END-YEAR REPORT 2023

NUTRITION

R4V Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela

PEOPLE IN NEED (PIN) **1.72 M**

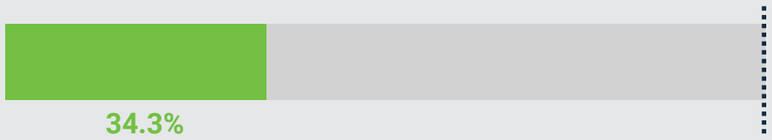
PEOPLE TARGETED **200.9 K**

PEOPLE REACHED* **68.9 K**

AGE AND GENDER DISAGGREGATION

6.0% 27.6% 33.6% 32.9%

PERCENTAGE OF PEOPLE REACHED

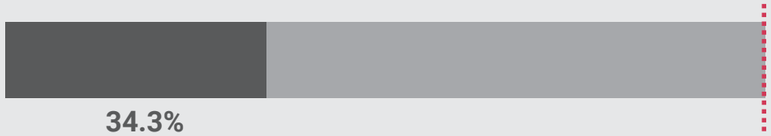


TOTAL REQUIREMENTS **$13.84 M**

BUDGET RECEIVED** **$4.75 M**

UNMET **$9.09 M**

PERCENTAGE OF BUDGET REACHED



REPORTING PARTNERS **23**

IMPLEMENTING PARTNERS*** **29**

(INCLUDING **1** REFUGEE AND MIGRANT-LED ORGANIZATION)

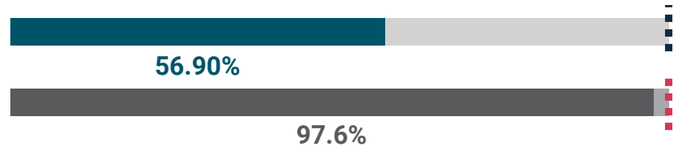
DONORS **6**

PEOPLE REACHED AND FUNDING BY NATIONAL AND SUB-REGIONAL PLATFORM

In-destination | In-transit | Affected host communities | Pendular | Colombian returnees | Budget received

BRAZIL

10.5 K | 6.0 K | $1.38 M | $1.35 M

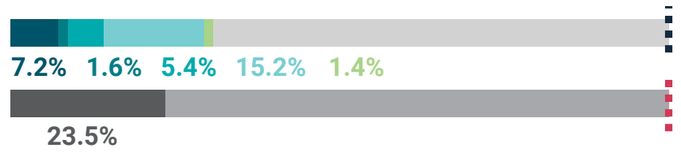


CHILE

2.4 K | 783 | $519.2 K | $20.0 K

COLOMBIA

114.8 K | 35.3 K | $4.36 M | $1.02 M

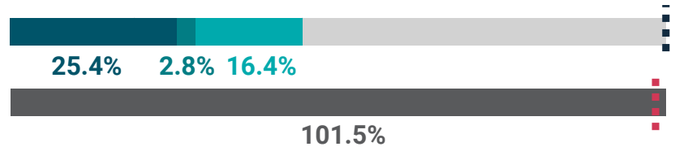


ECUADOR

8.6 K | 767 | $3.16 M | $55.9 K

PERU

65.0 K | 29.0 K | $2.01 M | $2.04 M

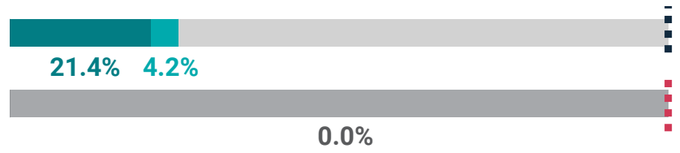


CARIBBEAN

7.6 K | 564 | $1.53 M | $18.3 K

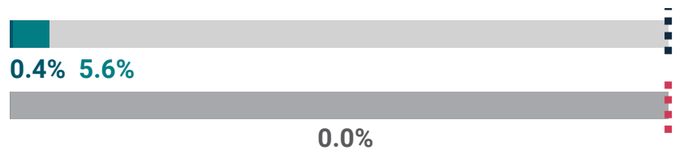
CENTRAL AMERICA & MEXICO

5.3 K | 1.4 K | $275.0 K | $0.0



SOUTHERN CONE

5.9 K | 354 | $267.1 K | $0.0



* *The above regional-level data on people reached with assistance under the RMRP 2023 does not include assistance provided to refugees and migrants in-transit. While assistance under the RMRP was provided to refugees and migrants in-transit (in Brazil and Mexico, primarily to Venezuelan nationals, in the other countries, refugees and migrants of all nationalities in-transit), given that in-transit populations by their very nature pass through multiple countries, they may be assisted in more than one country. This would mean that the regional total for in-transit people reached with assistance would include significant duplications. In order to avoid such duplications, information for the in-transit population assisted is included at the country levels and should be referred to distinctly from the in-destination population (as is also done for the corresponding PiNs and targets).*

** *Funding information as reported to the Financial Tracking Service (FTS) as of 1 April 2024. This data is based on partners' voluntary reporting of contributions and may not accurately represent all funds attributed to the RMRP response. Unearmarked funds from donors may also not be reported to FTS with a sector or country designation at the time of receipt by RMRP partners.*

Sectoral funds reported for activities implemented at a regional, sub-regional, or multi-country level are not reflected in the above infographic disaggregated by national and sub-regional platforms. For more information about the funding of the RMRP please refer to this link.

*** *This includes RMRP appealing partners that are also implementing activities, as well as implementing partners that are not appealing partners. For this reason, it is recommended to quote partner figures separately and not sum the number of partners, as this would double-count implementing partners that are also reporting activities.*

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Situation

In 2023, increasing levels of multidirectional transit and onward movements of refugees and migrants, the ever-visible impacts of climate change, growing insecurity due to organized crime, and an increase in energy and food prices across the region exacerbated the vulnerability of population groups most susceptible to malnutrition: children under 5 and pregnant and lactating women, increasing the risk of malnutrition, disease, and death, especially among the youngest ones. In *Colombia*, the number of women observed among refugees and migrants in-transit from Venezuela increased by 143% in 2023, compared to 2022. Similarly, the number of children under the age of 5 increase by 177% during the same period.

The increase of refugees and migrants in-transit, including a large number of children under five and pregnant women undertaking these journeys, contribute to an increased vulnerability to malnutrition due to limited access to healthcare and nutrition services, WASH services, and food along the routes. For example, in Panama, the number of refugees and migrants in-transit through the Darien jungle reached historic records in 2023, with the number of children who crossed the Darien (113.2K) having almost tripled in comparison to 2022 (40,438). The number of *pregnant women in-transit* increased to over 1,000 during the year.

Host countries identified various types of malnutrition among refugees and migrants. In *Brazil*, out of 6,138 nutrition screenings performed on children of 6–59 months living in shelters and informal settlements in Roraima, 1,256 (29.2%) identified some level of wasting, either moderate (22%) or severe (7.2%) and were admitted for treatment. In Bolivia, 6% of Venezuelan refugee and migrant children in-transit aged 2–59 months were identified with wasting while 65% of children aged 6–59 months have either light, moderate or severe anemia. At the same time, malnutrition (underweight) and anemia were identified among pregnant and lactating women. In the Darien in Panama, among *refugees and migrants in-transit*, 1 out of 3 children between 6 and 12 years and 1 in 2 adolescents between the ages of 13-17 were identified with anemia.

Response

Ensuring access to nutrition services through qualified and trained personnel was the main priority of the regional Nutrition Sector. This included identifying and addressing the most pressing nutrition needs of vulnerable populations through nutrition interventions to prevent, identify and treat malnutrition (wasting, stunting and micronutrient deficiencies, such as anemia), nutrition counselling and micronutrient supplementation in pregnant and lactating women and children under the age of 5, as well as the timely identification, referral, and treatment of children under 5 with wasting.

Overall, 46.0K primary caregivers of children between 0 and 23 months received infant and young child feeding counselling in Bolivia, Brazil, Chile, Colombia, the Dominican Republic, Ecuador, Guyana, Peru and Trinidad and Tobago. Additionally, more than 8.5K children between 6 and 59 months received micronutrient powders, enriching their diets with essential vitamin and minerals, including iron, in Bolivia, Colombia, and the Dominican Republic.

Regarding wasting, the most life-threatening form of malnutrition, 4.0K children between 6 and 59 months with a severe form of the condition were admitted for treatment and provided direct assistance, in coordination with government partners in Colombia, the Dominican Republic, and Brazil.

Capacity development of health workers to deliver nutrition interventions was also a key component of the nutrition response. In Brazil, together with the WASH Sector, the Nutrition Sector supported the capacity building of 367 community health workers focusing on health and nutrition at local primary health care services, as well as strengthening of cultural sensitivity towards refugees and migrants.

Lessons Learned

Fund scarcity and limited nutrition expertise at the country level in some countries remain important challenges of the R4V Nutrition Sector response. Funding levels for nutrition activities varied widely across the region, with some countries encountering significant shortages while others met or exceeded financial requirements. Misalignment between data on funding levels and people reached data may stem from some activities not contributing to the overall number of people reached, notably awareness campaigns or some capacity-building activities, while in other cases partners may not have reported activities or the funding they received. Furthermore, although most countries have some level of capacity to implement nutrition interventions, this remains heterogenous across the 10 countries with an active Nutrition Sector, as shown by the limited coverage of infant and young child feeding counseling (34%) and micronutrient supplementation (25%). With only half of the R4V countries having the ability to contribute to nutrition responses of governments, the need for greater visibility and expertise in the field of nutrition remains paramount.

The traceability and follow-up of child malnutrition cases among refugees and migrants in-transit is a challenge due to the mobility of the population and the low access to health services. The increased number of women and children in transit was a challenge to the already stretched nutrition capacity.