



**UNHCR**  
The UN  
Refugee Agency

## Food & Nutrition for Refugees 2016

2015 witnessed the number of people who have had to flee for their lives reach a staggering **60 million** across the globe. As the conflicts and violence keep pushing people flee for safety, the needs of refugees and other displaced people who lost everything have been steadily growing too. The pressure on some of the hosting countries has increased enormously as the refugees are stuck in exile, for longer and in greater numbers, impacting on resources and goodwill alike. Part of this pressure on resources has been exacerbated by the global downturn with commodities as basic as food seeing huge hikes in price and costs soar.

### Food and Nutrition

For those refugees in South Sudan, Central African Republic (CAR), Ethiopia and Chad this pressure was felt most keenly, creating a second challenge to simply survive. Keeping people alive and healthy remains a priority for UNHCR, however the needs of ever increasing numbers of refugees have been overstressing our resources during the past years, with the added challenge of violent and armed conflicts make it impossible for us to reach those in most dire situations on time to deliver the lifesaving assistance. We are of course mindful of the shocking descent into malnutrition these countries experienced in 2014, when a food crisis for refugees took hold, as rations plummeted to less than half as our partner the World Food Programme struggled with funding, rising costs and difficulties in logistics due to conflict. We worked tirelessly to turn that situation around, and we are delighted to say that in South Sudan, Chad and CAR we have now stabilised the situation and refugees are back to healthy weights. Alas, in southern Ethiopia the situation for South Sudanese refugees recently fleeing is not so good. We are fighting to reach them with the right therapeutic foods and treatment to help

**NyanchauTeny chews at the dry flesh of a palm nut in Rumbek, South Sudan. She has survived only on wild fruits and her mother's milk for over seven days after fleeing from Mayendit. UNHCR/Rocco**

combat the alarming levels of malnutrition we are starting to see. Meanwhile, we recognise the need for vigilance and maintenance of our programmes in the stabilised operations to ensure refugees don't have to suffer this year.

## Good Nutrition is even more critical for refugees

For all of us, a lack of the right nutrition is clearly harmful, but for refugees who have already had their energies absolutely depleted through flight and trauma, it can be much more dangerous. They can be more susceptible to all sorts of illnesses, exacerbated by exhaustion and malnutrition. This can be particularly devastating for the very young, the very old and those who are already ill or injured. Many will arrive in our camps already malnourished, dehydrated and with weakened immune systems – having not had access to any medical care for often weeks or months on end. For the people fleeing conflict in Sudan, it was already too late for many, as months of aerial bombardment had meant it was not safe for them to cultivate their lands and plant seeds. The result was that at the point of fleeing, many were already *severely* malnourished. Add to that picture, sudden exposure to a new set of health threats from diseases and pathogens which may not have been present at home... and the situation becomes extremely dangerous.

***"On the way,  
people collapsed  
because they  
were weak from  
a lack of food."***

## We need to be constantly vigilant

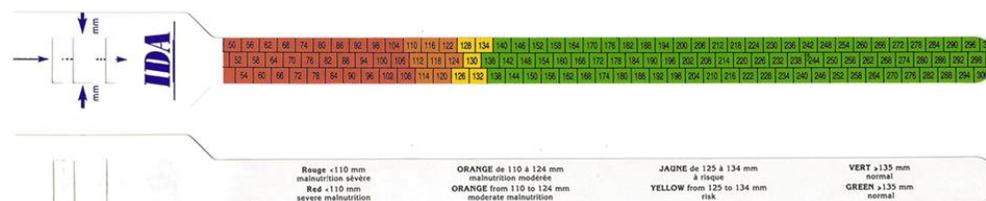
The 2014 food crisis hit refugees hardest in Chad, Central African Republic (CAR) and South Sudan when the food rations were cut up to 50% leaving children and adults severely malnourished and trying to survive on a mere 800 calories a day (the equivalent of 3 tiny bowls of porridge a day). UNHCR together with WFP and other partners worked extremely hard to bring the nutrition level of refugees back to the normal standards and we have since successfully halved the risks of malnutrition and related health issues during the course of past months. However reoccurring conflict and persecutions keep forcing people to flee, whilst also causing devastation to farmland, livestock and infrastructure cuts short the livelihoods of people and leaves them at risk of starvation. In particular, the current conflicts in CAR and South Sudan are creating many new refugee families as they flee into neighbouring Chad and Ethiopia. Thousands more have fled their homes to other parts of their countries too. Therefore, UNHCR will continue providing all the necessary food and nutrition support for displaced people in order to prevent them from rolling back to that sort of food crisis 2014 has witnessed.

## UNHCR in Action

Ensuring that people have access to adequate nutrient-rich food and safe water is essential for protecting the health, well-being and safety, of refugees and others that UNHCR cares for. UNHCR works hard to create and improve access to enough food for refugees.

## We screen refugees for malnourishment and diseases on arrival...

UNHCR acts rapidly in refugee situations to tackle malnutrition and treat refugees who are malnourished. The first thing UNHCR does in refugee camps is to screen all new arrivals for malnourishment and other related illnesses. For children, we take their mid-upper arm measurement (MUAC) and we look for tell-tale signs like the swelling of feet and legs (associated with nutritional oedema, where fluid fills soft body tissue) to quickly give us an indication of their nutritional status. This is our first opportunity to refer people affected for urgent care. If we are finding that many people are affected at the lower yellow or orange end of the scale, then we will start a programme of 'blanket feeding'. This involves giving an



**Band used for measuring a child's mid-upper arm circumference providing a quick determination of their nutrition status. Green indicates healthy, any other colour requires intervention.**

extra quantity of 'super cereal plus' which is enriched with milk or other nutritious products to help those who became malnourished on their journeys recover, and to prevent children from slipping into more serious malnutrition. At least once a year, we will also work with our partners to perform a nutritional status survey, to gather data to help us re-direct our nutrition and health programmes accordingly for the best outcomes for refugees. We also carry out nutrition surveillance activities too, where trained community health workers and volunteers will visit every household to check young children and seek out those who need treatment.

### ***We prevent disease which can make malnutrition worse...***

Part of the welcome assessment on arrival also includes a comprehensive screening for the overall health of each refugee. In particular we are looking for high risk diseases such as diarrhoea, fever and malaria related anaemia which are big triggers for malnutrition. Families will receive bed nets to prevent mosquito bites and malaria infections. If there is a disease outbreak we make sure that they are immediately taken under treatment and care. We make sure that children are vaccinated to boost their *immune systems against* diseases like measles, polio, and others. This is vital, as the newly arrived refugees will be living at close quarters, often with many thousands of people; a compromised immune system in those circumstances can turn a simple illness like measles into a killer very quickly. In our camps we also focus on building health and hygiene facilities to ensure that we protect health and refugees have a better chance of avoiding the diseases that exacerbate malnutrition, like diahorrea.

***We provide a welcome meal...*** Many new arrivals will have struggled on without access to good quality food or clean water – sometimes for weeks and months. On arrival they will receive their 'ration cards' to help them obtain food, usually from our sister agency 'the World Food Programme'. But before they are able to access those rations which require collection, we will often provide their first nutritious meal in our reception centre.

### ***We provide advice and support for pregnant women and new mums...***

We provide qualified and trained medical and nutrition staff to provide pre-natal, delivery and ante natal care for women. Women require special nutritional and medical care during pregnancy and when breastfeeding. Breastfeeding is also absolutely vital in any case, but when food is scarce it can protect children in the longer term from malnutrition, but ensuring that their development and early weight gains are achieved. We target mothers-to-be with extra information and ensure that they receive supplementary rations to help ensure that their babies are born at a healthy weight and that they are able to successfully breastfeed.

### ***We provide community outreach, public education and awareness-raising...***

Working with our partners we plan and deliver community outreach campaigns. These include everything from basic information on nutrition and which foods provide which nutrients perhaps delivered as leaflets, or during community meetings or performances at community events, to cooking demonstrations, to help people who are unfamiliar with the local foods or food rations provided to them. This is particularly vital when we are using fortified foods to help large sections of the population improve their nutrition status outside of a formal clinic setting. We will ensure that we provide messages on how the fortified foods should be used in cooking to get their best effect, which family members should be prioritised to eat them (e.g. children, those with malaria or living with HIV) and any special instructions about when or how often in the day the foods should be consumed or combined into the families meals.

***Severe acute malnutrition is defined by a very low weight for height by visible severe wasting, or by the presence of nutritional oedema (swelling). Decreasing child mortality and improving maternal health depend heavily on reducing malnutrition, which is responsible, directly or indirectly, for 35% of deaths among children under 5***

### ***We Ensure Treatment for Those Who Are Malnourished***

If anyone is found to be suffering from malnutrition – particularly severe acute malnutrition, we refer them for *immediate* treatment. We refer any complicated severe acute cases to hospitals, or our funded nutrition rehabilitation centres or health posts and clinics for consultation, recovery and therapeutic feeding. For children under 5 including underweight babies who may have been born en route with a range of special therapeutic foods. For pregnant and breastfeeding women, we try to provide special nutrition packages sometimes with high energy biscuits, ready to use foods, fresh food (or vouchers to buy it) or micronutrient powders to support healthy pregnancy and breastfeeding.

### ***We Work to Ensure That Families Are Protected in the Longer Term***

UNHCR has multidimensional programmes to promote and advocate for sustainable livelihoods and self-reliance of refugees together with local governments and partners. We help refugees in camps and urban settings to get legal IDs so they can access employment safely and legally, where there are opportunities, helping them to earn enough money to put food on the family table. We also provide vocational and skills trainings for refugees so they can set up small businesses or get jobs in sectors that are new to them such as teaching, carpentry, construction and refurbishment. We also provide cash grants for vulnerable refugees so they can buy food in the short term, also helping support the fledgling economy created when others have started small businesses.

## **We need your investment in 2016 to protect families who have fled from malnutrition**

It is vital that we maintain our vigilance and our programme level to ward off malnutrition and protect the health of refugees during 2016. This is a snap shot of the over \$6 million costs that are involved in funding our programmes in our hot spot countries:

<b>Country</b>	<b>Activities examples</b>	<b>Example costs</b>
<b>CHAD \$1,958,958</b>  We will maintain our screening programme for children under 5 and for women who are pregnant or breastfeeding, and our referral system for additional supplementary food and vitamins for those at risk  We will provide vital treatment for those refugees found to be malnourished	<ul style="list-style-type: none"><li>• Supporting the existing nutritional program for the prevention and treatment of moderate and severe acute malnutrition</li><li>• Training the authorities, partners, refugees and members of the host community on the detection and the referral of malnourished refugees to nutritional centres</li><li>• Funding over 10,000 new admissions to community management of acute malnutrition programmes including and provide beneficiaries with nutritional therapeutic products</li><li>• Deploying nutrition staff in camps</li></ul>	<ul style="list-style-type: none"><li>○ It costs us <b>around \$1,800</b> to deliver a training session for government and partners staff on managing effective nutrition monitoring for refugees</li><li>○ We need to find <b>over \$85,500</b> in the procurement of ‘Nutributter’ to support nutrition programs</li><li>○ It costs us just over <b>\$900 a month</b> to deploy 19 community services assistants to help refugees in Doholo, Amboko and Dosseye</li></ul>

## PRIORITIES

- Mitigate and prevent food insecurity
- Mitigate and prevent malnutrition
- Fight epidemics
- Focus on guest and host communities

With the reduction in funding over the past three years for operations for refugees in Chad, the humanitarian community is struggling to maintain the same level of support as before. Thus, for food assistance, since January 2014, refugees receive only about 40% of the standard food ration of 2,100 kcal.

## FUNDING 2016

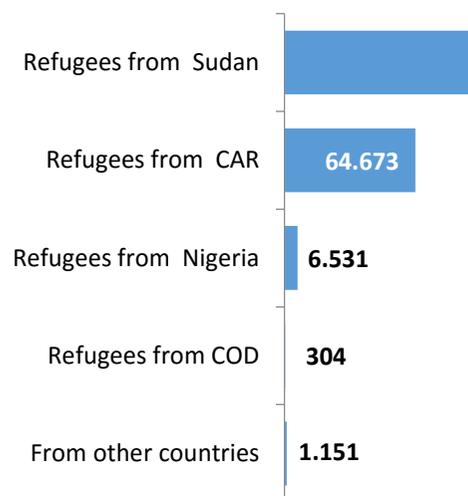
Requirements  
**USD 201.1 million**

Contributions  
**N/A**

Funding gap  
**N/A**

## ACTIVITIES 2016

**372.438 persons of interest** *Food Security and Nutrition*



UNHCR, in partnership with WFP and the Lutheran World Federation ensured the distribution of food assistance to 12,896 refugee households in the five camps in Gore, representing 90 per cent of the planned target. A tiered approach is implemented whereby refugees are targeted according to their level of vulnerability to food insecurity.

### *Water and Sanitation*

UNHCR constructed a water-well in Kondoro village which has offered 100 hectares of arable land to Central African refugees settled in Doholo camp, currently home to 1,971 refugees. This activity is meant to contribute to peaceful coexistence between refugees and the local population.



*Everyone looks gaunt and bewildered, and this might be their only meal today, but at least here they are safe. "There is still little food, and the children are still sick, but there is no gunfire," says NyepachBenyluok, recently arrived after fleeing the fighting in South Sudan. NyawichBangot sits nearby and nods in agreement, her baby daughter listless in her lap. "There were so many random killings: men were killed randomly, even children were killed randomly," she says. "Our houses with our food stored inside were all destroyed, food we grew with our own hands to keep us going during the hard times. The children are sick and we have nothing. Without that, there was no way to survive."*

*South Sudan Food Security Outlook for October 2015 to March 2016 reported market prices had skyrocketed over the previous 12 months. Sorghum, a staple here, more than doubled in price in Rumbek, and was 140 per cent more expensive in the national capital, Juba. "People arrive here hungry, thirsty and exhausted, and some are ill," says KannaveeSuebsang, who heads UNHCR's field office in Rumbek. "We're expecting a lot more people to make the journey here in the coming weeks."*

***Fighting has stopped farmers planting, and market prices for staple foods like sorghum have doubled in a year. Few who escape South Sudan's hunger zone can afford to pay. UNHCR/Rocco Nuri***