2017 FSNA PRESENTATION

COVERING REFUGEES AND HOST COMMUNITIES

6th April 2018

The scope of the study

- Cross-sectional survey used systematic random sampling method following the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology http://smartmethodology.org/ and UNHCR Standardised Expanded Nutrition Survey (SENS) guidelines for refugee populations (http://sens.unhcr.org/).
- The sample sizes were calculated using Emergency Nutrition Assessment (ENA for SMART) software version July 9th, 2015.
- Open Data Kit (ODK) electronic platform using smart phones was used to collect quantitative data.
- The data were analyzed using ENA for SMART software and EPIINFO.
- Plausibility check were run and reports generated for each settlement in order to check the quality of the anthropometric data.

The scope of the study cont…..

1. Children (6-59m) anthropometric and health.
2. Infant and young child feeding practices (children aged 0-23m).
3. Children (6-59m) and non-pregnant women (15-49 yrs reproductive age) anaemia.
4. Households Food security.
5. Water, sanitation and hygiene.
6. Mosquito net ownership and utilization.
7. Retrospective mortality (90 days recall period).

INTERPRETATION OF RESULTS

CLASSIFICATION OF PUBLIC HEALTH SIGNIFICANCE FOR CHILDREN UNDER 5 YEARS OF AGE

Prevalence %	Critical	Serious	Poor	Acceptable
Low weight-for-height	≥15	10-14	5-9	<5
Low height-for-age	≥40	30-39	20-29	<20

Source: WHO (1995) Physical Status: The Use and Interpretation of Anthropometry and WHO (2000). The Management of Nutrition in Major Emergencies.

CLASSIFICATION OF PUBLIC HEALTH SIGNIFICANCE

Prevalence %	High	Medium	Low
Anaemia	≥40	20-39	5-19

Source: WHO (2000) The Management of Nutrition in Major Emergencies

Global Acute Malnutrition (GAM) children 6-59m
Refugees and Host Communities Oct 2017

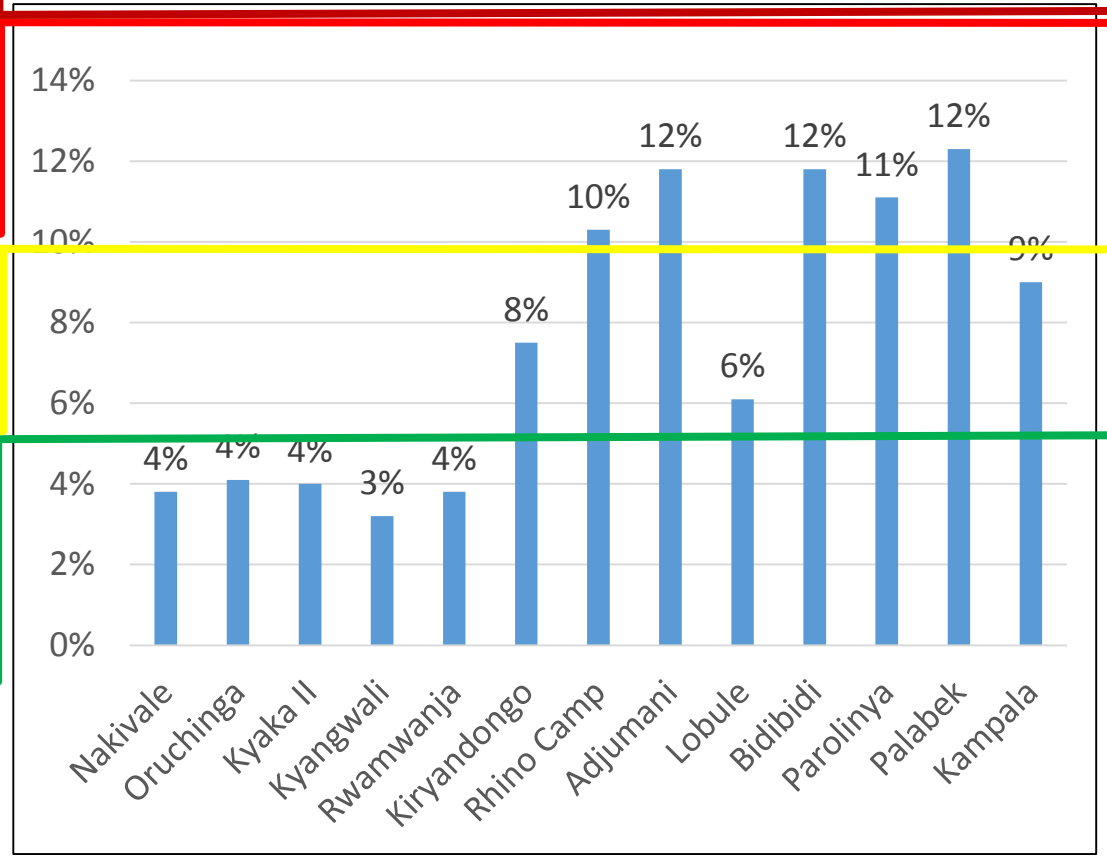
Critical

Serious

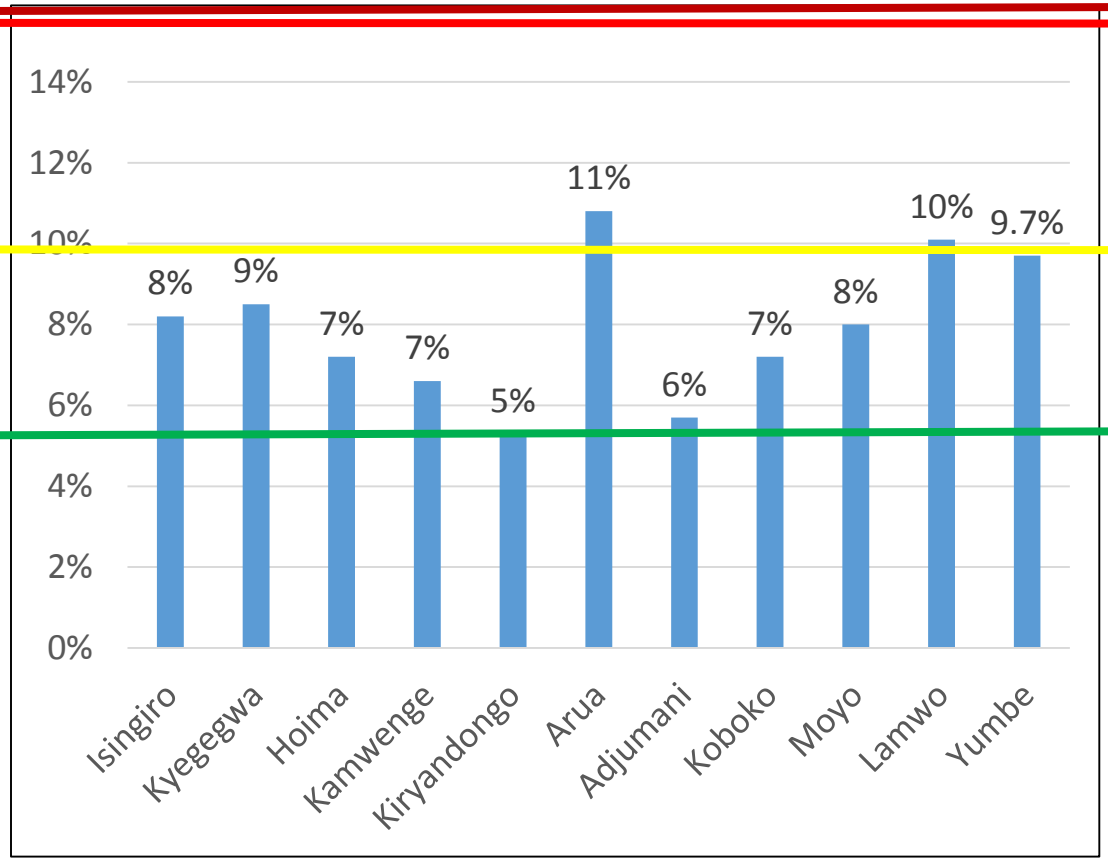
Poor

Acceptable

Refugees



Host Communities

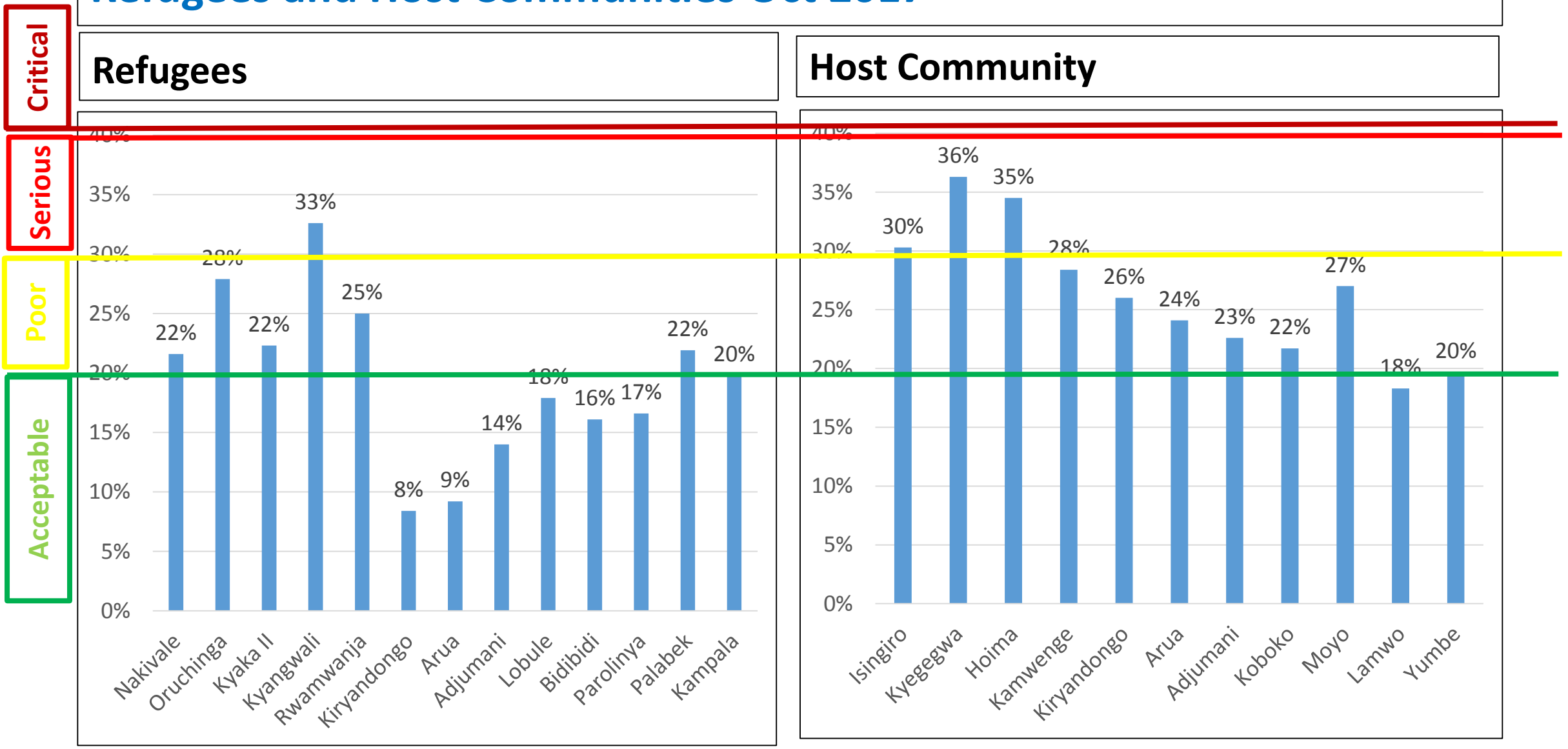


Diarrhoea among children 6-59m last 2 weeks

Settlements	Nakivale	Oruching	Kyaka II	Kyangwali	Rwamwanja	Kiryandong	Adjumani	Arua	Lobule	Palorinya	Palabek	Bidibid	Kampala
% Diarrhoea in last 2 weeks among children 6-59m	14.3	10.8	9.6	10.9	11.8	14.4	10.4	15.3	10.7	13.9	24.4	13.2	0.4

Host community	Isingiro	Kyegwegwa	Hoima	Kamwenge	Kiryandongo	Arua	Adjumani	Koboko	Moyo	Lamwo	Yumbe
% Diarrhoea in last 2 weeks among children 6-59m	12.7	15.8	11.4	7.3	16.4	12.5	15.8	8.1	10.4	18.3	9.7

Stunting (children 6-59m)
Refugees and Host Communities Oct 2017



Key messages: GAM, Diarrhea and Stunting

REFUGEES:

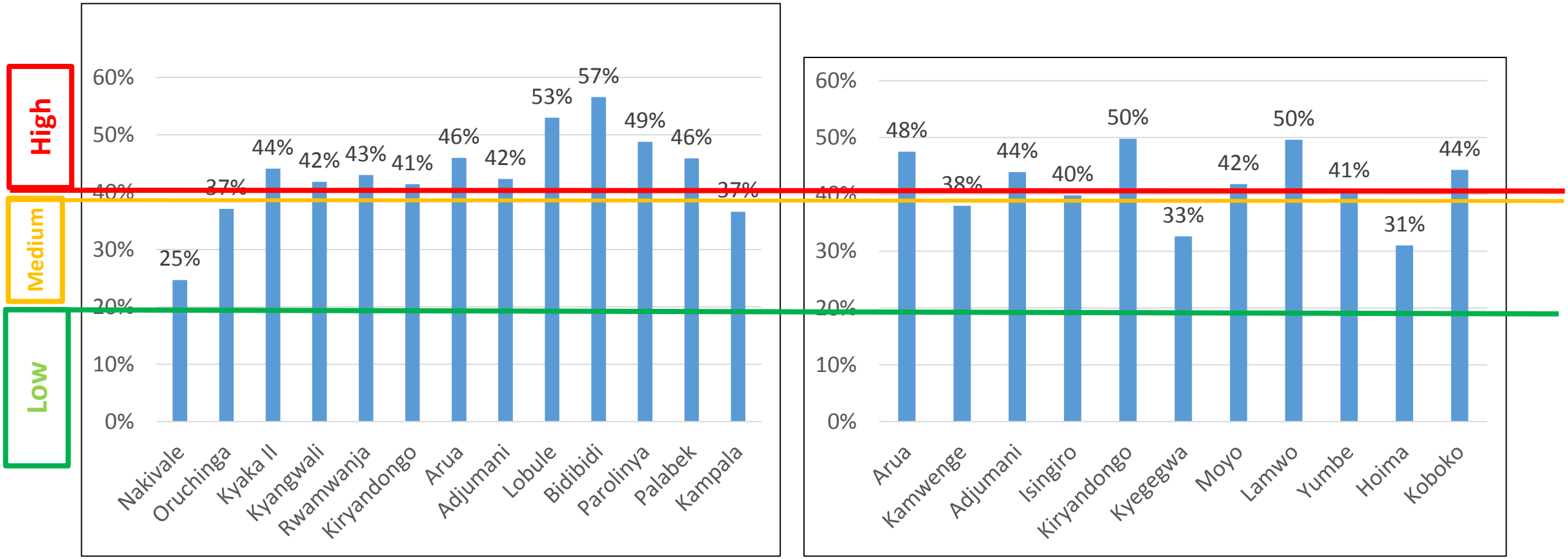
- Weighted global acute malnutrition (GAM) has increased from 7.2% in 2016 to 9.5% in 2017; *settlements with high GAM: Arua (10%), Adjumani (12%), Bidibidi (12%), Palorinya (11%) and Palabek (12%) classified as "SERIOUS" as per WHO classification.*
- Around 12.5% of children 6-59m had diarrhea in the last 2 weeks of survey.
- Weighted stunting has reduced from 19.1% in 2016 to 16.4% in 2017 classified as "ACCEPTABLE"; *settlements with higher stunting prevalence is Kyangwali (33%) classified as "SERIUOS" according to WHO classification.*

Host Community:

- Districts with higher than 10% GAM were: Lamwo (10.1%) and Arua (10.8%) Classified as "SERIOUS" according to WHO classification.
- Around 12.5% of children 6-59m had diarrhea in the last 2 weeks of survey.
- Districts with higher Stunting: Kyegegwa (36.3%), Hoima (34.5%) and Isingiro (30.3%) classified as "SERIOUS" according to WHO classification.

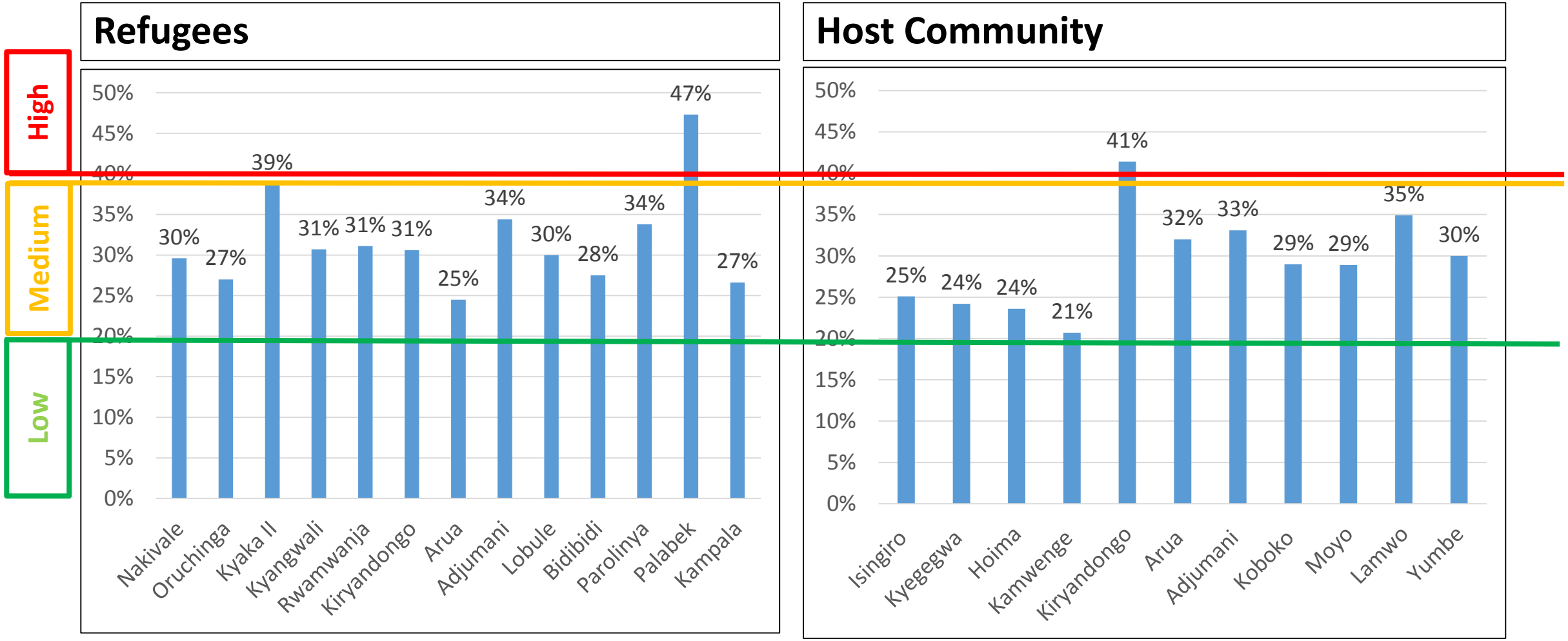
Prevalence of anaemia in children aged 6-59m, Refugee and host communities Uganda, Oct 2017

Refugees

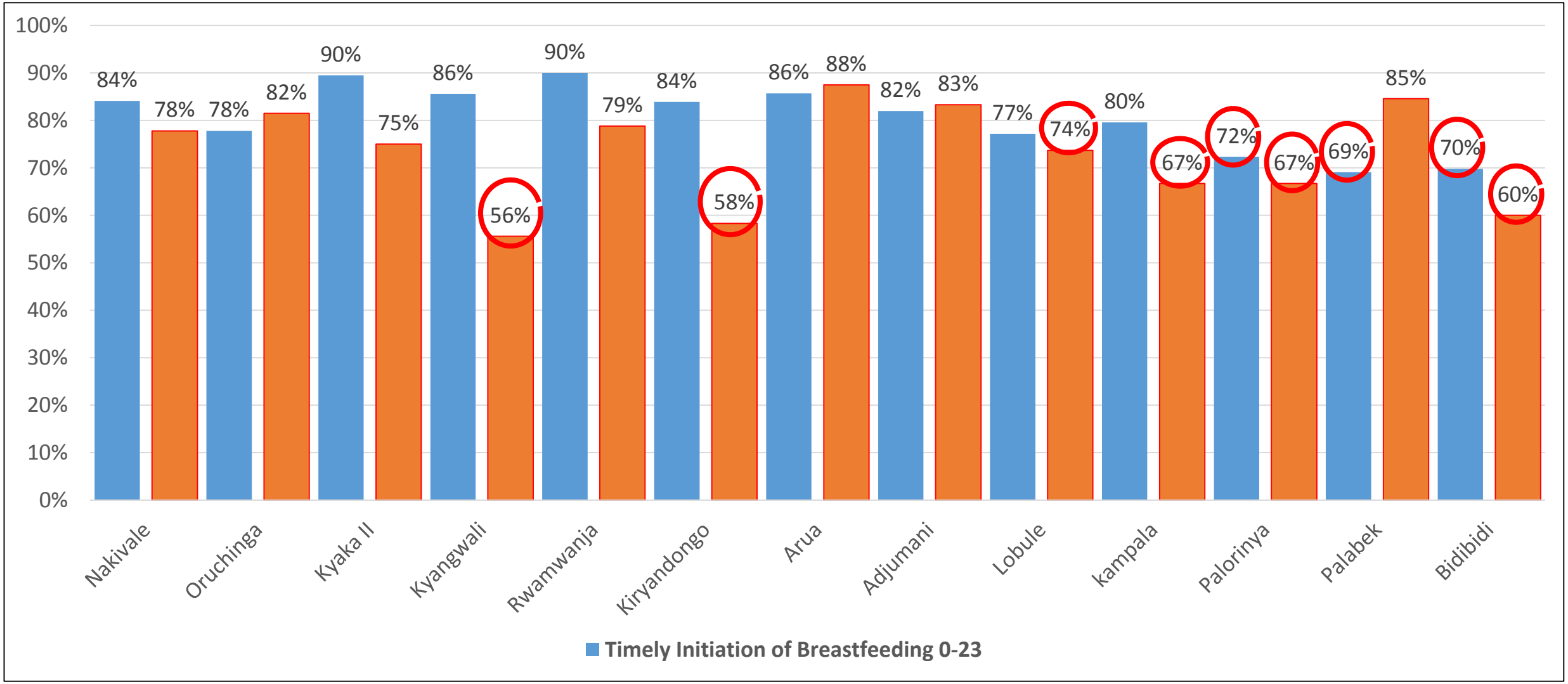


Host Community

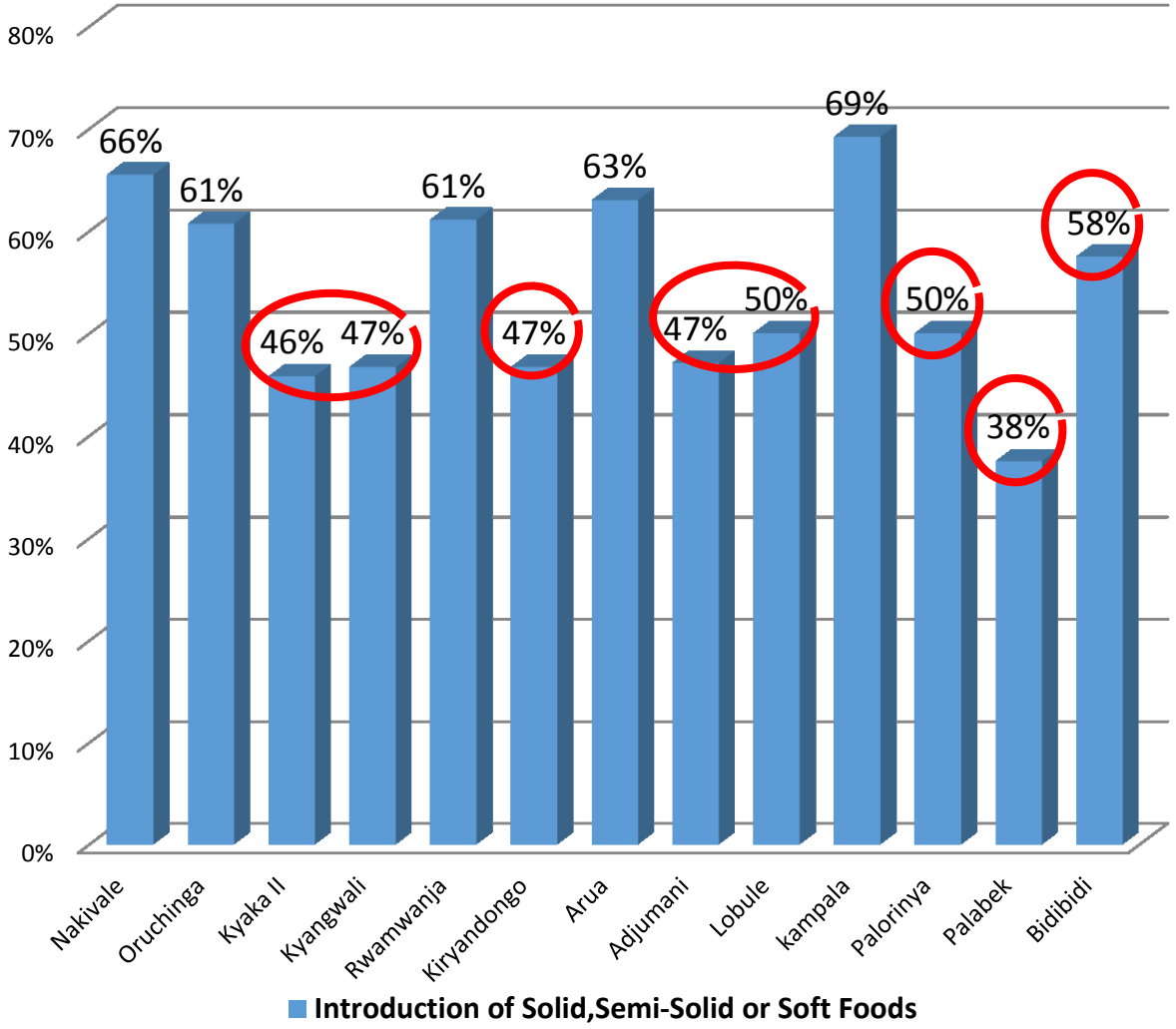
Prevalence of anaemia in women aged 15-49 yrs, Refugee and host communities Uganda Oct 2017

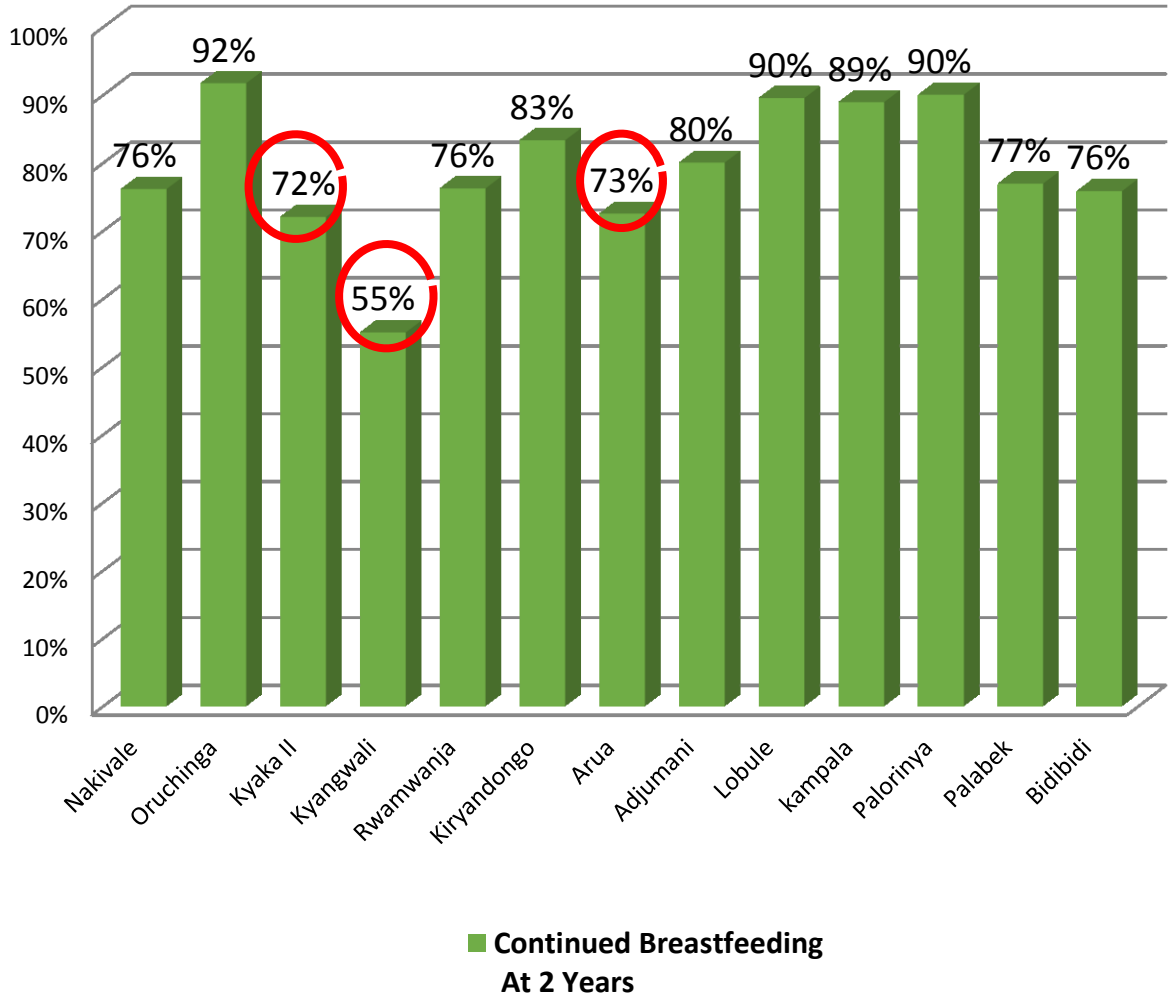


Infant and Young child feeding – Refugees settlements Uganda Oct 2017

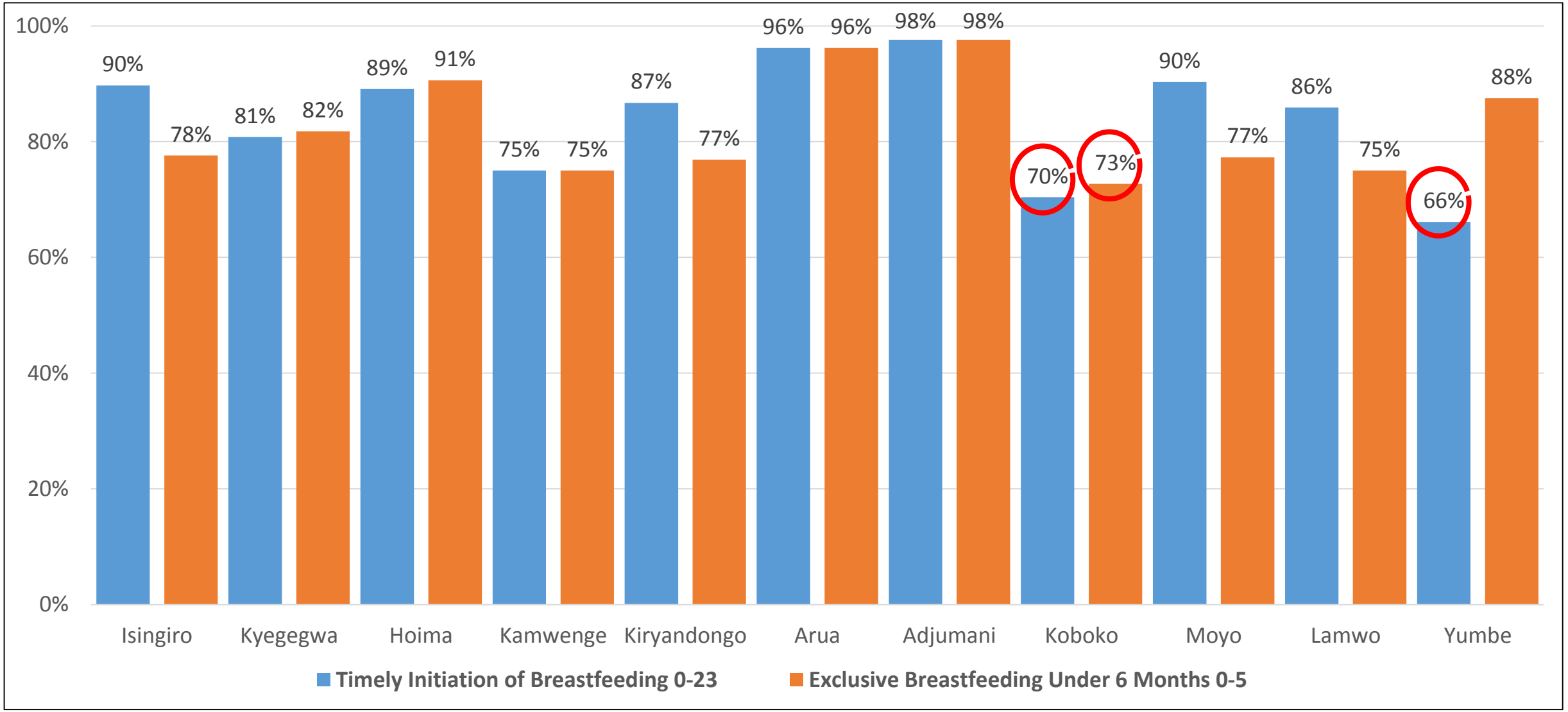


Infant and Young child feeding – Refugees settlements Uganda Oct 2017 cont.....

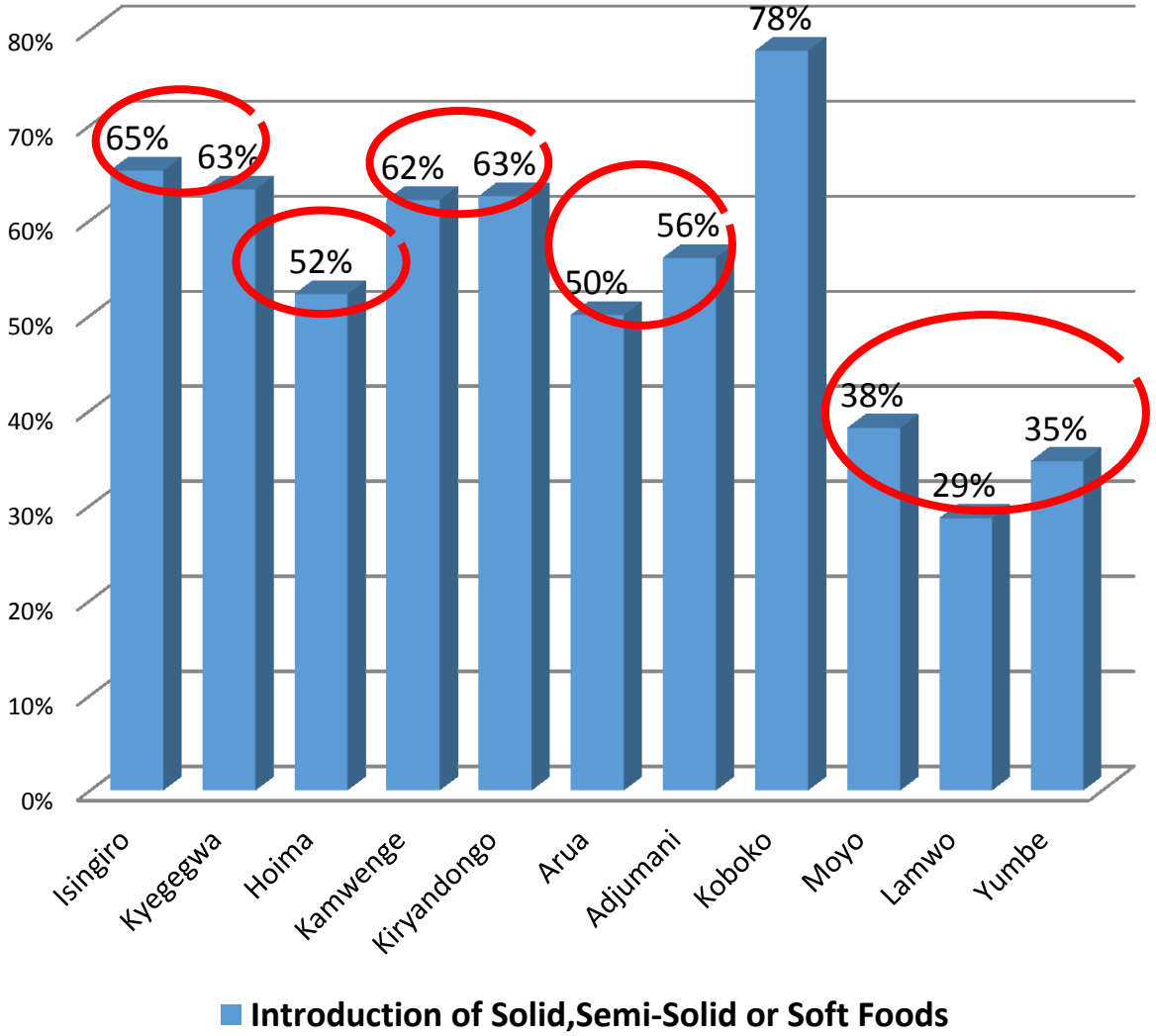


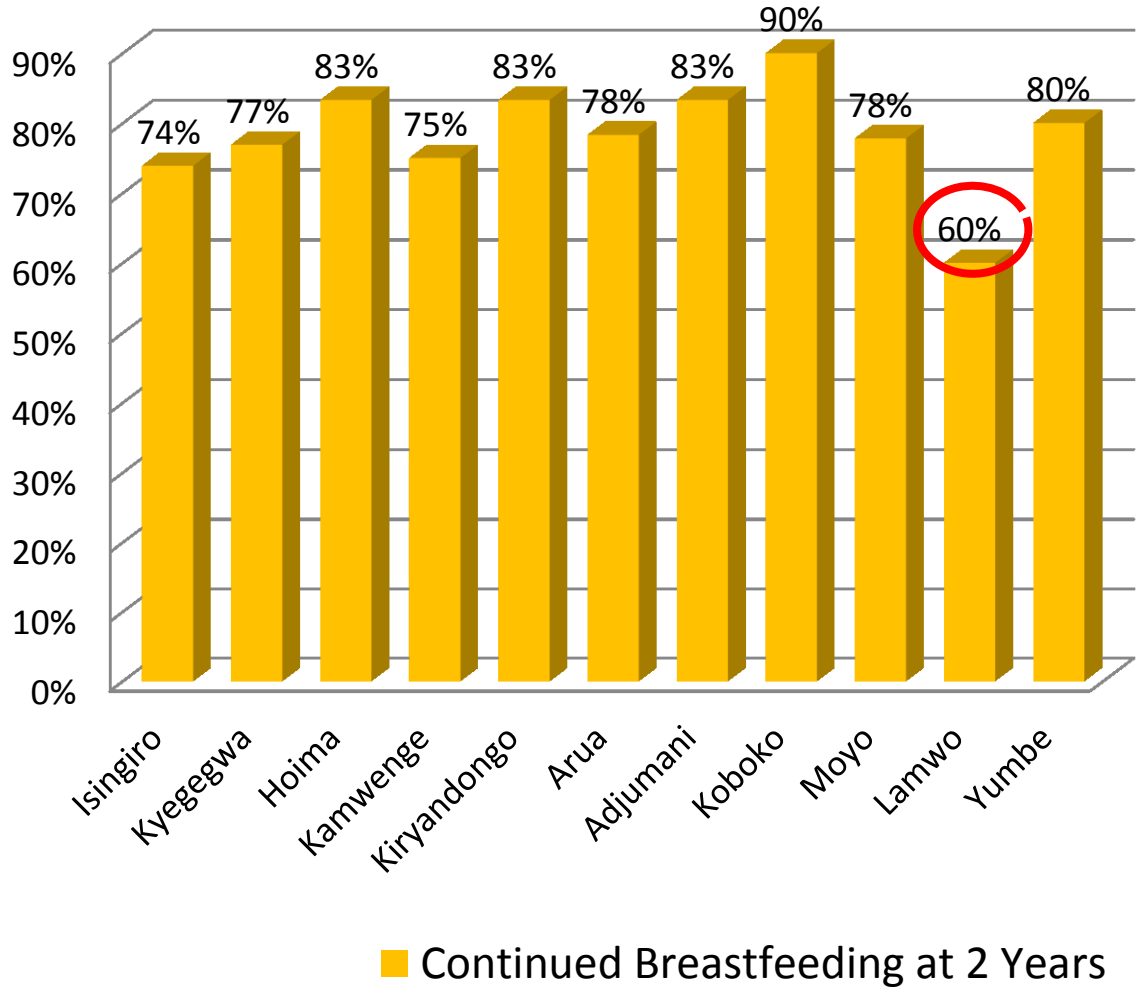


Infant and Young child feeding – Host community Oct 2017



Infant and Young child feeding – Host community Oct 2017 cont…

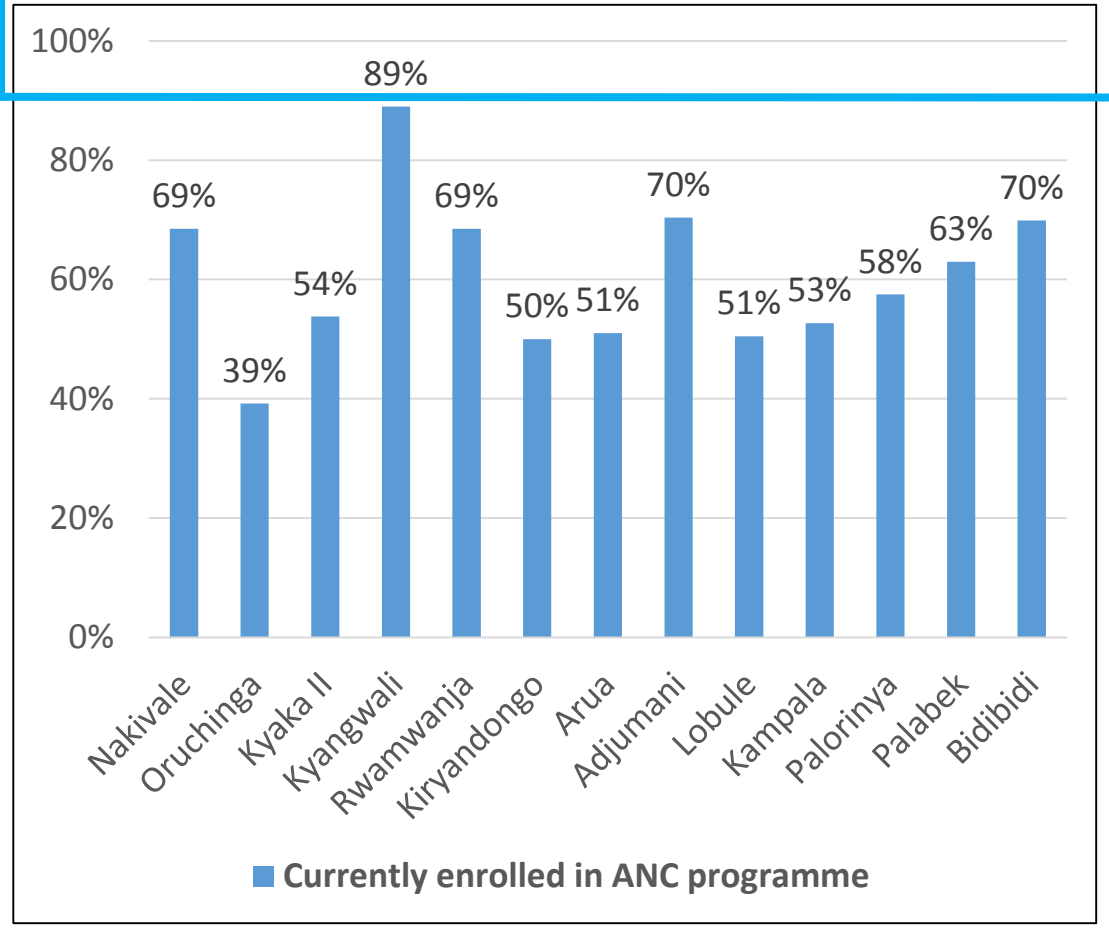




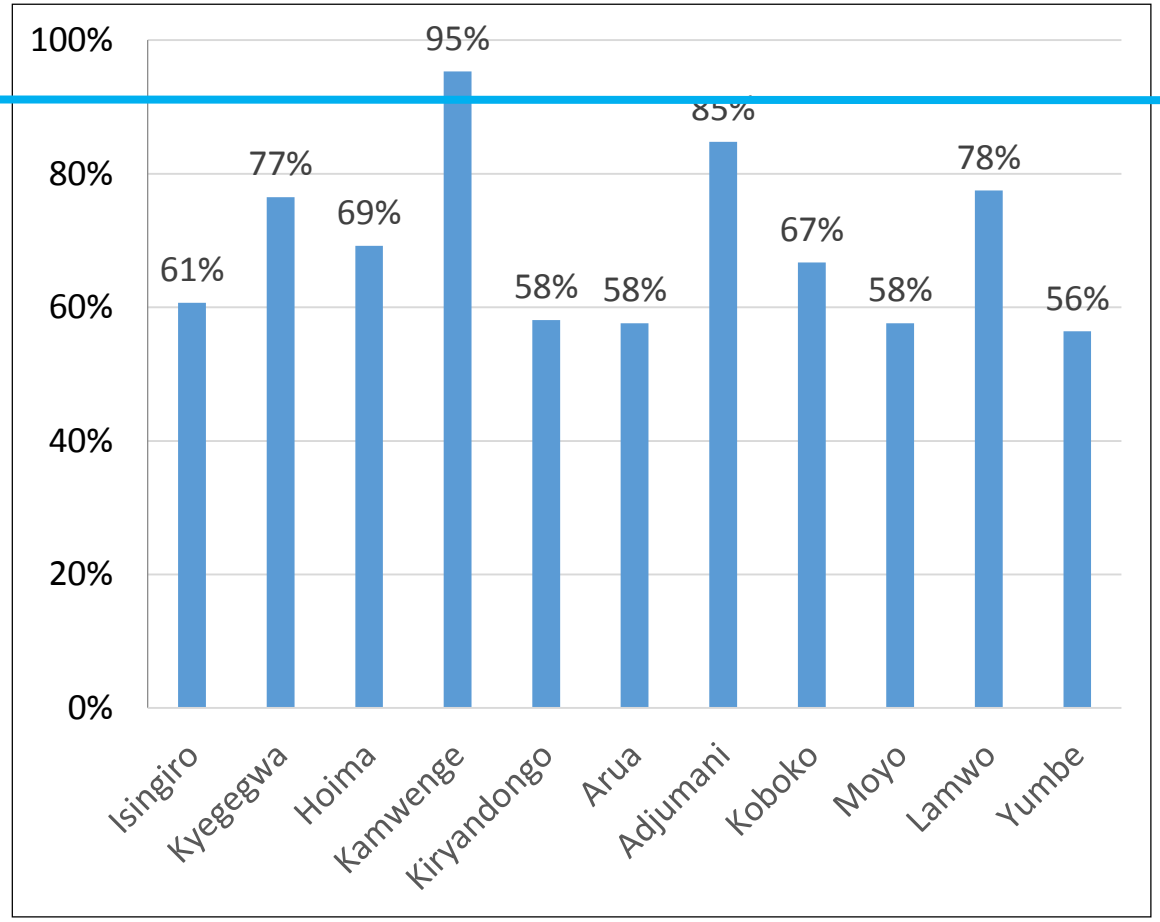
Programme coverage

ANC enrolment of pregnant women aged 15-49 Years Oct 2017

Refugees



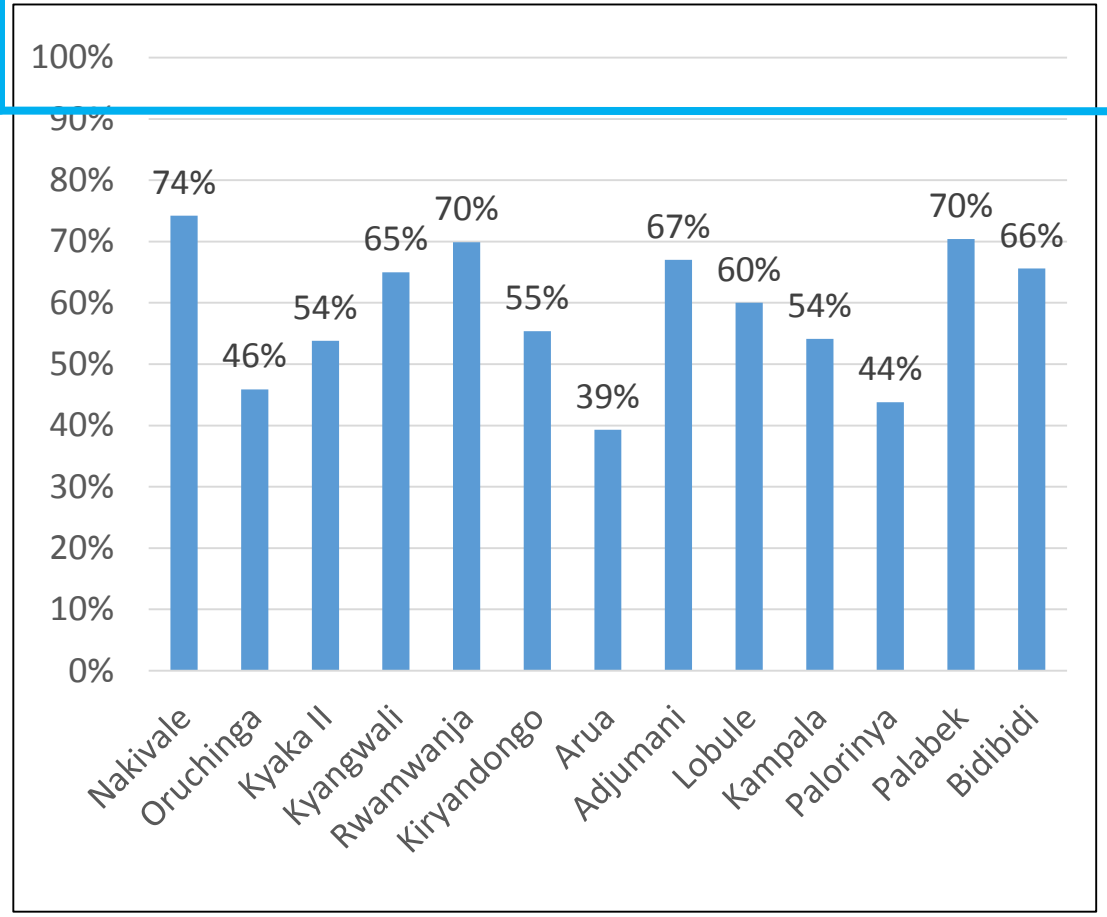
Host community



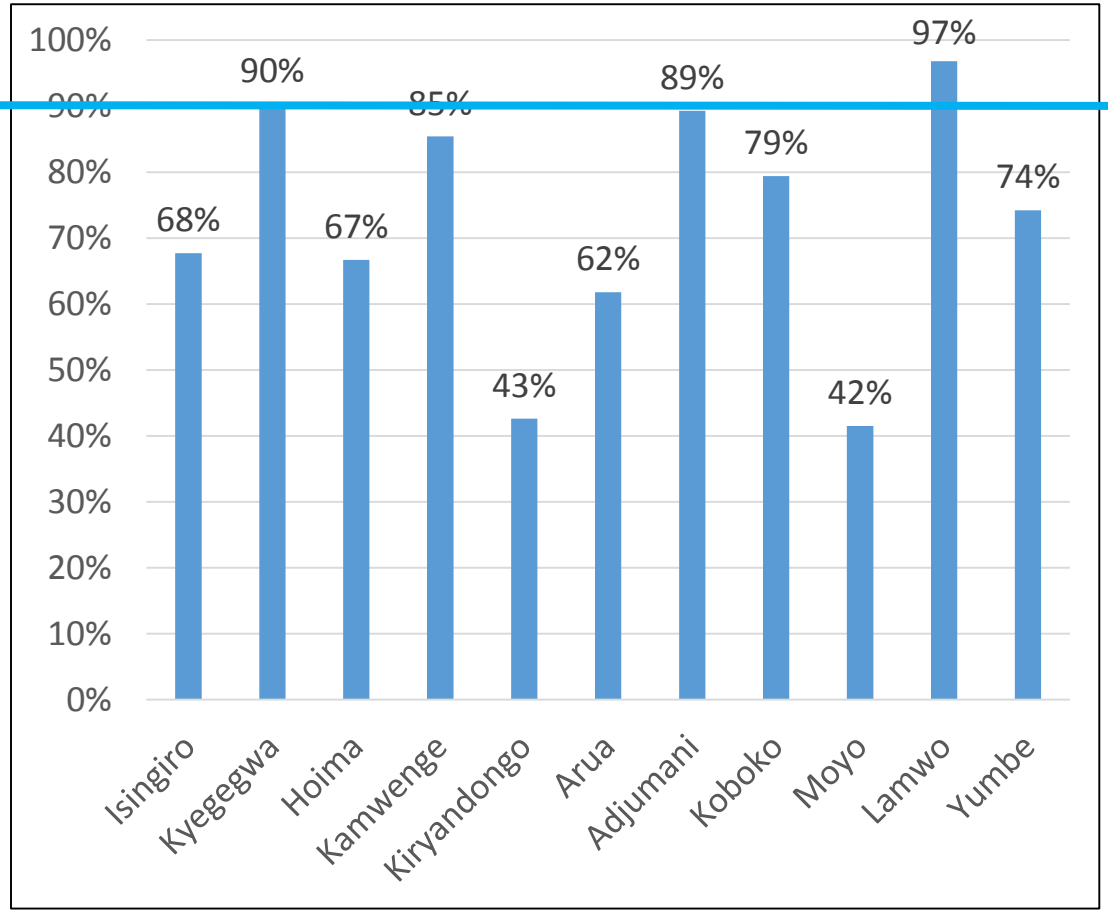
Programme coverage

ANC Iron-Folic acid pills coverage among pregnant women (15-49 Years), Oct 2017

Refugees



Host community



Key messages: Child and Women Anaemia

REFUGEES:

- The prevalence of anaemia among children 6-59m was above 40% critical in all settlements (except Nakivale (36.8%) and Oruchinga (33.6%). *Severe anaemia reported 1.5-4.3%.* Anaemia >40% is classified as "HIGH" by the WHO classification.
- The prevalence of anaemia among non-pregnant women was highest in Palabek (47.3%) , and was followed by Kyaka II (38.8%), Adjumani (34.4%) and Palorinya (33.8%) classified as "HIGH" and "MEDIUM" public health significance. *Severe anaemia reported 0.5-3.3%.*

Host Community:

- The prevalence of anemia in children was above 40% critical in 6 Districts: Kiryandongo 49.8%, Lamwo 49.6%, Arua 47.5%, Koboko 44.3%, Adjumani 43.9%, Moyo 41.8% and Yumbe 40.5%. *Severe anaemia reported 1.0-3.4%.*
- The total anaemia among non-pregnant women was highest in Kiryandongo (41.1%) – above 40% classified as "HIGH" by WHO classification. Anaemia was classified "MEDIUM" in: Palabek 30%, Arua 32%, Adjumani 33%, Lamwo 35%. *Severe anaemia reported 1.4-8.1%.*

Food Security refugee settlements Oct 2017

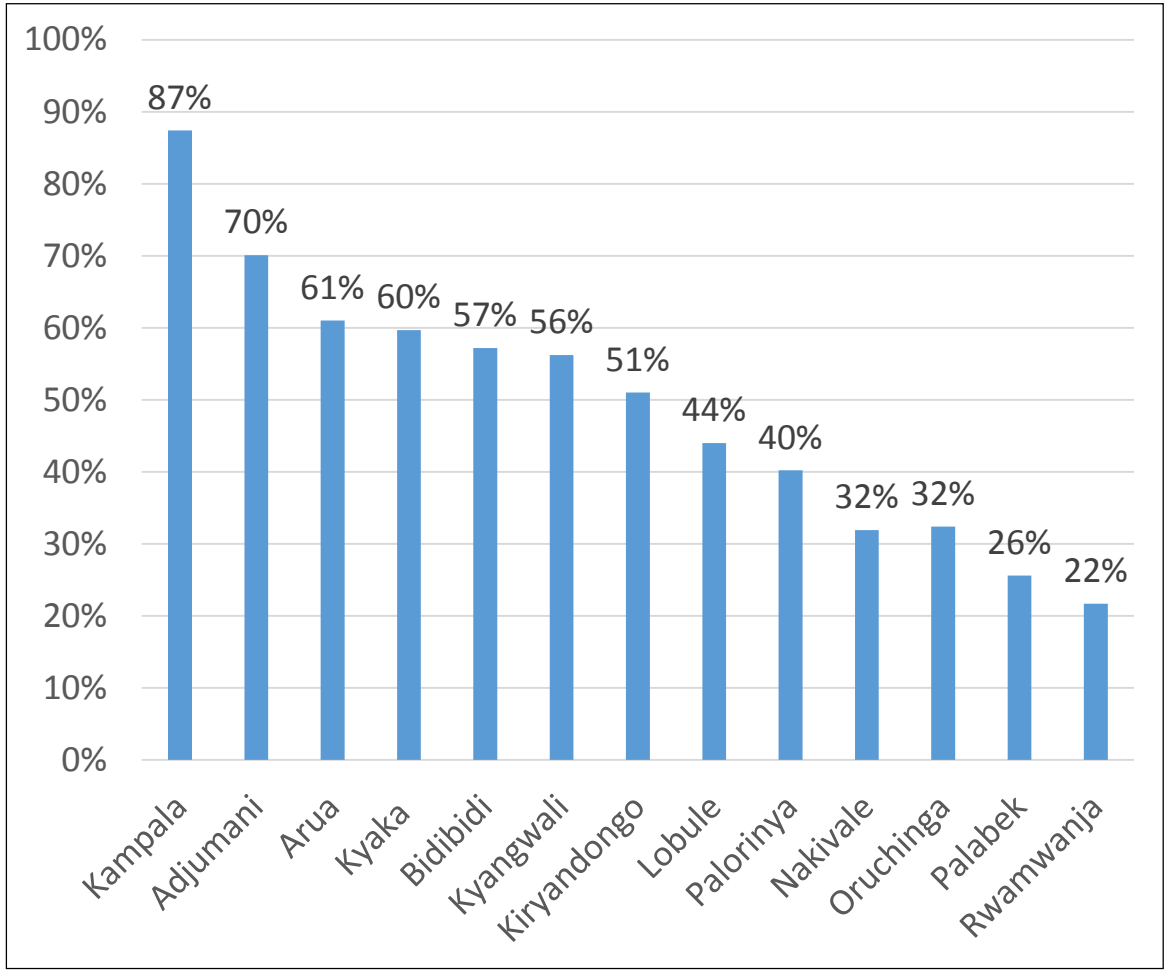
Settlement	Average Nb days GFD lasts (out of 30days)	HHDDS (out of 12 food groups)
Nakivale	16.8 days	3.9
Oruchinga	18.3 days	4.2
Kyaka II	13.9 days	4.5
Kyangwali	19.4 days	3.8
Rwamwanja	16.4 days	4.4
Kiryandongo	20.3 days	3.6
Arua	22.2 days	4.3
Adjumani	19.5 days	3.8
Lobule	16.3 days	5.2
Kampala	No GFD	1.7
Palorinya	23.2 days	4.3
Palabek	21.9 days	3.6
Bidibidi	22.4 days	4.4

Food Security refugee settlements Oct 2017

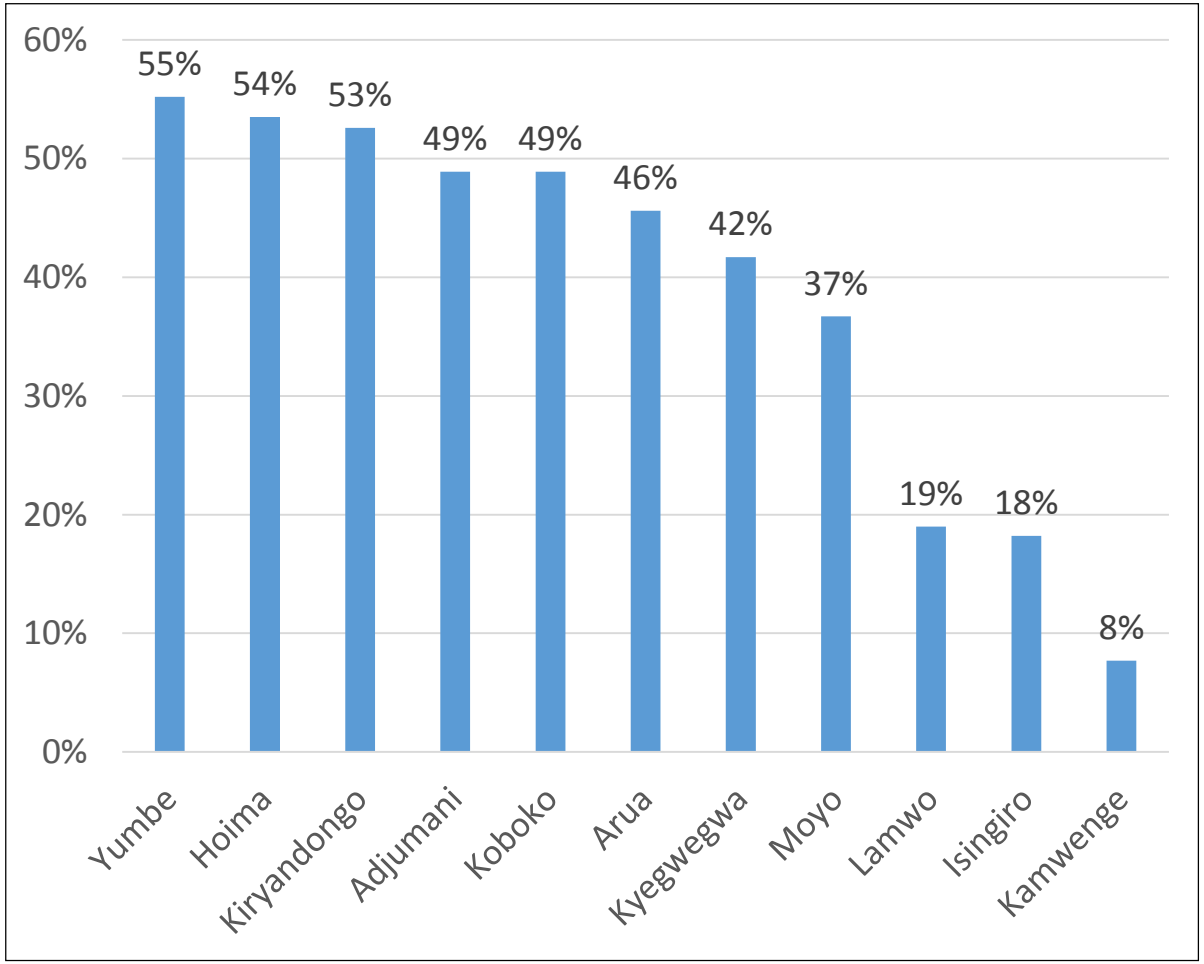
Host Community	HHDDS (out of 12 food groups)
Isingiro	4.5
Kyegwegwa	5.3
Hoima	5.7
Kamwenge	5.2
Kiryandongo	4.8
Arua	5.8
Adjumani	3.6
Koboko	5.5
Moyo	5.1
Lamwo	3.9
Yumbe	4.9

Households not consuming any vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products

Refugees

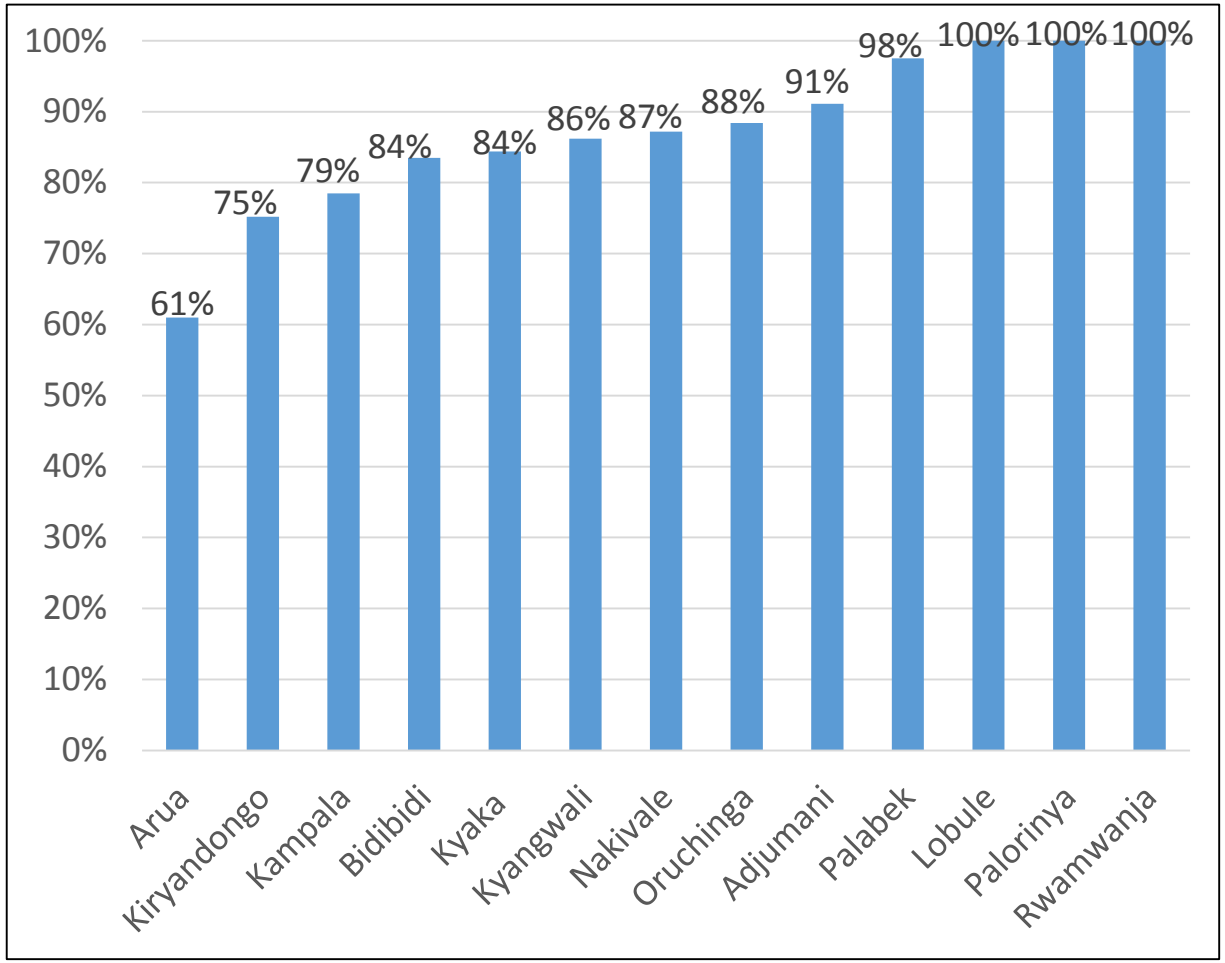


Host community

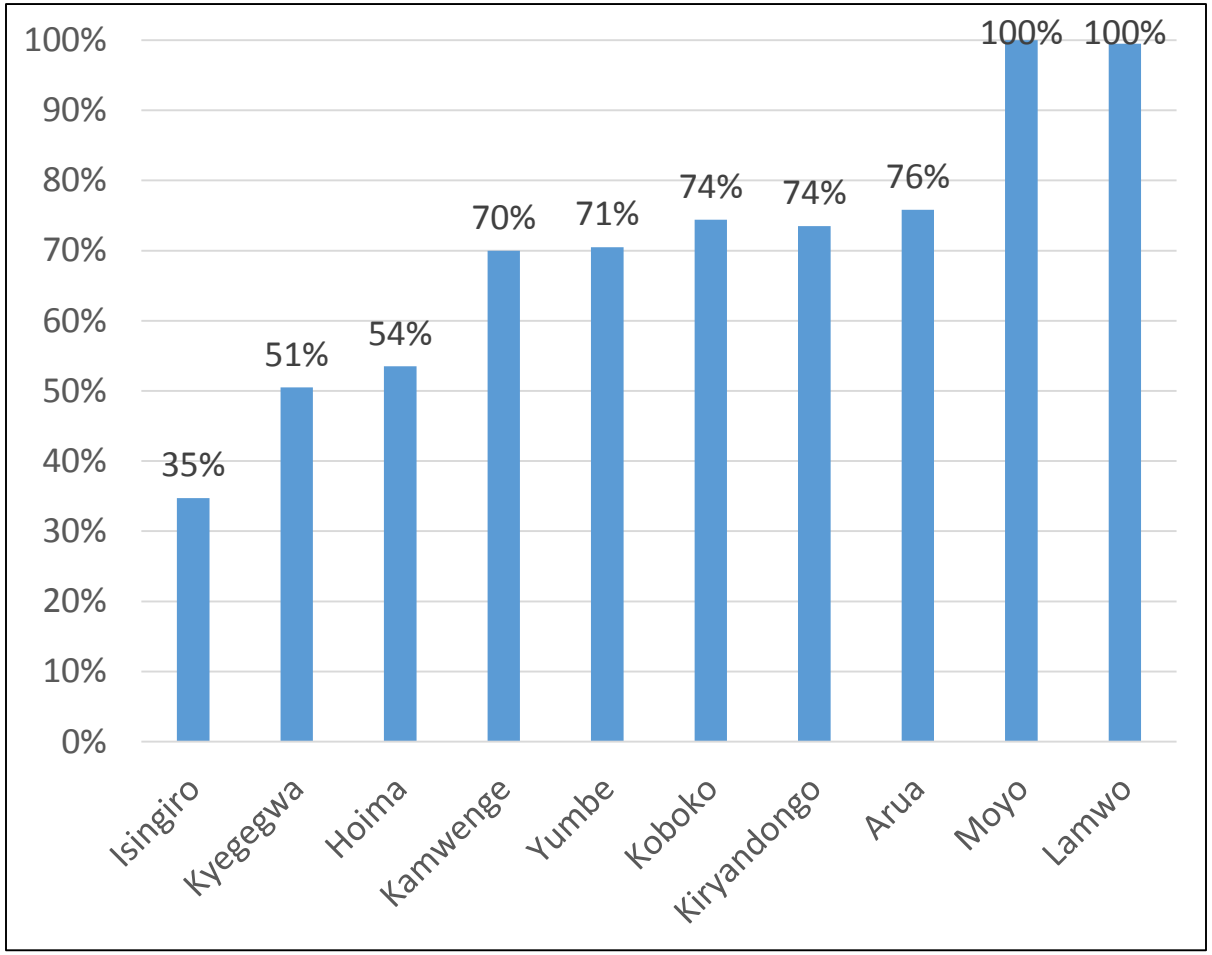


Households using an improved drinking water source, Oct 2017

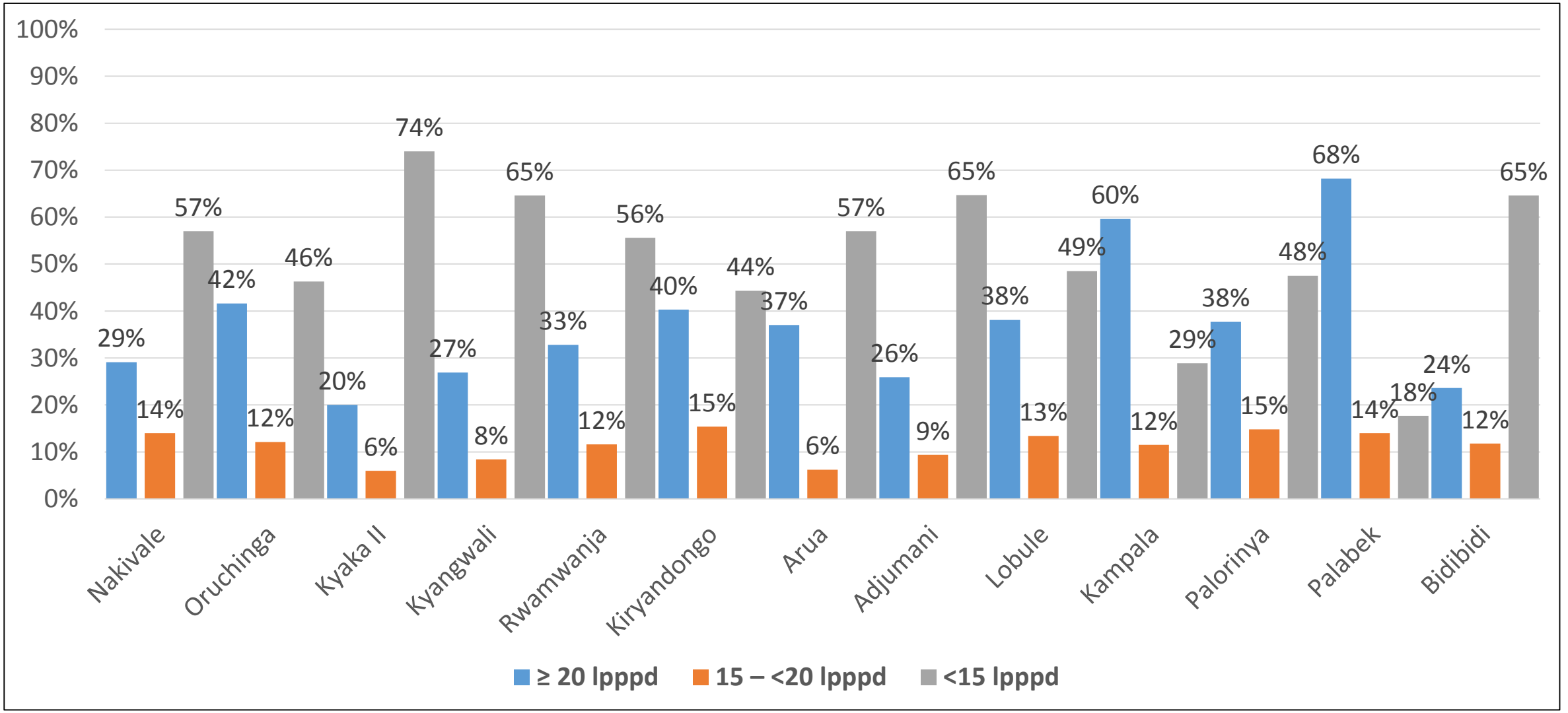
Refugees



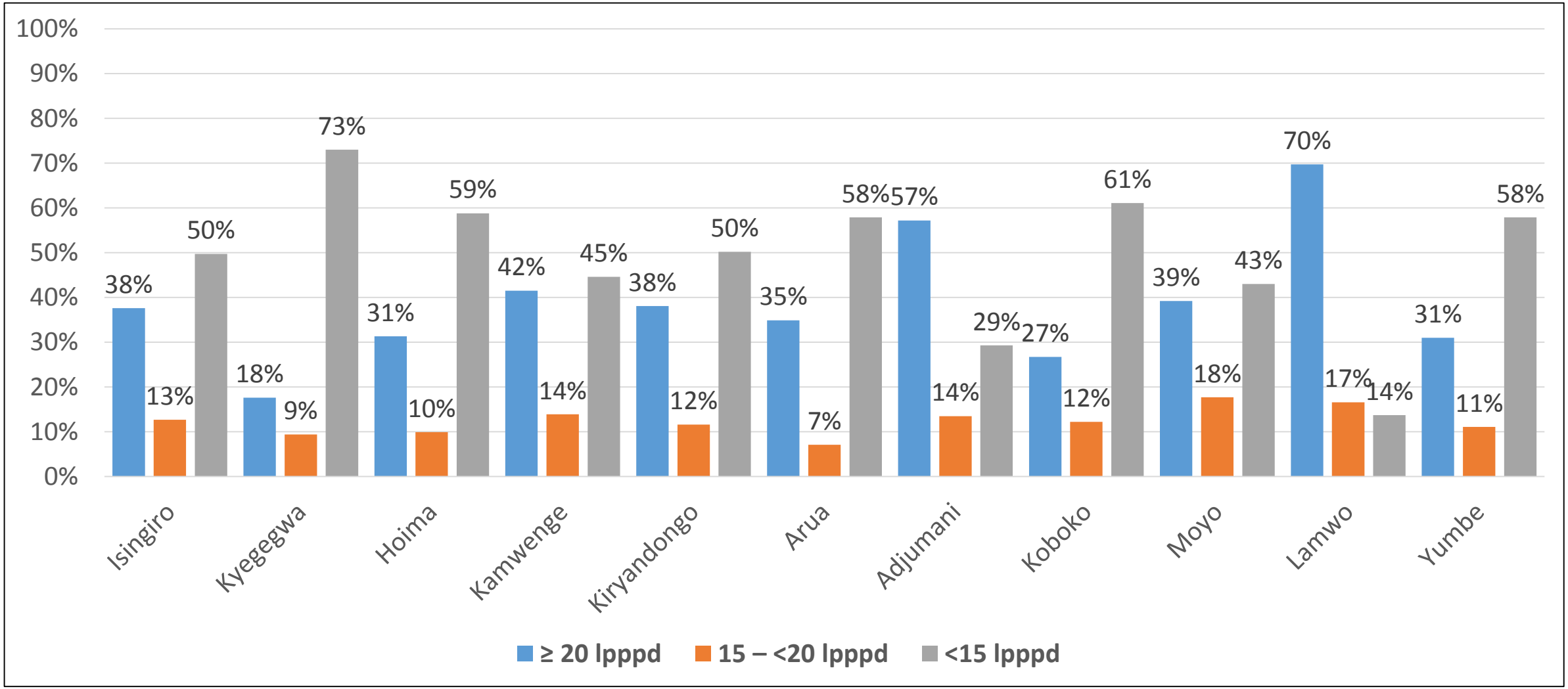
Host Community



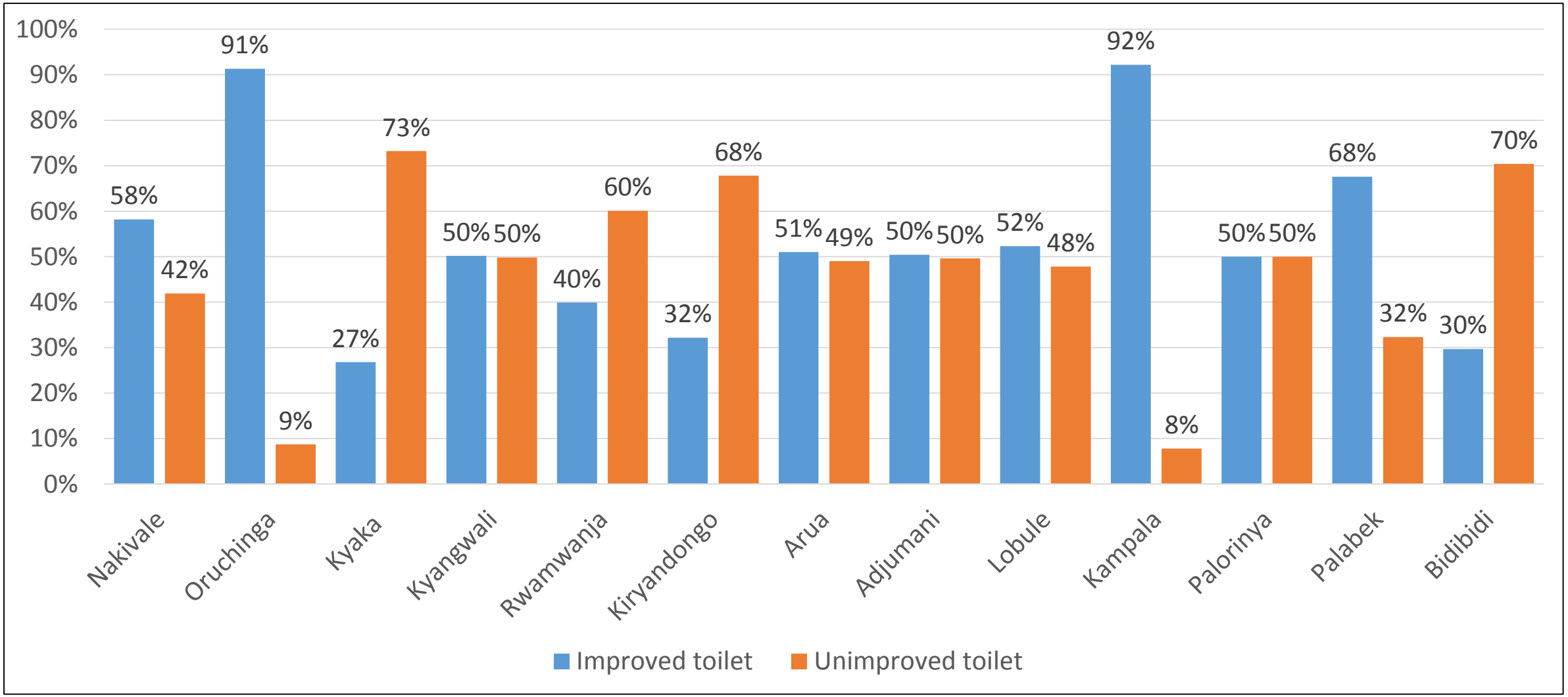
Utilization of safe water - Litres Per Person Per Day – Refugees settlements Oct 2017



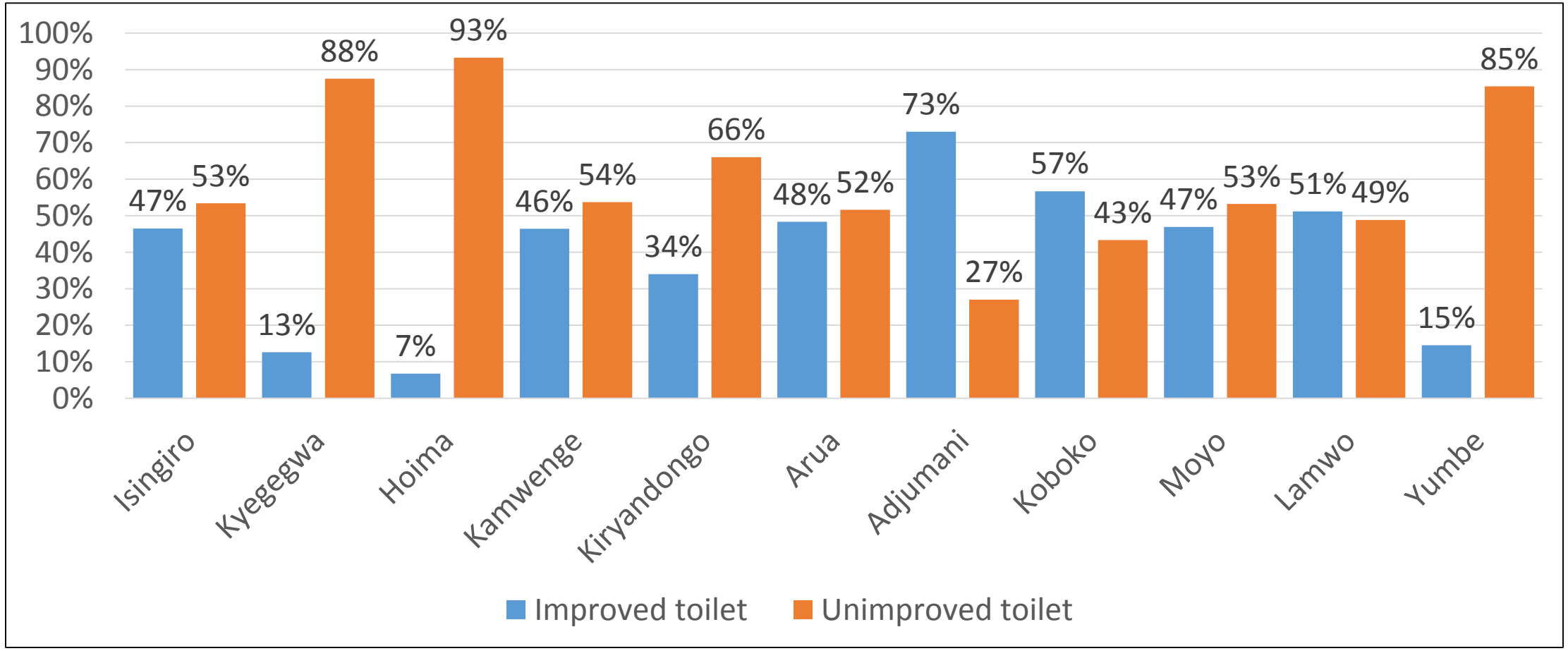
Utilization of safe water - Litres Per Person Per Day - Host Communities, Oct 2017



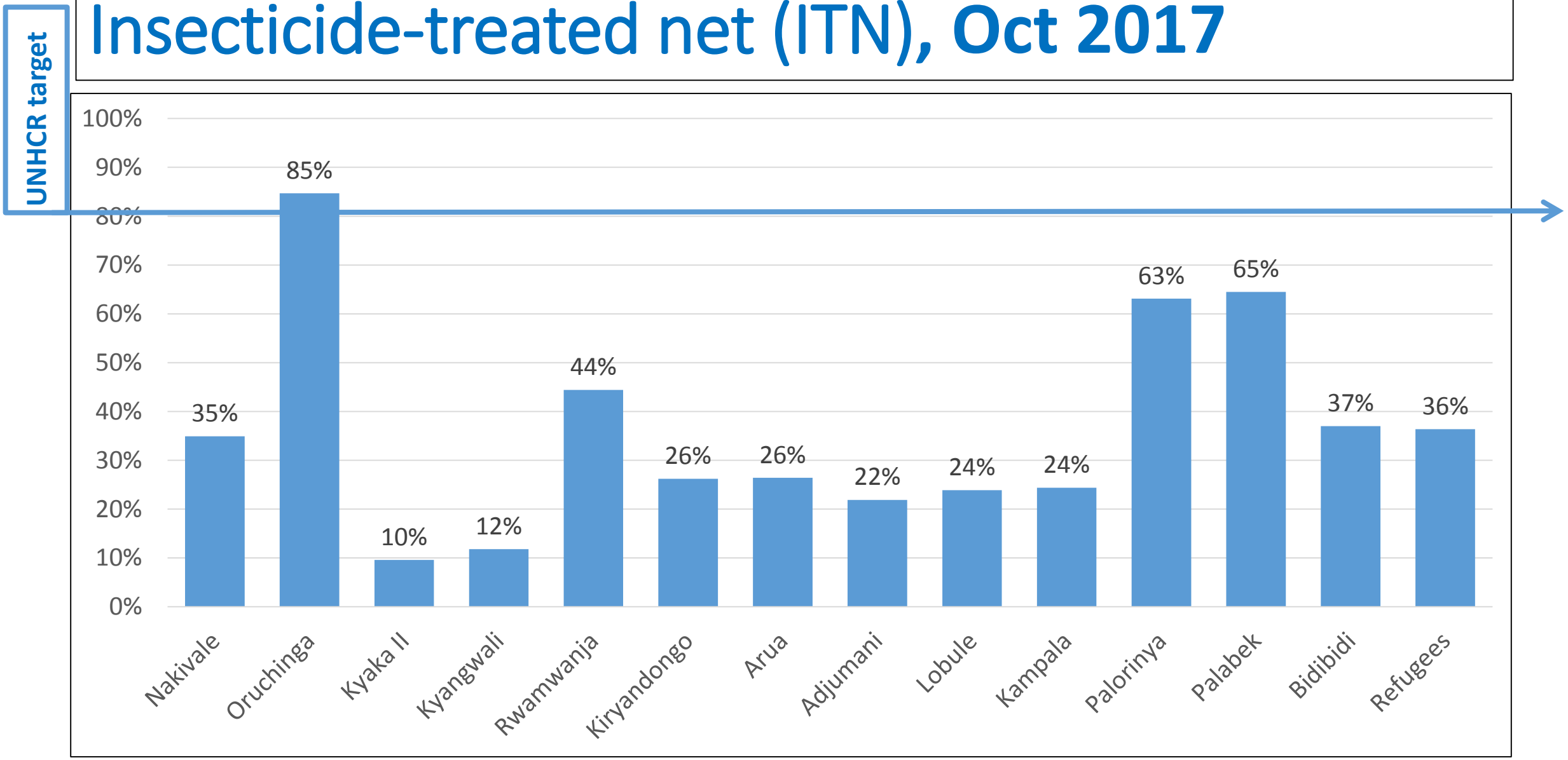
Household safe disposal of human excreta: Latrine coverage improved and unimproved – Refugees settlements Uganda Oct 2017



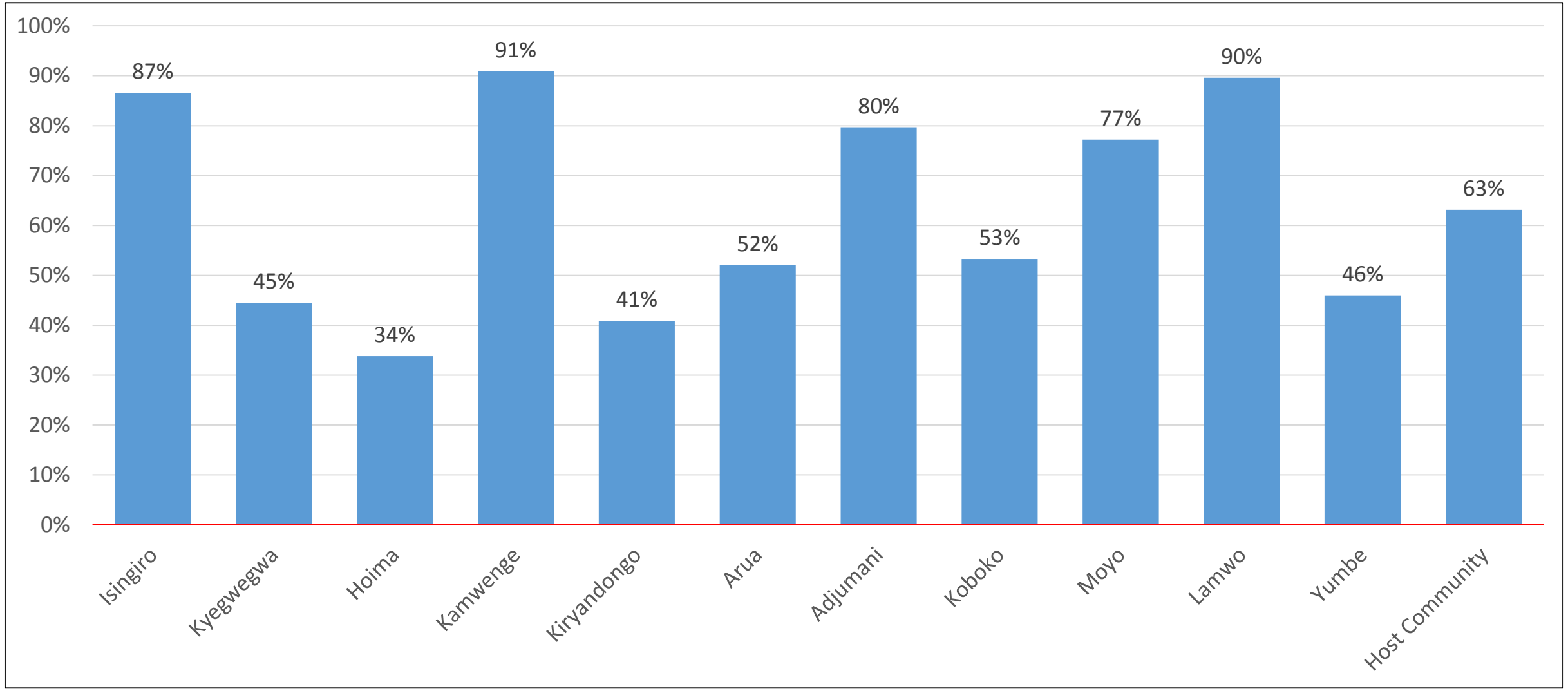
Household safe disposal of human excreta: Latrine coverage improved and unimproved – Host Community; Uganda Oct 2017



Refugee Households owning at least one Insecticide-treated net (ITN), Oct 2017



Host Community households owning at least one Insecticide-treated net, Oct 2017



Average nb of person/LLINT Refugees settlements Uganda Oct 2017

Settlement	Average number of persons per LLINT	UNHCR target
Nakivale	3.7	2 person/ LLINT
Oruchinga	2.4	
Kyaka II	3.7	
Kyangwali	3.4	
Rwamwanja	3.6	
Kiryandongo	2.9	
Arua	4.2	
Adjumani	3.1	
Lobule	4.6	
Kampala	3.7	
Palorinya	3.4	
Palabek	2.8	
Bidibidi	3.7	

Average number of person per LLINT, **Host Community, Uganda, Oct 2017**

Host Community	Average number of persons per LLINT
Isingiro	2.0
Kyegwegwa	0.9
Hoima	0.7
Kamwenge	0.7
Kiryandongo	1.6
Arua	1.4
Adjumani	0.8
Koboko	2.2
Moyo	1.5
Lamwo	1.2
Yumbe	1.1

RECOMMENDATIONS

Nutrition

- To strengthen quality of nutrition services through advance training of health and nutrition workers.
- Joint efforts "MoH, WHO, UNHCR, WFP and UNICEF for continues joint supportive supervision and monitoring of the nutrition services.
- Multi-sectoral efforts to address causes of malnutrition (preventive approach).
- To improve coordination, collaboration among partners for better service provision and avoid duplication or splitting nutrition intervention among different partners.
- To improve nutrition services during emergency response (screening by MUAC, Oedema, and WHZ among children U5, and MUAC among PLW at entry points /reception centres /provision of treatment for SAM and MAM, and support IYCF practices).

RECOMMENDATIONS cont….

Food Security

- Analysis showed that the food assistance ration given to refugees lasts shorter than the expected duration especially in Kyaka II. There is need for interventions to promote agricultural productivity and other livelihood options to allow refugees complement their rations.
- Findings showed that refugees practicing agriculture are more inclined to grow staple foods notably maize (66%). Interventions to promote on-farm diversity are needed to support production of other nutrient rich crops such as vegetables and legumes.
- Findings showed that refugees are highly vulnerable to shocks, with high application of coping strategies in response to the shocks. There is need to strengthen food security monitoring systems in the refugee settlements and, concurrently, explore possibilities to link this to a shock responsive assistance mechanism (food & non-food) for refugees.
- Support food production, initiate petty business, and other forms of self-reliance activities to support refugee households' food security and also improve the level of income generated at household level.

RECOMMENDATIONS …CONT…

Health and WASH

- Promote early health seeking behaviour especially in rural areas, equip health facilities with adequate malaria diagnostic tools and supplies, and technical human resources, and adequate medications to treat fever of malaria origin.

- Intensify implementation of intermittent preventive treatment of malaria in pregnancy immediately from the second trimester. Monitor and report the implementation of the national malaria in pregnancy policy, guidelines, job aids and behavioural communication change materials that supports uptake of intermittent preventive treatment of malaria in pregnancy.

- Upgrade and extend exiting water pipes where feasible based; consistently implement water quality monitoring and surveillance and mobilizing and training community-based volunteers to monitor water facilities.

End
Thanks a lot.