

# MICRONUTRIENT SUPPLEMENTATION PROGRAMME

Kharaz Refugee Camp  
, Yemen,



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Haut Commissariat des Nations Unies pour les réfugiés

# Background on Yemen

- Yemen is signatory to the 1951 Refugee Convention and its 1967 Protocol.
- UNHCR re-established its activities in 1992
- As August 2012, over 220,000 refugees live in Yemen
- Majority are Somalis.
- Smaller Proportion are Eritrean, Ethiopians, & Iraqis
- Refugees mainly settled in urban areas
- Only 19,000+ in kharaz camp
- By August 2012, 25,000+ new arrival passed reception centres (75,000 new arrival reach Yemen coasts )
- Around 523,000+ IDPs are registered



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# Nutrition and Food Security Statuses of refugee in camp

- The 2008-2010 surveys indicated high unacceptable anaemia and malnutrition
- 2010 surveys results:
- GAM: Refugee: 8.7% (5.9 – 12.9) and Yemeni: 10.0% (6.1 – 16.1)
- U5 Anaemia ; Refugee; 58.9% (53.2 – 64.4) & Yemeni: 64.5% (56.4 – 72.0)
- WRG Anaemia : Refugees:48.4% (41.8 – 54.7) & Yemeni :54.8% (46.1 – 63.2)
- The nutrition supplement product selected based on UNHCR draft guideline
- MNP selected due to high Anaemia prevalence and GAM is less 10% and high stunting ( around 20%)
- MNP is also highly economically feasible and cheap



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# Acceptability test

- Two groups of 6-59 months were targeted ( refugees and host community from the nearest village to kharaz camp.
- Results of acceptability test  
>>>>>

<b>Likeability :</b>	<b>90.6% like it</b>
<b>Easy to use</b>	<b>Ref. 97.7%</b> <b>Host. 100%</b>
<b>Side effect</b>	<b>No side effect(97.8%)</b> <b>Stool colour change 2.2%</b>
<b>Acceptability</b>	<b>High adherence Ref. 91.4%</b> <b>Host. 87.5%</b>
<b>level of activity of the children</b>	<b>very good in 80.6 %</b> <b>good in 17.1%</b>
<b>Appetite of children</b>	<b>very good appetite Ref. 82.9%</b> <b>and Host 92.7%</b>



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# Design & formula

- Formulation done according to Kharaz camp context (UNHCR and WFP HQ, ENN )
- Culturally acceptable name and package identified (**DHEEF**)
- Package and promotion materials eg: posters and billboards tested by the target community.



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# Promotion and BCC activities

- **Advocacy done with MOH and UN agencies**
- **Permission and acceptance by MOH and community leaders**
- **Training of medical staff and community health workers (objective of the program ,target population, how to use the product, side effect and key messages )**
- **Community awareness (leaflets ,Flyers , tea sessions and public meetings).**



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# Distribution

- **Intervention plan and product procured based formulation**
- **Distribution system identified with stakeholder**
- **List of target children prepared**
- **CHWs visited shelter of listed children>>Do MUAC, refer MAM and SAM to clinic.**
  - >Check vaccination cards / defaulters identified
  - > De-worming done along with first round .
  - > Refer to MNP distribution point to receive MNP/ small plate and spoon .
- **Distribution system changed started from May to be out reach with the CHWs.**

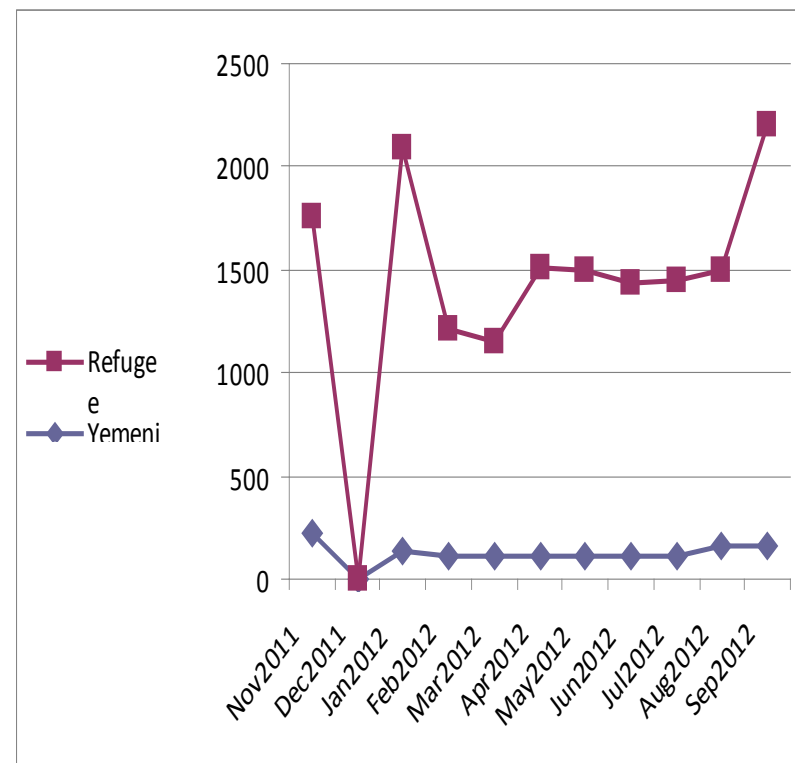


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# Distribution Cont.....

Month	Refugee	Yemeni	Total	%
Nov.2011	1533	225	1758	75%
Dec.2011	0	0	0	Security cause
Jan.2012	1947	139	2086	89%
Feb.2012	1102	112	1214	52%
March2012	1044	112	1156	49%
April.2012	1400	112	1512	65%
May.2012	1391	112	1503	64%
June2012	1322	112	1434	62%
July2012	1340	112	1452	62%
Aug.2012	1340	160	1500	64%
Sep.2012	2047	160	2207	94%



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# Challenges :

- Delay arrival of MNP from supplier. Expiry date 2yrs only.
- Storage : Need cool place , $\frac{1}{2}$  the MNP quantity stored in Sana'a W/H .
- Delay allocation to the camp due to security ,Ramadhan and Eid holidays .
- place of MNP manufacturing and date of Production & expiry not mentioned in the packet or the sachets >>create doubts/ Rumers .



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## Challenges cont.....

- Family Feeding habits > no separate plate for the child – or type of food not suitable for mixing with MNP eg :Lahoooh.
- Expectation to distribute plates and spoon every month.
- MNP linked with episodes of diarrhoea .
- MNP did not meet parents expectation for gaining weight although they noticed improved appetite and activity of the child .



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# Challenges cont.....

- Delay recruitment of nutritionist .
- Local community :
  - Distribution centre far from villages ,they ask for 6months supply instead of monthly .
  - Difficult to do direct observation and in-depth interview.
- Incentive related distribution(plates/spoon)at least half yearly.



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