

NUTRITION

I. OBJECTIVES AND FOCUS OF PAPER

1. UNHCR's primary objective is to safeguard the rights and well-being of refugees and other persons of concern. Ensuring adequate nutrition and eliminating malnutrition form an essential part of protection, in particular for refugee children and refugee women.¹

2. This paper presents UNHCR's strategy for ensuring adequate nutrition for persons of concern, notably refugee children and refugee women. It outlines the main challenges UNHCR faces in addressing nutrition issues and provides an update on current efforts to ensure adequate levels of nutrition for refugees and other persons of concern to the Office, using a specific set of performance indicators (both nutrition and public health related). These indicators are in accordance with UNHCR's Global Strategic Objectives for 2007-2009, and as set out in the 2nd edition of the Practical Guide to the Systematic Use of Standards and Indicators in UNHCR Operations. The paper also highlights UNHCR's partnerships with sister agencies in order to jointly address the nutrition situation. Finally, it provides some specific recommendations for follow-up, as outlined in the attached draft decision (Annex I).

3. The term malnutrition as used in this paper refers to the various forms of malnutrition: notably global acute malnutrition (GAM), i.e. wasting plus nutritional oedema, expressed in Z-scores;² chronic malnutrition (stunting); and micronutrient deficiencies (hidden hunger).

II. CURRENT CHALLENGES AND EFFORTS TO IMPROVE RESULTS

4. This section provides an overview of current challenges and developments with regard to nutrition and describes some strategies that have been employed to improve results.

5. In recent years, humanitarian standards for encamped refugees have not always been met in the nutrition, food security and public health fields, particularly for those in protracted situations who have neither viable durable solution options nor adequate support or opportunities to contribute to their well-being and productivity in the country of asylum. In this context, the provision of access to land for cultivation has been particularly significant in improving food security and the diversification of food sources (e.g. the Zambia Initiative).

¹ In particular, attention is drawn to the relevant sections of the United Nations Convention on the Rights of the Child (CRC) and the International Covenant on Economic, Social and Cultural Rights (1966).

² Z-score: The deviation of an individual's values from the mean value of a reference population taking into consideration the standard deviation of the reference distribution. Z-score is used in analysing continuous variables such as heights and weight of a sample in a nutrition survey.

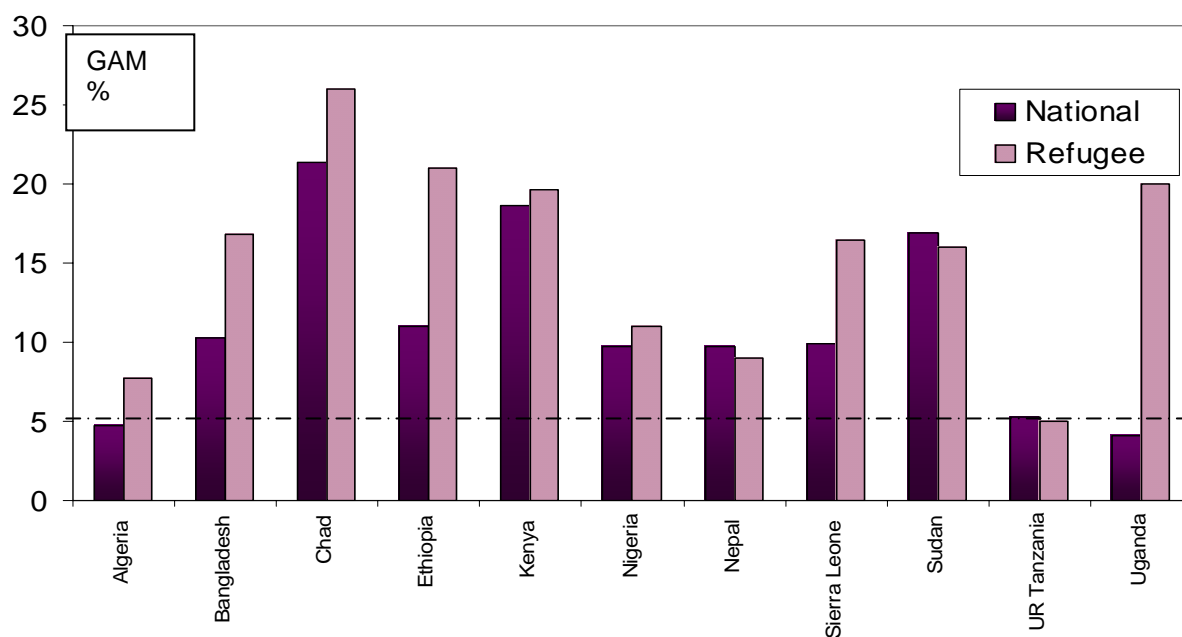
6. The current nutritional situation of refugees in a number of protracted and/or emergency situations including Kenya, Ethiopia, Chad, Bangladesh and the Sudan, is of significant concern to UNHCR; hence the need for sustained action. Indeed, it is the prevalence of high rates of acute malnutrition and micronutrient deficiencies among refugees that has provided the impetus for this paper. In addition, data analysis of all global operations indicates strong links between poor health indicators, as well as inadequate water and sanitation provision, and poor nutritional status. Severely malnourished children are at increased risk of death from diarrhoea, acute respiratory infection or malaria. Recent reports published by the United Nations Children's Fund (UNICEF) and the World Bank have acknowledged the need for improving nutrition in young children, a crucial step towards meeting the MDGs; and for the repositioning of nutrition at the centre of development efforts.

7. Assessments in the United Republic of Tanzania, Chad, Sierra Leone, Algeria, and joint UNHCR-WFP in-depth reviews in selected refugee operations (mainly Kenya and Ethiopia), have shown that the causes of malnutrition in refugee situation are multifactorial, with morbidity and inadequate food intake being the main direct contributing factors. Underlying factors include poor infant and young child feeding practices; limited coping strategies; and inadequate access to health, water and sanitation services. Other important compounding factors were found to be insufficient distribution/access of related non-food items such as cooking utensils and cooking fuel, and inadequate support to gender roles. The long-term consequences of these unmet needs can be traced back to an insufficiently varied diet, poor care practices, negative coping strategies and poor infrastructure, creating a vicious cycle of various nutritional problems passed from generation to generation. Refugee women and girls are at a higher risk of malnutrition than refugee men and boys, in particular because of cultural practices. This is further exacerbated by their being at risk of sexual and gender-based violence as they search to meet their own as well as their families' basic needs. A further negative consequence of food insecurity for refugee girls can be the obligation to undertake domestic work, affecting school attendance.

8. Figure 1 below (using UNHCR's field data for 2004-2005) demonstrates that global acute malnutrition (GAM) is prevalent in a wide range of UNHCR operations. A prevalence of five per cent or lower in relation to GAM is regarded by the World Health Organization (WHO) as a normal situation in a stable environment. In some operations, the deteriorating global acute malnutrition situation was documented in almost all camps (including in Kenya, Ethiopia, Bangladesh and the Sudan), while in others, only some camps were worse off (e.g. in Chad, Sierra Leone and Uganda). However, there are many good programming elements and lessons learned that have contributed to improvements that have been introduced into Algeria, Sierra Leone, the United Republic of Tanzania, and Nepal.

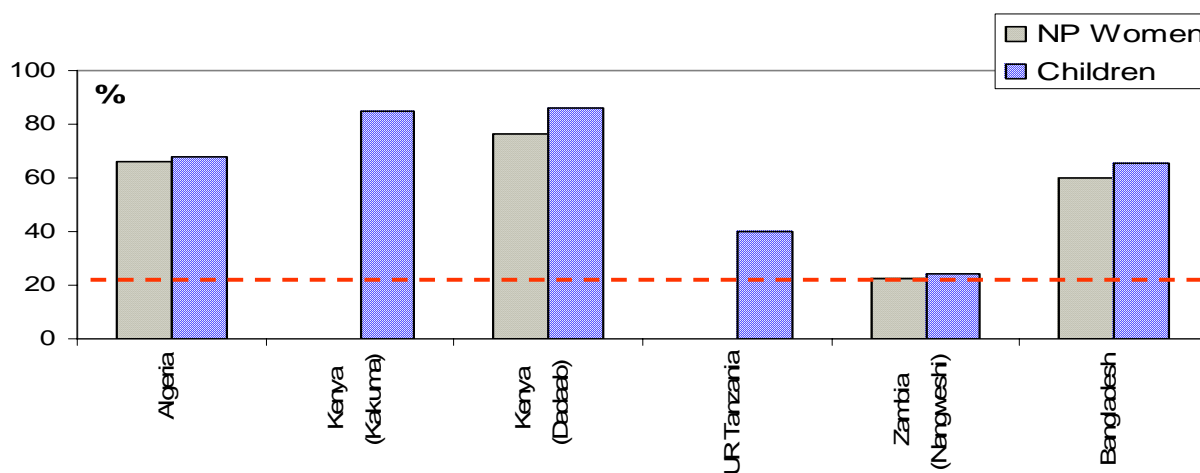
9. Refugee camps are often situated in the most remote and poorest parts of the country of asylum, surrounded by a local population which is also in need of food security, besides other basic needs. In this context, using available information on local populations, a comparison was made between the nutritional status of the refugees and the local population. In a number of situations, including in Chad, Kenya and the Sudan, malnutrition figures for both refugees and nationals are high (above 15 per cent). In some other cases, such as in the United Republic of Tanzania, the nutrition status is slightly better in the refugee camps than among the local populations. On the other hand, the prevalence of acute malnutrition is much higher among refugees than among nationals in countries such as Algeria, Bangladesh, Chad and Ethiopia, and in some camps in Sierra Leone and Uganda. Figure 1, using UNHCR field data and the WHO nutrition database, indicates that, overall, trends showing poor nutritional status in selected refugee camps tend to mirror local conditions. These findings do not support the suggestion that refugees are always better off than the local population.

Figure 1- Prevalence of Global Acute malnutrition (GAM) for refugee and national populations in selected countries (dotted line indicates GAM that is considered under control)



10. Malnutrition amongst refugees does not only result in wasting or stunting; micronutrient deficiencies (hidden hunger) are also highly prevalent among refugees. Many refugee children and women in camps suffer high levels of anaemia and other micronutrient deficiencies (such as lack of vitamins B and/or A) as a result of poor access to adequate food, illness, inequity of food allocation at household level, and lack of available livelihood opportunities. Figure 2 below (using UNHCR field data), shows the high level of anaemia prevalence (above the 20 per cent threshold level) in many of the refugee situations already mentioned above. Some improvement in anaemia levels was noted in Nangweshi refugee camp in Zambia, which was made possible through the on-site fortification of staple food items as a targeted strategy to improve the nutrient content of the food aid ration, through collaborative efforts with other partners.

Figure 2 - Prevalence (%) of anemia among non-pregnant (NP) women and children (6-59 months), 2005



11. This section outlines the broader strategies being undertaken by UNHCR to address the various causes of malnutrition through an integrated multisectoral approach, as well as through building strong partnerships with a range of relevant actors, notably the World Food Programme (WFP).³ An integrated approach implies consistent and timely action to address needs across all sectors related to nutrition: food, health, water and sanitation, and education. Dealing with only one of these sectors in isolation will not maximize the benefits and may even hinder progress in the other sectors. It is clear that in certain circumstances, urgent attention may be required in order to prevent excessive mortality for segments of refugee populations, such as children suffering from malnutrition. However both UNHCR and WFP are also keen to focus on preventing malnutrition in the first place. Based on the joint MOU and close collaboration with WFP, UNHCR has therefore undertaken a number of strategic actions together with other partners, with the aim of enhancing the overall response to situations of malnutrition.

12. UNHCR and WFP, in collaboration with the UN Standing Committee on Nutrition (SCN), UNICEF and WHO, conducted an awareness-raising session on refugee nutrition during the 56th session of the Executive Committee in October 2005. Subsequently, UNHCR and WFP conducted in-depth nutrition reviews in selected operations with high malnutrition rates to document causes and consequences. As a result, country-specific as well as global nutrition strategies have been developed in refugee situations.

13. In order to reach a consensus on priority strategies for food, nutrition and public health interventions which include all of the compounding factors such as water and sanitation, malaria, non-food items, child and women's rights, gender and self-sufficiency strategies, in January 2006 UNHCR and WFP held joint consultations and subsequently briefed donors and the international community on the nutrition situation, the gaps and planned global strategies. Since then, UNHCR has communicated specific programming instructions to all field operations concerned with malnutrition and/or deteriorating public health situations, asking them to prioritize and strengthen the related sectoral elements of the integrated approach in their 2007 annual budget submissions. As a result, integrated plans of action are being drawn up in close consultation with partners on the ground. A range of project proposals has also been developed and submitted for private sector funding consideration in order to find some of the required resources.

14. Another area of particular focus on partnerships is that of Nutrition and HIV and AIDS. For people living with HIV and AIDS among populations of concern to UNHCR, adequate nutrition is recognized as essential to maintain an individual's immune system and desirable weight for an optimal quality of life, as well as to ensure optimal benefits from the use of antiretroviral treatment which can help prevent mother-to-child transmission of HIV. UNHCR has also understood the importance of integrating nutrition, food and HIV and AIDS interventions and has therefore developed integrated programming strategies in refugee settings. In collaboration with UNICEF, WFP, non-governmental organizations, and the Governments of Uganda and of Zambia, the Office has implemented integrated nutrition and HIV and AIDS projects in two refugee camps in Zambia and in a refugee settlement in Uganda in 2005-2006. Out of twenty programming strategies developed, 13 are currently being implemented in both operations, providing successful examples for future programming approaches to nutrition and HIV/AIDS.

³ UNHCR is working with a range of relevant partners on nutrition and associated new developments, through MOUs and other arrangements, including the UN Standing Committee on Nutrition (SCN), WHO's World Health Assembly, Resolution WHA 7.14, UNICEF, FAO, the Emergency Nutrition Network (ENN), the Institute of Child Health (ICH) in London, and the Centers for Disease Control (CDC); while WFP remains UNHCR's primary partner in relation to provision of food aid and nutrition to refugees.

15. UNHCR places great importance on its participation in relevant initiatives that could reinforce its Global Strategic Objectives, especially the one related to nutrition (GSO1:2). In this respect, the new Ending Child Hunger and Undernutrition Initiative (ECHUI), led by UNICEF and the World Food Programme (WFP), is particularly important. This inter-agency approach aims to achieve the second target of the first Millennium Development Goal: to halve the proportions of people who suffer from hunger and under nutrition by 2015. The Initiative not only provides the opportunity for UNHCR to develop strong partnerships with key players, but is also complementary to, and reinforces the Office's own efforts to implement activities to prevent malnutrition among refugees and other persons of concern to UNHCR. Therefore, UNHCR's objective in ECHUI is to collaborate with WFP, UNICEF and other stakeholders on increasing advocacy and support for refugees. This will include integrating refugee needs in health and nutrition programmes within the global national action plans to achieve Goal 1 of the MDGs, so as to develop and implement results-oriented strategies for improving nutritional status in selected refugee operations and also for surrounding host populations.

IV. KEY PRIORITIES FOR FOLLOW-UP

16. The first priority in dealing with malnutrition in refugee populations concerns protracted situations. While emergency operations can lead to intense international focus and significant donor support, populations in protracted refugee situations are forced to survive in "care and maintenance" situations for extended periods of time, with consequently adverse effects on their nutritional status. In the past, at the onset of a refugee crisis it has generally been assumed that it will be a short-term problem. However, this assumption often leads to types of responses that can undermine longer-term support initiatives, including planning for self-reliance strategies. But the reality is that many refugees are likely to be in camps for protracted periods, with restrictions on their movement and limited access to diversified livelihood activities. This creates high levels of dependency in which they are particularly vulnerable when support from the international community dwindles, notably with regard to satisfactory standards of nutrition.

17. The second priority relates to resources available to UNHCR for safeguarding the nutritional status of persons of concern. UNHCR is responsible for protecting refugees' rights, including the provision of adequate assistance through sectoral programme strategies. According to the joint Memorandum of Understanding (2002) with WFP, responsibility for the provision of food assistance to refugees dependent on food aid lies with WFP while UNHCR is expected to provide complementary food. However, UNHCR does not always manage to fulfil this expectation, as the resources needed to meet minimum standards in delivering services under various sectoral activities are not always made available.

18. The current standard general food ration usually distributed to populations dependent on food aid, including young children, does not even provide all the daily nutrients required, especially in terms of micronutrients. Moreover, experience has shown that in relation to the availability of fortified food items (a source of micronutrients) such as Corn Soya Blend (CSB), there are often breaks in the food pipeline.

19. In a number of cases, UNHCR also has to cope with nutrition-related issues for the surrounding local population. This has significant resource implications that UNHCR is not able to address, but which need to be tackled if there are to be harmonious relations between refugee and hosting communities and if the broader protection and security needs of the refugees are to be safeguarded. Once again, this depends very much on the existence of partnerships, especially with development actors, to ensure a complementarity of approaches in these specific situations.

20. Given the emphasis that the High Commissioner places on health and nutrition issues, UNHCR now needs to better prioritize its activities; to mobilize additional resources (including additional technical support) for responding to these basic needs; and to pursue an integrated approach in addressing malnutrition, including micronutrient deficiencies.

V. CONCLUSION

21. Malnutrition is not simply a technical issue but a human rights issue and ultimately a resource issue. In developing an integrated action plan to meet nutrition targets in a systematic fashion, UNHCR will work in close collaboration with WFP and other partners at the field level, taking into account the key issue of the quality of the interventions. In this respect, UNHCR will pursue measures to meet acceptable standards related to the nutritional and health status of refugees through systematic monitoring. Within this collaborative approach, UNHCR will also be particularly reliant on other UN sister agencies, including UNICEF, WHO and the Food and Agriculture Organization, particularly in efforts to enhance UNHCR's technical capacity and support in nutrition, public health and livelihood strategies at the field level.

22. Fundamental to the success of this strategy, however, will be the support of States, including both donors and host countries, on all aspects relating to nutrition and related factors, such as food security, water and sanitation, and health. UNHCR intends to pursue the inclusion of refugees and other persons of concern in any future initiatives that may be undertaken, such as ECHUI. In support of these efforts to overcome the shortfalls which currently prevent UNHCR from ensuring an adequate response to the nutritional needs of refugees, the Standing Committee is asked to consider the attached draft decision (Annex) for adoption.

DRAFT DECISION ON
ENSURING ADEQUATE NUTRITION FOR REFUGEES

The Standing Committee,

Recalling article 24 of the United Nations Convention on the Rights of the Child which aimed to ensure the right of all children to the highest attainable standard of health, acknowledging the mother's right to appropriate pre- and post-natal service, as well as the right of women to full and unbiased access to information and education regarding child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation; and *affirming that* refugee children, like all children, are entitled to all of the other rights granted under the Convention, including the rights to life and development, adequate nutrition and adequate healthcare,

Further recalling the International Covenant on Economic, Social and Cultural Rights (1966) according to which every human being has the right to be free from hunger and malnutrition, the right to adequate food, nutrition and clean, safe drinking water, including in emergency situations,

Also recalling the World Bank's Report on Repositioning Nutrition as Central to Development (2006) as well as UNICEF's Report Progress for Children – A Report Card on Nutrition (2006),

Reaffirming the recognition that adequate nutrition is essential to achieve the aims of the Millennium Development Goals (MDGs), the first of which calls for the eradication of extreme poverty and hunger by 2015,

1. *Takes note* of document EC/57/SC/CRP.17 on Nutrition which presents UNHCR's global strategy for an integrated approach to ensuring adequate nutrition for refugees, notably refugee children and refugee women;
2. *Requests* UNHCR to pursue its development of appropriate action plans to meet acceptable standards related to the nutrition and health status of refugees through effective service delivery and systematic monitoring;
3. *Calls on* Governments and other stakeholders where possible to provide for the access to and cultivation of land by refugees in order to supplement food sources and provide a degree of dietary diversification;
4. *Encourages* UNHCR to further pursue its close collaboration with WFP and other relevant partners to meet nutrition targets in a systematic fashion;
5. *Notes* that meeting nutrition targets will require resources and the support of all concerned governments whether as donors or as host countries, on all aspects relating to nutrition and related factors, i.e. food security, water and sanitation, and health; and
6. *Calls for* the support of concerned governments and other humanitarian partners in including all persons of concern to the Office, notably refugee children and women, in any relevant future national, regional and international initiatives that may be undertaken, notably the Ending Child Hunger and Undernutrition Initiative (ECHUI).