coverage of vitamin A supplementation and deworming, above the national target of 80%. Promoting best maternal and infant feeding practices continues to be prioritized in refugee hosting districts to prevent deaths and reduce the severity of illnesses among children and women.

UNICEF’s nutrition support in regard to the Comprehensive Refugee Response Framework (CRRF) is directly aligned to two pillars: Emergency and Ongoing Needs; and Resilience and Self-Reliance.

PILLAR 2: EMERGENCY RESPONSE AND ONGOING NEEDS

- nutritional screening of children at refugee entry points and reception centres
- management of severe acute malnutrition (SAM) in children under 5 years of age
- vitamin A supplementation and deworming of children under 5 years of age
- iron/folic acid supplementation for pregnant women
- procurement of nutrition supplies that are necessary for the delivery of a minimum nutrition package to the refugee population
- maternal, infant and young child feeding counselling
- improving availability and use of nutrition data for situation monitoring and response planning in refugee hosting districts
- supporting coordination of nutrition services in health facilities in refugee hosting districts

NUTRITION IN NUMBERS

18% OF CHILDREN AMONG THE NEW REFUGEE CASELOAD ARE STunted

1 IN 4 CHILDREN FROM HOST COMMUNITIES IN ESTABLISHED SETTLEMENTS ARE STunted

+2,700,000 CHILDREN AGED 6–59 MONTHS RECEIVED VITAMIN A SUPPLEMENTATION BETWEEN JANUARY 2016 AND APRIL 2017

43% OF TARGET REACHED

+20,000 SEVERELY MALNOURISHED REFUGEE CHILDREN WERE ADMITTED FOR TREATMENT FROM JANUARY 2016 TO APRIL 2017

56% OF PREGNANT REFUGEE WOMEN AGED 15–49 ARE ANAEMIC

**CHALLENGES AHEAD**

... for the districts hosting refugees from South Sudan

Public health facilities in refugee hosting districts are already overstretched and will struggle to respond to the needs of the growing numbers of South Sudanese refugees. Insufficient and unpredictable funding hinders the capacity of health facilities to deliver nutrition support to all refugee children, women and their families in line with international standards. Weaknesses in data and logistics management systems will require additional resources to integrate parallel monitoring systems.

... for the districts hosting refugees from the Democratic Republic of the Congo (DRC), Burundi and Rwanda

Refugees from the DRC, Rwanda and Burundi are being hosted in western Uganda where, while it is known as the ‘breadbasket’ of Uganda, malnutrition in children is seen increasingly. Rates of stunting among host children are up to 41 per cent in some districts, even those whose families grow cash crops. Scaling up activities to prevent stunting are needed for both refugee and host communities, as is continuous sensitization using existing community structures.

**PILLAR 3: UNICEF’S RESILIENCE AND SELF RELIANCE INTERVENTIONS INCLUDE:**

- strengthen sector capacities to scale up relevant nutrition interventions to both host and refugee populations
- support the establishment of community-based nutrition programmes and sustained social and behaviour change communication for positive care practices
- support local district governments to enhance nutrition coordination mechanisms within the health sector, as well as within a multisectoral response that has strong links to early childhood development and water, sanitation and hygiene
- integration of the nutrition needs of refugee children into health and nutrition plans at both national and district level
- strengthen nutrition-related data on refugees within government systems

**UNICEF NUTRITION TARGETS FOR 2017**

**NUMBER OF CHILDREN UNDER 5 YEARS ADMITTED FOR SAM TREATMENT**

2017 TARGET 31,000; CUMULATIVE RESULT 8,323

- **27% OF TARGET**

**NUMBER OF CHILDREN AGED 6 TO 59 MONTHS RECEIVING VITAMIN A SUPPLEMENT**

2017 TARGET 446,395; CUMULATIVE RESULT 42,692

- **9.5% OF TARGET**

**NUMBER OF PREGNANT WOMEN RECEIVING FOLIC ACID**

2017 TARGET 345,000; CUMULATIVE RESULT 4,622

- **1.8% OF TARGET**

**UNICEF’S FINANCIAL REQUIREMENTS TO ADDRESS EMERGENCY AND RESILIENCE NUTRITION NEEDS 2017–2020**

**IMMEDIATE (2017):**

US$7,586,586

**FUNDS RECEIVED TO DATE:**

US$2,050,613 (27%)

**FUNDING GAP**

**IMMEDIATE (2017):**

US$5,535,973 (73%)

**LONG TERM (2018–2020):**

UNICEF estimates that US$30 million per year will be required for all sectoral interventions, including nutrition.

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