

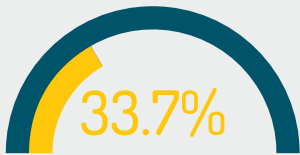


NUTRITION



Inter-Agency Coordination Platform for Refugees and Migrants from Venezuela

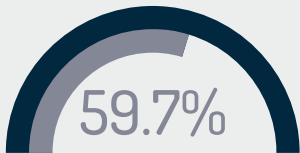
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PEOPLE IN NEED
2.83 M

PEOPLE TARGETED
188.5 K

PEOPLE REACHED
63.6 K



TOTAL REQUIREMENTS
\$ 8.67 M

BUDGET RECEIVED*
\$ 5.18 M

UNMET*
\$ 3.49 M



REPORTING PARTNERS

15



IMPLEMENTING PARTNERS**

13



DONORS

3

POPULATION TARGETED AND REACHED, FINANCIAL REQUIREMENT AND FUNDING



BRAZIL

11.9 K \$ 1.71 M

10.5 K \$ 740.0 K



CHILE

- -

428 -

- -



COLOMBIA

124.7 K \$ 4.32 M

36.3 K \$ 815.6 K



ECUADOR

9.3 K \$ 650.4 K

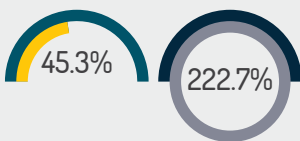
232 -



PERU

42.2 K \$ 120 M

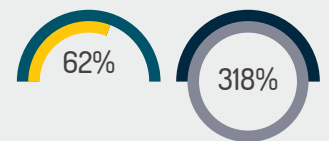
19.1 K \$ 2.68 M



CARIBBEAN

1.1 K \$ 295.0 K

666 938.0 K



CENTRAL AMERICA & MEXICO

- -

- -

- -



SOUTHERN CONE

4.4 K \$ 153.0 K

185 -



* Funding information as reported to the Financial Tracking Service (FTS). This may not accurately represent all funds actually attributed 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. For more information about the funding of the RMRP 2022, please refer to this dashboard.

SITUATION

The nutrition situation of children and women, among refugee and migrant as well as among host communities, continued to be of concern in 2022; in particular acute malnutrition among children under 5 years of age. As presented in the [RMNA](#), 3 per cent of children assessed in Ecuador, the Dominican Republic and Colombia, to 4.4 per cent in Peru and 13.4 per cent in Brazil were identified with acute malnutrition.

Stunting among refugee and migrant children under 5 years of age, which reflects nutritional deficiencies over an extended period of time, [was also identified](#): 8.2 per cent in Peru, 17.8 per cent in Brazil, 19.6 per cent of children in-transit and 22.8 per cent of children in pendular movements in Colombia were identified as being too short for their age, meaning that they may never reach their full possible height nor their full cognitive potential. On the other hand, 19 per cent of refugee and migrant children between 6 and 59 months old in Peru, 30.8 per cent of children in-transit and 37.3 per cent of children in pendular movements in Colombia were identified with anaemia, potentially resulting in poor growth, impaired physical and mental development and an increased risk of death due to infectious diseases. Furthermore, cases of acute malnutrition identified in children in several countries in the region also highlighted the risk of death due to an increased frequency and severity of common infections and weakened immunity.

RESPONSE

The Nutrition Sector held regular coordination meetings with regional nutrition partners and national nutrition sectors in 2022 to share knowledge and experiences between countries and nutrition partners.

In total 63,561 persons were reached in 2022 through nutrition-specific interventions, including children and pregnant and lactating women. For example, in Brazil, the Nutrition Sector supported positive young child feeding practices among refugees and migrants from Venezuela. In Ecuador, screening for anaemia was carried out for children under 5 and ready-to-use nutrition supplements to prevent malnutrition were distributed. Children under 5 were also screened for malnutrition in border areas in Peru. In Brazil, over 5,000 nutritional assessments were conducted for children under 5 in Roraima, Amazonas and Pará, with special attention to indigenous communities, identifying a high proportion of acute (17 per cent), severe (4 per cent) and chronic (21 per

cent) malnutrition. These families and children were assisted with counselling, supplementation, and referred to medical services when necessary. Approximately 33.7 per cent of the target population was reached through nutrition-specific interventions in 2022.

The Regional Sector led the development of lessons learned from the RMRP 2022 process, documenting good practices, challenges and recommendations for the [RMRP 2023-2024](#). The lessons learned document was reviewed and validated by National Sectors. Based thereon, the Regional Nutrition Sector developed a [guidance document on the Nutrition People in Need \(PIN\) estimation](#) tailored to the refugee and migration context, with support from the Global Nutrition Cluster. In addition, an advocacy strategy for the R4V Nutrition Sector for 2023-2024, to enhance support to the nutrition response, was developed, including a [document introducing the R4V Nutrition Sector](#).

Lastly, the Nutrition Sector, in collaboration with the Global Nutrition Cluster Technical Alliance, organized a webinar series on infant and young child feeding in emergencies (IYCF-E) with a focus on migration, with a total of 349 participants. IYCF-E was identified as a priority for expansion by Nutrition Sector partners and national nutrition focal points in a survey from 2021.

LESSONS LEARNED

The main challenges in 2022 included: a) lack of data on the nutritional situation of vulnerable groups, which limits recognition of the nutritional problems that refugees and migrants face; and b) limited presence of actors with nutrition expertise, reducing the response capacity. Despite the fact that considerably more funds were received against the requirements in 2022 (59.7 per cent) than 2021 (27 per cent), it was still insufficient to address the nutrition needs of the refugee and migrant population.

In 2023 the Nutrition Sector will continue to promote the generation of information on the nutritional situation of vulnerable groups using standardized methodologies. The Sector will strengthen capacities to manage acute malnutrition and advocate for nutritional support by making visible the needs, risks and gaps of the vulnerable population, especially through local health services and other strategic sectors, such as Protection, Education, WASH, and Food Security.