

Nutrition Situation Updates

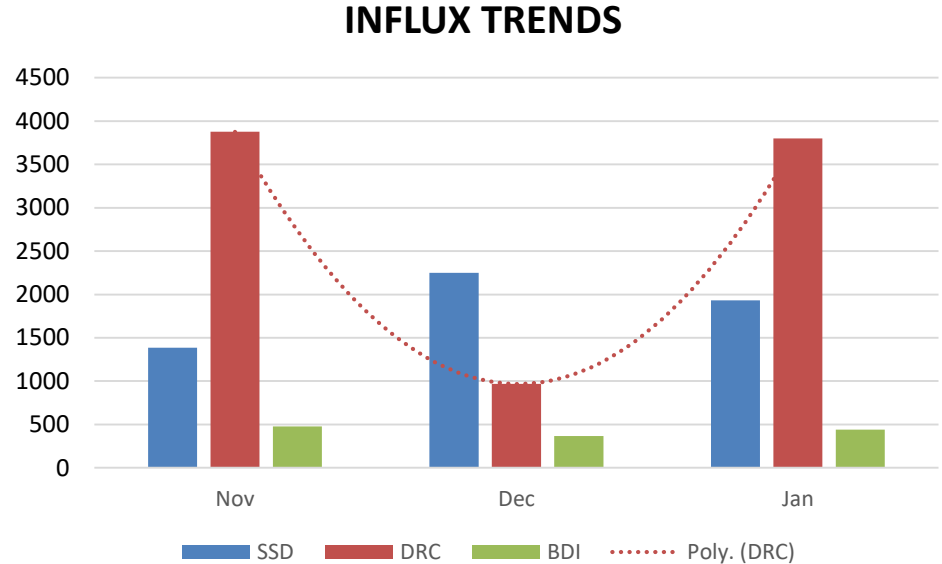


Refugee Inter-Agency Coordination Meeting

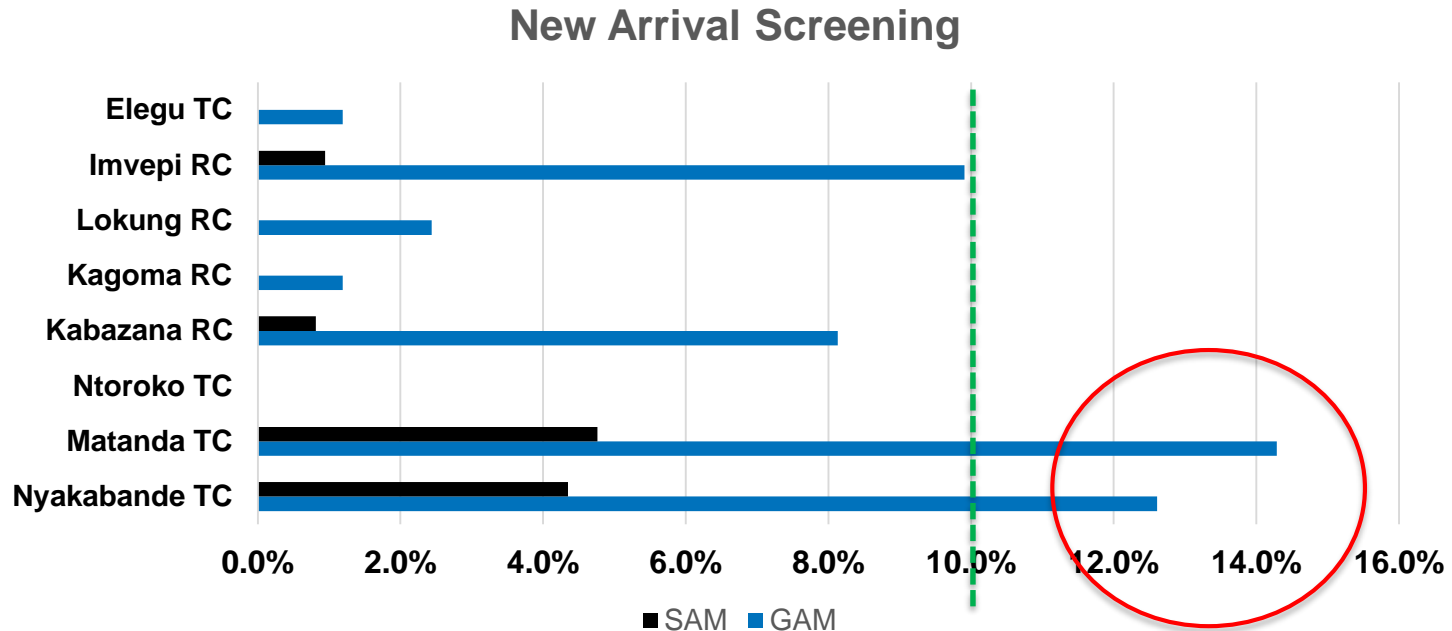
UNHCR Kampala | 28.02.2020

Influx trends

- New arrival trend lower in Dec 2019, up in Jan 2020
- Influx higher in the DRC situation
- Current relocations to Nakivale, Imvepi, Palabek



Nutrition situation on arrival at TCs and RCs



Transit Centres and Reception Centres

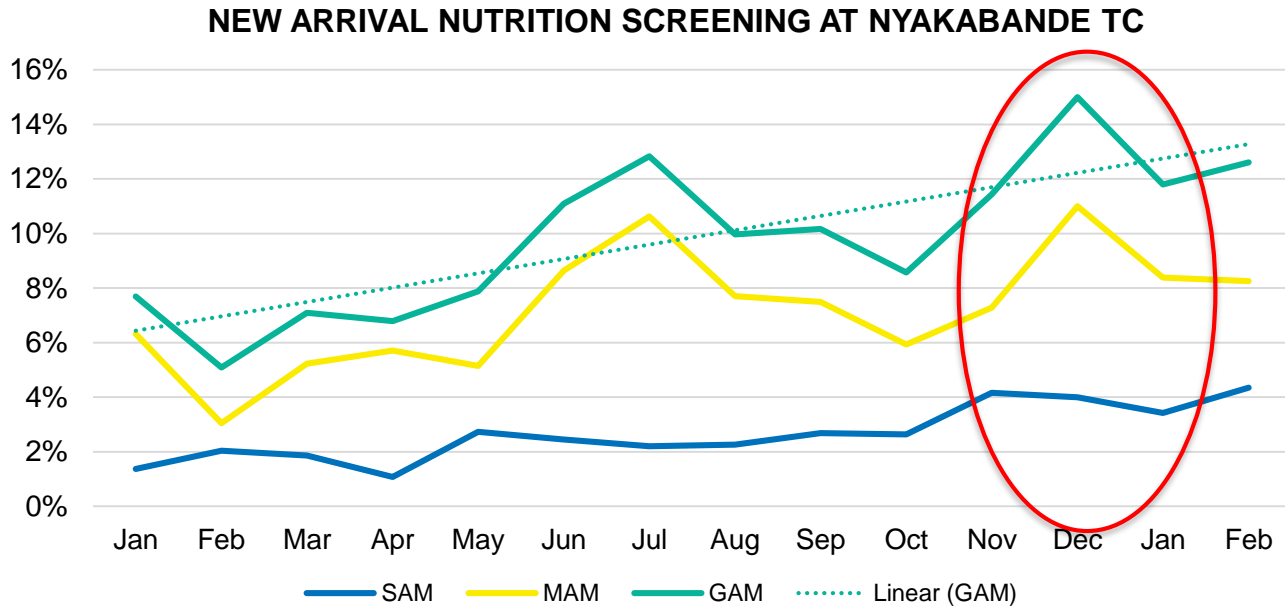
- New arrival screening implemented at PoEs, TCs, and RCs to detect acute malnutrition, morbidities, EVD, et al.
- Services: screening (security, health), shelter, food assistance (HEB, warm meals), primary health care, registration
- Long stays and overcrowding overwhelm the capacity of existing systems and infrastructure to cope. Lead to;
 - High incidence of acute malnutrition and common childhood morbidities, sub-optimal WASH, and high risk of childhood mortality

Nyakabande TC

- Joint UNHCR-WFP and donor missions assessed gaps and recommended actions
- 2019 CMR was 0.2 deaths/1000/month (*0.75) and U5 MR of 0.8 deaths/1000/month (*1.5), both within acceptable emergency cutoffs.
- Deterioration linked to long stays, congestion, co-morbidities, stockouts of nutrition commodities.
- High child mortality: 11 deaths between Nov and Dec; 6 deaths linked to malnutrition. Arrived in severe state, died at Kisoro Hospital and Potter's village
- Common morbidities: diarrhea, worms infestation, malaria
- No death reported in 2020

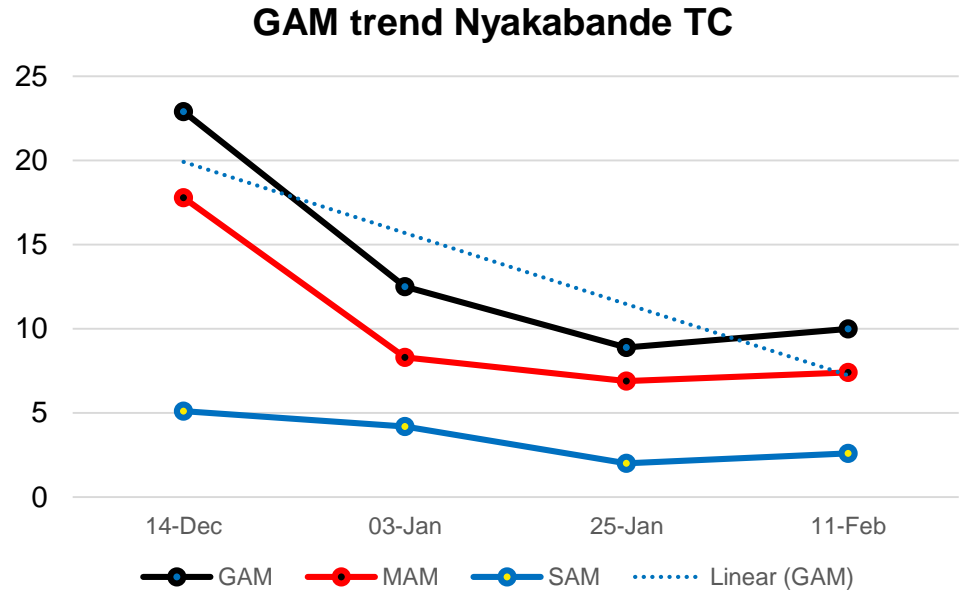
New arrival nutrition screening

- Reflects the nutrition situation of PoCs on arrival into Uganda



Nutrition situation during stays

- Based on bi-weekly screening
- GAM & SAM highest in Dec at 22.9% and 5.1%
- Trend reduced in Q1 2020



Response

- Active relocations to Nakivale, use of bigger convoys as part of the relocation strategy
- Strengthened nutrition surveillance - bi-weekly mass screening, **close monitoring of cases on treatment, use of buddy system**
- Complementary fresh foods e.g. vegetables, spices
- Increased kitchen human resource
- **Blanket SFP triggered for 3 months (WFP supported) for all U5 children, PLWs. Coverage at 83%. Prevents deterioration, lowers risk of mortality**
- UNHCR & WFP routine technical support



Response cont'd

- Mass deworming in Jan 2020
- Kitchen upgrades
 - Kitchen eco stoves repaired, dining shade under construction, ongoing procurement to expand storage
- Human resource: More staff hired, training in nutrition case management
- Improved WASH (drainage, handwashing stations)
- Primary health care at Nyakabande TC, Kisoro Hospital, Potter's village
- Active treatment of acute malnutrition – WFP, UNICEF, RRH commodity support
- IYCF assessment and counseling, ECD - SCI
- Wrist bands for easy ID of the malnourished and sick

Through 2020

- Continued advocacy for decongestion and short stays, reactivation of Nyakabande A
- Establishment of ITC services at Kisoro Hospital

UNICEF support in 2020

- Planning for Kisoro DLG for nutrition commodities, equipment and medicines and vaccines;
- Capacity building of staff (IMAM, HMIS);
- Mentorships and supervision

Pictorial



Key stakeholders at Nyakabande TC

- OPM, UNHCR, WFP, UNICEF, MTI, CAFOMI, SCI, AIRD, Kisoro DLG, Potter's Village Children's Hospital, Kabale RRH.