

Results from nutrition screening exercises among Venezuelan refugee and migrant children under 5 in Roraima - Brazil



Introduction

Since March 2018, UNICEF has conducted health and nutrition activities aiming at assisting refugees and migrants from Venezuela through the implementation of primary health care services (APS). The main UNICEF health and nutrition activities are focused on the North region of the country, Roraima, specifically in the municipalities of Boa Vista, Pacaraima, and Manaus, the ones receiving most refugees and migrants.

As part of its Nutrition activities, UNICEF, and implementing partner ADRA, conducts infant and young child feeding counselling to caregivers of children under 2, nutrition counselling and micronutrient supplementation in children under 5 and pregnant and lactating women, and screening exercises to identify children under 5 with acute malnutrition, and refer them to health care facilities for adequate care.

Results from screening exercises

Nutrition screening exercises¹ among children under 5 are conducted by Nutritionists hired by UNICEF in shelters and in primary health facilities, by taking measures of weight and height and analysed through weight-for-height classification as per WHO methodology. The following table show the results of the screening exercises, see more details in the Annex – “Complementary data”.

Results from screening (W/H) exercises among Venezuelan refugee and migrant children under 5 years of age – January 2021 – July 2022.

	2021		2022	
	#	%	#	%
# children under 5 screened (W/H) - Pacaraima	326	100.0	264	100.0
# children under 5 with wasting	42	12.9	55	20.8
# children under 5 with moderate wasting (MAM)	39	12.0	42	15.9
# children under 5 with severe wasting (SAM)	3	0.9	13	4.9
# children under 5 screened (W/H) - Boa Vista	5367	100.0	1919	100.0
# children under 5 with wasting	463	8.6	187	9.7
# children under 5 with moderate wasting (MAM)	342	6.4	157	8.2
# children under 5 with severe wasting (SAM)	121	2.3	31	1.6
Total - Roraima	5693	100.0	2183	100.0
# children under 5 with wasting	505	8.9	242	11.1
# children under 5 with moderate wasting (MAM)	381	6.7	199	9.1
# children under 5 with severe wasting (SAM)	124	2.2	44	2.0

¹ It must be noted that data was not obtained from surveys using representative samples. As such, data should not be interpreted as prevalence or rates representative of the nutrition situation of all refugee and migrant children under 5.

In addition to the screenings using weight and height, between March 24 and July 28 2022, UNICEF-ADRA health-nutrition monitors performed 1,704 nutritional assessments using the MUAC tapes in Pacaraima and 231 children (13.6%) were identified with some level of acute malnutrition, most part composed of MAM (13.4%).

Results from MUAC screening exercises among Venezuelan refugee and migrant children under 5 years of age, Pacaraima, 2022.

	Apr		May		Jun		Jul		Total	
	#	%	#	%	#	%	#	%	#	%
# children under 5 screened (MUAC) at entry point	294	100	643	100%	322	100%	445	100%	1704	100%
# children under 5 with wasting	42	14.3	93	14.5	13	4.0	83	18.7	231	13.6
# children under 5 with moderate wasting (MAM)	41	13.9	93	14.5	12	3.7	82	18.4	228	13.4
# children under 5 with severe wasting (SAM)	1	0.3	0	0.0	1	0.3	1	0.2	3	0.2

We have two forms of identification of children in health and nutrition, active screening in shelters and passive screening in Basic Health Facilities, but most cases are identified by active search in shelters, in which families are approached, answering basic questions **such** as the last medical appointment, vaccines received etc. and the children are observed in their general condition: present diarrhea, flu-like symptoms, significant weight loss, state of attention etc. The health monitors and nurses refer wasting cases and cases considered at risk of acute malnutrition (MUAC between 12.5 and 13.5 cm) to health services. In the event of a case of severe acute malnutrition, identified with the MUAC tool, the child is referred for clinical evaluation at the Brazilian army health facility and/or referred to the Children Hospital of Boa Vista city.

Results from nutrition screening exercises on indigenous populations

An analysis considering 924 nutritional-screening exercises (231 indigenous and 693 non-indigenous) among refugee and migrant children under 5 in the moment of arrival identified 32 indigenous children with acute malnutrition (13.8%) and 64 with stunting (28.1%), while among non-indigenous children under 5 (893), 81 children were identified with acute malnutrition (11.6%) and 106 with stunting (15.2%). The death of an indigenous child identified with acute malnutrition was recorded in 2022, an event that had not happened in previous years.

Interpretation

From 2021 to 2022, nutrition screening exercises have drastically reduced in Boa Vista; the abrupt reduction in the number of nutrition evaluations result from the reduction of more than 80% of the teams of nutritionists since April 2022 due to the reduction of 100% of funds received for the Nutrition response in 2022 compared with 2021. After the reduction of teams, the active search was greatly reduced, as funds were and still are insufficient to monitor the children with the agility and frequency that would be necessary. To exemplify, until March 2022 we had a team of 8 nurses, 8 nutritionists and more than 34 health monitors working in 12 shelters, several spontaneous settlements and 13 Local Health Facilities in Boa Vista and Pacaraima, with fix teams for indigenous shelters. Since April 2022, we only have 2 nutritionists, two nurses and 12 health monitors.

A large increase in migration flows and need for nutritional screenings was identified in Pacaraima from the end of 2021 and nutritional assessments were prioritized in this municipality, despite the reduction of resources.

The reduction of teams has led to a very reduced number of children evaluated per month in Boa Vista, and very unstable pattern of screening of children for acute malnutrition in Pacaraima in which the number of children diagnosed with acute malnutrition between January and July of 2022 was 55 (20.8%). This high percentage, even though not representative of the nutrition situation of children under 5 as the sample was not representative, may be due to the fact that in active surveillance systems, health monitors identify and prioritize those children with some type of health vulnerability, possibly overestimating the proportion of acute malnutrition.

However, the different origins and patterns of migration flow of Venezuelan population groups that arrives Brazil implies different nutritional epidemiological profiles of children and possibly contributes to the instability of data each month.

The economic and social crisis that stemmed from the COVID-19 pandemic is having direct implications on the nutrition of refugee and migrants in Brazil, with data indicating that 61% of households with pregnant and breastfeeding women, as well as children below 5 years of age, are facing some level of food insecurity, a rate that is higher than the one for the overall Venezuelan population (50%). A total of 74% of refugees and migrants say they buy less food than last year, and 18% have not eaten anything for at least one day in the last 30 days. Despite 96.0 % inform having good cultural adaptation to Brazilian food items, 21% inform do not have ways to prepare their own meals.

UNICEF have a close and collaborative relationship with the health coordination of host cities (Boa Vista and Pacaraima), but the local teams do not have the sufficient capacities to carry out the necessary health and nutrition surveillance for a large group of vulnerable children potentially at nutritional risk. The Unified Health System of Brazil guarantees access to health to all people living in the country, but this is limited by the structure in place in the cities on the northern border, which had a health network with limited capacities even before the increase in the migratory flow.

Recommendations

- Conduct advocacy with municipal, state and federal health managers (including CEGAN) to raise awareness about the reduced access to nutrition interventions, including nutrition screening, targeting refugees and migrants from Venezuela in Roraima and the need to increase professionals specialized in nutrition in the area to increase the prevention, detection and response capacity.
- Mobilize funds to:
 - strengthen the Nutrition sector response to prevent, identify and treat malnutrition.
 - organize a nutrition assessment with a representative sample of refugee and migrant children under 5 and host communities to obtain representative data on their nutrition status and its severity as well as data on its determinants, such as infant and young child feeding practices, health, WASH and food security. This can be done through a SMART survey.
 - promote cross-border surveillance integrated with the UNICEF-Venezuela office to identify priority areas and groups in both countries, including the identification of place of origin in Venezuela.

Iniciativa



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