

High-Level Event

Ensuring adequate nutrition in refugee and migrant children and women: What does it take?

1. Why is older people not considered as vulnerable group?

Question replied by: Yvette Fautsch, R4V Nutrition Coordinator

Older people are indeed a group vulnerable to malnutrition. They are predisposed to nutrient deficiency due to a decline in total and resting energy requirements (physical inactivity, loss of lean muscle mass and increased adiposity) that gradually reduces food intake while vitamin and mineral needs remain unchanged or increased. Other groups are also vulnerable to malnutrition: children in middle childhood (5-9 years) and adolescence (10-19 years) also have specific needs, particularly when they experience growth spurts. Adolescence is also a time for brain development.

In this event, only the target groups of the R4V Nutrition sector under the Refugee and Migration Response Plan 2021, that prioritizes boys and girls under 5 years of age and pregnant and lactating women, among the population groups vulnerable to malnutrition. This does not mean that older people and other groups cannot be included but, for this to happen, it will be important to ensure that necessary capacities and funds are in place.

2. Where is the Nutritional Center located in La Guajira, Colombia?

Question replied by: Victoria Ward, Regional Director, Save the Children Regional Office for Latin America and the Caribbean

We do not have a nutritional center specifically. We have 6 breastfeeding corners in different spaces of the country in coordination with other sectors, one of them is in the facilities of the Save the Children health unit in Maicao, la Guajira, or another in a shelter space for children in Bogotá. We also develop the nutrition activities at the community level in human settlements or health facilities in Perú and Colombia.

3. How do you differentiate actions in nutrition programs taking into account the ethnic component and ancestral foods of the indigenous and rural migrant population?

Question replied by: Victoria Ward, Regional Director, Save the Children Regional Office for Latin America and the Caribbean

In two ways, the first is that the majority of the staff is local population, for which they know the food culture, in addition some of the team members speak the local language, the second is through dialogue, recognizing knowledge through a communication process that seeks to validate, empathize and positively reinforce both individually and in groups.

4. Could you please elaborate on nutrition actions for migrants in transit? I have previously had experience that in proposals aimed at migrants, I am asked to remove the nutrition component because it is not considered important.

Question replied by: Yvette Fautsch, R4V Nutrition Coordinator

The R4V Nutrition response has included nutritional supplementation (ready-to-use supplementary food) to children under 5 years of age on the move, to provide them with energy and proteins and prevent acute malnutrition along the transit. Additional information on the key nutrition response actions, you can access the [Webinar Series on Nutrition in Emergencies in the Context of COVID-19 and migration](#)

Sometimes, Nutrition is not considered a priority in an emergency it can be perceived that food distribution will be sufficient to cover the nutrition needs of the whole population. However, solely ensuring availability and access to food will not guarantee that young children, pregnant and lactating women receive the food they need in terms of quantity and quality, especially in terms of micronutrients, and that they are counseled on how best meet their nutrient needs.

We encourage all partners and nutrition sector coordination mechanisms at the country level to advocate for nutrition activities in humanitarian contexts, highlighting its objectives, value-added and life-saving interventions that:

- Address specific nutritional needs of vulnerable groups according to age and condition to prevent all forms of malnutrition
- Identify and treat malnutrition
- Improve survival in these vulnerable groups.

The evidence base of nutrition interventions as being life-saving can be found in the Maternal and Child Nutrition Lancet Series.

5. Have you thought about including in this group the response of UNICEF Venezuela and the Venezuela Nutrition Cluster to the R4V group? This would help reduce the risk of the population that is leaving the country.

Question replied by: Yvette Fautsch, R4V Nutrition Coordinator

The R4V platform was set up to coordinate the response to the refugees and migrants from Venezuela in countries neighboring Venezuela.

The UNICEF Nutrition response and that of the Nutrition Cluster in Venezuela are included in the Humanitarian Response Plan led and coordinated by OCHA in Venezuela.

For more information, please refer to the [Venezuela Humanitarian Response Plan 2020](#).

6. Malnutrition includes undernutrition and overnutrition. What would panelists have to say about overnutrition in migrants? In a rapid data review of our patient's nutritional status, undernutrition prevails in US and 6-18 years old (66% and 47% respectively). We also observed 50% overnutrition and 15% undernutrition in adult population.

Question replied by: Paula Veliz, Nutrition Specialist, UNICEF Regional Office for Latin America and the Caribbean

Overweight is the result of an interaction between individual factors that regulate physiological processes, food preferences, and physical activity patterns over the life course, and an obesogenic environment that promotes a high energy intake and sedentary behaviour.

Some of the R4V Nutrition sector partners have reported overweight cases in migrants, including children, as well as food assistance of low quality. Special attention should be given to the quality of food assistance. Foods and beverages high in saturated fats, sugar and/or salt should not be sought, accepted or donated. These foods do not meet WHO recommendations for a healthy diet and may undermine local food use and recommended dietary practices and contribute to expand the consumption of unhealthy foods.

Advocacy should be done so that food assistance only provides healthy food options, in line with WHO Recommendations for a healthy diet, including diverse perishable and non-perishable items or meals consistent with the following elements:

- Fresh, frozen or tinned fruits and vegetables, with no or minimal added salt or sugar
- Tinned or dried pulses and legumes (e.g. beans, lentils), with no or minimal added salt or sugar
- Tinned oily fish (e.g. tuna, mackerel, salmon), preferring those in packed in water rather than oil
- Unsalted nuts
- Potatoes, bread, rice, pasta or other starchy carbohydrates or tubers; choosing wholegrain versions where possible
- Unsaturated fats and oils (e.g. sunflower, soybean, canola and olive oils) are preferable to saturated fats (e.g. butter, palm and coconut oil, ghee or lard)
- Limited amount of salt and high-sodium condiments or sauces (e.g. soy sauce, fish sauce and bouillon) and no salty snacks
- Limited added sugar and no soft drinks or confectionery
- Safe and palatable drinking water as the preferred beverage

In addition, double duty actions, meaning actions including interventions, programmes and policies that have the potential to simultaneously reduce the risk or burden of both undernutrition (including wasting, stunting and micronutrient deficiency) and overnutrition (overweight and obesity) should be prioritized:

- Protection and promotion of exclusive breastfeeding
- Optimization of early child nutrition, including complementary feeding
- Maternal nutrition and antenatal care programmes

Q&A

Thematic event - R4V Nutrition Sector

25 May 2021

These are activities that are usually included in a nutrition response to prevent undernutrition, but these also have a protective effect against overnutrition.



7. Is there an estimation of the number of Warao indigenous present in Guyana?

Question replied by: Dinte Conway, Food Policy Director, Ministry of Health, Guyana

There are believed to be more than 5,000 Warao living in Guyana today.

8. What funding mechanism have you considered to support life-saving interventions such as anemia treatment, acute malnutrition prevention, micronutrient supplementation in children, and pregnant and lactating women?

Question replied by: Gloria Puertas Aznárez, Regional Health and Nutrition Expert, Regional Office for Latin America and the Caribbean, European Commission, DG ECHO

The activities mentioned are important, but not strictly life-saving in isolation. For instance, anemia treatment in isolation does not save lives, unless it is integrated with interventions looking at local and individual causes of anemia, tailoring treatment for sex and age groups. The interventions mentioned should be integrated in comprehensive nutrition and health programs, as these funded by ECHO.

9. How to include Venezuelan migrants in nutrition and complementary feeding programs who, due to the quarantine measures dictated in different countries, are forced to return to Venezuela without having any of their jobs, representing a greater family burden.

Question replied by: Yvette Fautsch, R4V Nutrition Coordinator

Venezuelan migrants who returned to Venezuela after the pandemic hit are not part of the R4V platform response, but the humanitarian response taking place in Venezuela.

For more information on the response to the needs of returnees, please refer to the [Venezuela Humanitarian Response Plan 2020](#).