END OF YEAR 2021

KEY FIGURES



NUTRITION





1.13 M



272 K



PEOPLE REACHED

61.8 K



17 REPORTING PARTNERS



21 IMPLEMENTING PARTNERS



1,351 REPORTED ACTIVITIES





FUNDED

\$3.31 M (27%)

UNMET

\$8.86 M

• (73%)

NUMBER OF ORGANIZATIONS



DONORS



FUNDED

SITUATION

The nutrition situation of refugee and migrant children and women (and host communities) continues to be of concern, in particular acute malnutrition in children under age 5, which can result in death. According to data from Brazil, Colombia and Peru, cases of acute malnutrition in children under 5 are between 4.3 and 8.6% in geographic areas hosting larger numbers of refugees and migrants, while the prevalence of stunting (which reflects sustained nutritional deficiencies) in children under 5 ranges from 17 to 22% in Ecuador and Brazil. In Colombia, 4.8% of pregnant and lactating women from Venezuela were malnourished, creating risks for mothers and their

The difficult situation faced by refugees and migrants due to the COVID-19 pandemic continues to result in limited access to health services, precarious WASH conditions, and limited access to diversified/nutritious food, all of which have deteriorated the nutritional status of the most vulnerable groups.

RESPONSE

The R4V Nutrition Sector focused on addressing the specific nutritional needs of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutrition Sector focused on addressing the specific nutrition of the R4V Nutritvulnerable groups, according to age and condition, to prevent, identify and treat mal nutrition, and improve survival. Target population groups included children(under age five and under age two) and pregnant and lactating women.

Main achievements included strengthening the capacities of health authorities to provide nutrition interventions through training (Guyana, Ecuador, Peru, Brazil, Colombia) and funding additional nutrition personnel (including indigenous health monitors) in government health units (Brazil); monitoring the nutrition status of children under 5 across borders (Colombia and Ecuador); and integrating nutrition interventions with other sectors (e.g.

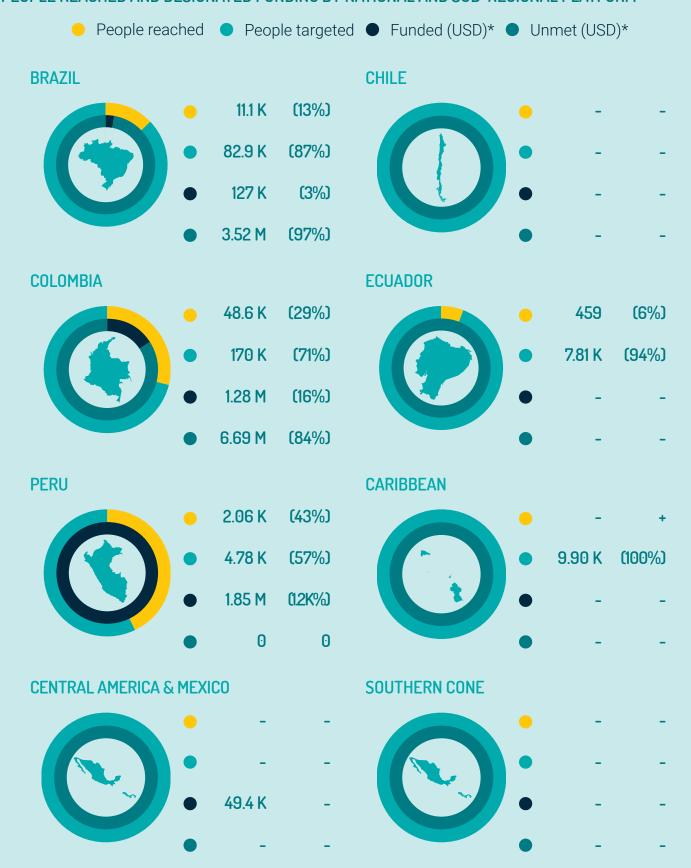
counseling on infant and young child feeding integrated with CVA in Trinidad and Tobago, Peru and Ecuador, and training caregivers in food preparation and healthy feeding coupled with food assistance in Brazil).

Main achievements at the regional level included organizing a webinar series on Nutrition in Emergencies in the context of COVID-19 and migration; organizing a high-level nutrition event as part of the 2021 Donor's Conference and associated materials (factsheet, event recording, summary report, and Q&A); and publishing a R4V Nutrition Sector joint statement calling all R4V partners to protect, promote and support breastfeeding and avoid distribution of breast milk substitutes.

LESSONS LEARNED

- Main challenges in the 2021 response included the lack of data on the nutrition situation of vulnerable groups, limiting recognition of the scope of nutritional problems faced by refugees and migrants; limited presence of actors with nutrition expertise, reducing the response's reach; and difficulties with the implementation of nutrition interventions in large settlements. Critical lack of funding was a main challenge.
- To improve implementation in 2022, the sector will seek to 1) generate up-to-date information on the nutritional situation of vulnerable groups using standardized methodologies, like nutrition surveys, in addition to screening exercises; 2) advocate for nutrition support to vulnerable groups in an emergency context, making visible their needs, risks, and gaps and the need to provide access to nutrition services, especially through local health services; and 3) conduct an analysis of capacities at the country level to manage acute malnutrition and identify areas for improvement.

PEOPLE REACHED AND DESIGNATED FUNDING BY NATIONAL AND SUB-REGIONAL PLATFORM*



^{*} Funding information as reported to the <u>Financial Tracking Service (FTS)</u>. This may not accurately represent all funds actually applied to each sector or country of the RMRP response, as unearmarked funds from donors may not be reported to FTS with a sector or country designation at the time of receipt by RMRP partners.

