UNHCR SOUTH SUDAN

YIDA RAPID MUAC ASSESSEMENT REPORT

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Introduction

Yida lies close to the troubled border between South Kordofan and Unity State. The host community is made up of Dinkas and some IDPs. When fighting broke out in South Kordofan as a resulted of disputed election results, the Nuba people fled south into Unity State in South Sudan.

South Sudan thus experienced its first refugee influx since gaining independence on 9 July 2011. They settled spontaneously in having escape fierce fighting. They arrived tired and hungry after many days walking. Most of those still arriving are women and children; most men were left behind either looking after cattle and other possessions or fighting the Sudanese army.

From the outset, Yida was considered to be an undesirable location for refugees to settle, essentially due to its proximity to an active conflict zone. Yida camp was the target of aerial bombardment, while artillery shells have landed close to the settlement. While no-one was killed, the situation in Yida is generally tense and volatile. The threat of intended or accidental attack is ever present.

Local authorities have identified another site named Nyeel where the refugees could be moved for safety and security. Another site named Pariang was allocated for secondary school students who fled Southern Kordofan before they finished their studies.

Yida is divided in to 30 sectors known as bomas. The nutrition status of refugees in Yida became a major concern to UNHCR, when the results of a nutrition survey (conducted by Youth for Freedom, a group from Nuban community) in November 2011 reported a GAM of 36.7%, high and above the emergency threshold at 15%. An assessment of all the children in the camp was needed to ensure that key nutrition programs are started to cover any shortfalls. This assessment was jointly carried out by UNHCR, CARE and UNICEF. Students from South Kordofan (whose names were provided by the health coordinator for the refugees) were trained to conduct the assessment.

Assessment objectives

- To find out the magnitude of malnutrition among the children aged 6 to 59 months.
- To identify needs for future programming.
- To come up with action plan for nutrition programs for the camp.

Method

Mid upper arm circumference (MUAC) was used for screening. It is useful tool for the assessment of nutritional status. It has been known to be a good predictor of mortality in some studies. The advantage with MUAC is that the measurement requires little equipment and is easy to perform. Although MUAC can be quick and convenient to use it has limitations in the assessment of malnutrition. With this in mind plans were made before hand for the referral of children found to be malnourished. This was to enable them to be checked and their weight for height to be taken where they were referred to.

For the assessment, one day training on MUAC use was conducted. There were 21 teams made up of 60 students and nutrition workers, most of them student nurses and laboratory technicians from Kauda in South Kordofan. CARE had 12 nutrition workers from the different locations where they run nutrition programs.

A colour coded MUAC tape was used together with a MUAC quac stick to take the height (quac stick 65cm-110cm) on all the children within the selected age group.. The quac stick was used where parents were not sure of the child's age and to save time, since there was not enough time to make a season's calendar, furthermore this was not a survey. The quac stick gives age for height. Wrist bands (once worn can only be cut for removal) were also used to ensure that the children were not measured twice. For each house that was visited a mark was painted on the side of the door to indicate that the house had been assessed.

The MUAC was measured to the nearest 0.1cm and the interpretation is as follows:

- MUAC <11cm = Severe acute malnutrition - red
- MUAC 11-12.5 = Moderate acute malnutrition - yellow
- MUAC 12.5 and over = Normal - green

Bilateral oedema was checked for and classified as severe acute malnutrition when found.

Results

A total of 4090 children were screened and the results are as shown below:

MUAC	Nutritional Status	Number	Percentage
>= 12.5cm	Normal	4013	97%
12.4 - 11cm	Moderate (MAM)	79	1.92%
<11cm	Severe (SAM)	15	0.37%
Oedema	Severe (SAM)	1	0.02%

All children with severe acute malnutrition were referred to MSF-F. The children with moderate acute malnutrition were referred to Samaritan's Purse. MSF-H in Bentiu was on hand to receive the severely malnourished if the need arose. These plans had been put in place in case we received more children than could be helped in Yida.

The nutrition status was found to be within the normal range. Hygiene, on the other hand, needs to be addressed. Small children defecate everywhere which of course can and will cause serious problems during the seasonal rains. Most of the children were very dirty and may need de-worming.

Most women are on their own with children and if pregnant will need specific assistance to ensure that the babies are born healthy.

Yida camp has a women's welfare committee and in this committee, they have 4 women per boma that are willing to work on health issues.

Conclusion

The prevalence of malnutrition using MUAC for children between 6-59months in Yida found during the assessment were realistic, however the situation must be monitored to make sure it does not change.

Nutrition programs for severely and moderately malnourished have to continue. Refugees will continue to cross the border, and hopefully use Yida as a transit camp before proceeding to Nyeel where basic services are available.

Issues of hygiene and proper sanitation need to be addressed as a matter of urgency drawing on community capacities and resources.

Recommendations

1. The screening of children that are arriving in the camp should continue, in order to capture the malnourished early and give them help.

2. Supplementary feeding program for pregnant and lactating women should be in place for all in this group.

3. Nutritional situation to be monitored through community outreach in order to enable caretakers to seek appropriate support for their children if need be.

4. Build the capacity among the refugees through health training for the members of Women's Welfare Committee to be agents of behavioural change in the community. These women should be trained on health and sanitation so that the bomas are kept clean. These women should be trained in MUAC so that they can screen children in their bomas and thus keep the situation under control, to prevent deterioration.