

Food and Nutrition Operational Considerations for Refugee and Migrant settings in Greece

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Final Draft

A. OBJECTIVES OF THIS GUIDANCE

- This paper aims to provide guidance for the support of food assistance and food aid targeting refugees and migrants in Greece
- The key considerations provided in this note are based on humanitarian standards, and define the necessary modalities to provide food and nutrition assistance according to the population's age, profile, gender and the different settings existing in Greece
- This note is drawn from key policy guidance to provide direction to all the different actors and organisations involved in the Europe Refugee and Migrant crisis Response in Greece. References are given at the end of the document and include more in-depth considerations
- This guidance is drafted with inputs from different members of the Food Security and Health/Nutrition working groups in Greece, in response to the Europe Refugee and Migrant Crisis

B. TARGET AUDIENCE

- Those involved in planning, delivering and mobilising resources for food assistance for refugees and migrants in Greece
- This can include food security/livelihood and nutrition specialists supporting the response, but also generalists, catering services, site managers and other technical staff, volunteers, donors, fundraisers and those in media/external communications

C. KEY CONSIDERATIONS BASED ON HUMANITARIAN STANDARDS FOR FOOD AND NUTRITION

- Population's access to appropriate nutritious foods and nutritional support is protected, promoted and supported
- When appropriate, cash-based programming could be prioritised as the most effective and adapted way to provide food assistance to the general population in need, and complementary to special vulnerable cases
- An adequate ration should meet the population's minimum requirement for energy, as well as protein, fat and micronutrient requirements
- The ration should be nutritionally balanced, diversified, culturally acceptable, fit for human consumption and easily digestible for children and other affected vulnerable groups
- A standard food ration is provided to every beneficiary without distinction. Population sub-groups with additional nutritional requirements may require an additional and/or adapted ration over and above the standard basic ration (see chapter E)
- Individual energy needs are estimated for different population groups according to age, gender, weight, physiological state (for example women of reproductive age), and the physical activity level (see chapter D)
- A system that is appropriate for the type of centre needs to be clearly identified by the authorities/organisations in charge, to allow rapid planning and response to the food and nutritional requirements of the refugee and migrant population
- If there are concerns about the nutritional status of the population in a specific centre, a more detailed analysis of the nutritional situation may be warranted. If this is the case, please contact the relevant agencies (see chapter I)

D. REFINING THE RATION TO MEET SPECIFIC CONSIDERATIONS

*Recommendations to design general food baskets are based on **providing 2,100 kcal per person per day**. This individual energy requirement is estimated for different population groups according to age, gender, weight and physical activity level*

a) If the population is entirely dependent on external food assistance (e.g. closed detention centres)

- When people have no access to other sources of food at all, the distributed ration should meet their total nutritional requirements
- The following estimates for a population's minimum requirements should be used for planning general rations:
 - 2,100 kcals/person/day by fat
 - 10-12% of total energy provided by protein
 - 17% of total energy provided by fat
 - Adequate micronutrient intake

Recommended micronutrient intakes

- People depending solely on food rations are at risk of developing micronutrient deficiencies
- Micronutrient deficiencies can be prevented when designing food assistance through the following actions:
 - Provision of fresh food items, vegetables and fruits
 - Addition to the ration of a food rich in a particular vitamin or mineral
 - Provision of fortified food for children and pregnant and lactating women
 - Distribution of nutrient supplements
- Fresh foods, spices, tea, etc. should also be made available to the population wherever possible, as an additional source of micronutrients, and in order to increase palatability and acceptability of prepared foods (See Annex Chapter A).

b) If the population has access to other sources of food (e.g. open centres, formal/informal camps)

- Partial rations are provided to ensure coverage of the minimum energy requirement. Depending on local conditions, these rations usually have a decreased cereal level and a reduced number of other food items
- The ration needs to be complementary to what the beneficiaries are getting from other sources
- Settlements may be situated in areas offering greater opportunities for self-reliance

c) Adjustment of initial reference value

Additional factors to take into consideration when establishing ration levels are (See Annex Chapter B):

- Demographic characteristics (age and gender composition)
- Activity level: an increase in ration should be considered when the workload exceeds the light level
- Environmental temperature: add an allowance of 100 kilocalories for every 5 degrees below 20°C
- Health, nutritional and physiological status
- Household food security: requirement for external food assistance is determined by the degree of access to local food, and the availability of local food. Regular assessments must be made to know if such inputs from the population are sustainable or reflect the erosion of assets of the population or not.

E. SPECIAL NUTRITIONAL NEEDS OF THE MOST VULNERABLE PERSONS

Most vulnerable persons to be prioritised for adapted food assistance

a) Children under 5 years (59 months)

- Experience has shown that infant and child morbidity and mortality rates often dramatically increase during emergencies
- Unlike for the standard food rations, fat requirement for young children should be between 30-40% of their energy requirements

- Consider adding soap to the ration to encourage hand washing and hygiene promotion

Feeding infants and young children (0-6 months and 6-23 months)¹

- It is essential to take every opportunity to **protect, promote and support breastfeeding**, a practice essential to child survival, especially in emergencies. This includes exclusive breastfeeding (only breastmilk and nothing else –not even water) for infants 0-6 months old, with introduction to other appropriate foods after 6 completed months, and continued breastfeeding for two years and beyond. Breastfeeding has important psychological benefits for both mothers and infants, enhancing emotional bonding and a sense of security for the infant; crucial for the stressful environment of detention centres and/or informal camps
- Food providers need to be particularly mindful that the food ration does not replace breast milk for infants less than 6 months. Messaging to caregivers on the importance of exclusive breastfeeding for the first 6 months of life, and the continuation of breastfeeding for at least 2 years should be a strong component of a food distribution programme
- Supporting the non-breastfed child with infant formula requires first exploring and exhausting all breast milk alternatives (wet nursing, relactation, etc.). Only following a detailed needs assessment carried out by a trained nutritionist, should infant formula be provided, and following strict international protocols
- When resources needed for safe artificial feeding with powder infant formula (clean, boiled water, fuel, appropriate utensils, adequate quantity of infant formula, regular counselling and support, etc.) are scarce or non-existent, artificial feeding increase the risk of diarrhoeal diseases and malnutrition, which in turn increase the risk of infant death.

Complementary food for children above 6 months of age

- At 6 months of age, infants should start to receive complementary foods in addition to breast milk.
- These should be safely prepared from locally available foods that are rich in energy and micronutrients to meet the infants' changing nutritional requirements: basic food aid commodities (cereals, pulses and oil) do not by themselves readily meet the nutritional needs of young children
- Energy derived from protein should be at least 12%, and children must have access to foods rich in micronutrients for sufficient growth and development
- Young children can eat pureed, mashed and semi-solid foods beginning at six months (See Annex Chapter C)
 - Foods that are thick enough to stay in the spoon give more energy
 - Start at six months with small amounts of food and increase gradually as the child gets older. By eight months most infants can also eat "finger foods" (snacks that can be eaten by themselves)
 - By 12 months, most children can eat the same types of foods as consumed by the rest of the family
 - Increase the number of times that the child is fed: 2-3 meals per day for infants 6-8 months of age and 3-4 meals per day for infants 9-23 months of age, with 1-2 additional snacks as required
- Encourage continued breastfeeding for two years of age or longer in addition to the feeding practices above.

b) Pregnant and lactating women

- Consequences of poor nutritional status and inadequate nutritional intake for women during pregnancy and lactation not only directly affects the mother's health but can have a negative impact on infant birth weight and in-utero development, causing long-term negative health outcomes
- Supplementary feeding is an important intervention for protecting the nutritional status of pregnant and lactating mothers, which also supports a mother's confidence to breastfeed her child
- Pregnant and lactating women should receive a ration that covers their additional daily energy and protein requirements of pregnancy and lactation:
 - 300 kcal and 9 grams of protein the 2nd semester

¹ For more guidance on feeding practices for infants and young children, please refer to the [Interim operational guidance on feeding support of infants and young children](#) under 2 years of age in refugee and migrant transit settings in Europe (October 2015)

- 475 kcal and 31 grams of protein the 3rd semester
 - 500-675 kcal and 19g of protein during lactation
- Fat requirements for pregnant and lactating women should be between 20% of their energy requirements
- The ration should also cover the necessary amount of micronutrients for optimal foetal and child growth
 - Fortified food commodities, particularly iron, folic acid and vitamin A
 - Micronutrients supplement (through health services providers)
 - Drinking water: ensure access to sufficient drinking water (extra 1 litre of clean water per day)
- Support and encouragement may also be required to maintain and enhance breastfeeding in individuals affected by high levels of psychological stress.

c) Elderly persons

- Energy requirements for elderly persons (over the age of 60, WHO) usually decrease in comparison with younger adults as a result of less physical activity and decreased basal metabolism
- Requirements for micronutrients, however, do not decrease: adequate diet for elderly persons must ensure that micronutrient requirements are still met even with reduced energy intakes
- Sufficient intakes of fluids are required to prevent dehydration and improve digestion
- A well-planned general ration is usually adequate for older persons. However, following factors need to be ensured by agencies involved in food assistance:
 - Direct access to food ration, mitigating the risks of marginalisation or isolation
 - Digestibility of the food ration, especially of whole-grain cereals
 - Assistance to prepare foods or search for other sources of foods if motivation and access are detected as challenges for elderly persons.

d) Persons with disabilities or health conditions (e.g. diabetes, High blood pressure)

- Disabled individuals may be at particular risk of being separated from immediate family members and usual caregivers in an emergency. Efforts should be made to determine and reduce these risks by ensuring physical access to food, developing mechanisms for feeding support (e.g. provision of spoons and straws, community outreach, etc.) and ensuring access to energy-dense and nutrient-dense foods
- People with health conditions requiring specific nutritional requirements need identification and referral to medical services (e.g. diabetes, celiac diseases, hypertension, etc.). Catering services should provide adapted meals (see example Annex E)

F. MANAGEMENT CONSIDERATIONS

a) Local food habits and cultural acceptability

- In all populations, food is a component of cultural identity and plays a significant social role
- It is highly preferable that the food assistance commodities and meals are familiar to the population; introduction of new foods should be avoided
- Efforts should be made to ensure that the food commodities are culturally acceptable to the population
 - Staple food should be culturally acceptable: for example fruits (dates, figs), vegetables (eggplant, cucumber, chickpeas, onions, tomatoes), grains (pita bread, bulgur) for middle-east population or rice, wheat-based products, bread and vegetables also for Central Asia population
 - In some cultures, family meals is an important and private moment of gathering
 - If meat is added to the food ration, ensure it is Halal (permissible) when prepared for Muslim population
 - During some periods such as Ramadan or other festivities, times and types of meal should be modified to respect cultural considerations (see Annex D)
- In some cultures, male children and adults will be served first, and women and girls afterwards (and sometimes older persons), which can lead to differential undernutrition or shortages

b) Resources for food preparation and consumption

- Ideally and depending on the facility, the target population should have the knowledge and the means to process and prepare it, using available facilities if any

- The availability of adequate supplies of items such as water, cooking facilities and fuel and containers must be ensured. The provision of shelter and blankets is also essential.

c) Community participation

- To meet the food and nutritional needs of the population more effectively and ensure adherence and understanding of the population, the planning of the food ration should be carried out with the participation of the refugee/migrant population
- Women, men and children should be consulted during the process of determining the appropriate food and nutritional needs of the population of concern, per nationalities and keeping the budget per meal available.

d) Considerations during food distribution

- Ensure there will be no similar distribution taking place at the same time in the site
- Ensure there will be sufficient human resources to distribute and monitor
- Any identified vulnerable people should be served first through a separate waiting line
- Make sure the message is passed across the centre/site before starting the food distribution
- Avoid distribution of additional items at the same time as the food distribution.

d) Do not harm: quality control and feedback mechanisms

- A system of quality control must be implemented to ensure that the food distributed is of good quality, safe for human consumption and that it meets the required specifications
- Ensure food safety² to prevent any food borne disease or food contamination (by virus, bacteria or parasites) with several, regular and independent quality controls all along the food supply chain (preparation, storage, etc.) and in line with national laws and regulations on food safety
- Conduct regular training on optimal hygiene practices before, during and after food preparation and distribution for all staff involved in food aid, including local suppliers and market sellers
- Ensure regular assessment or set up adapted mechanisms to allow the population to feed back about the quality and acceptance of the food assistance.

H. RESOURCES

[Complementary feeding for children](#) aged 6-23 months, FAO (2011)
[Food and nutrition needs in emergencies](#), UNHCR, UNICEF, WFP, WHO
[Food assistance, manual for field practitioners](#), Action Contre la Faim (2014)
[Interim operational guidance on feeding support](#) of infants and young children under 2 years of age in refugee and migrant transit settings in Europe (October 2015)
[The management of nutrition in major emergencies](#), WHO (2000)
[The Sphere Handbook](#): Humanitarian Charter and Minimum Standards in Humanitarian Response (2011)

I. CONTACTS AND FEED BACK

For more information or any questions, please contact:

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² Refer to SPHERE Handbook