



# NUTRITION FOR REFUGEES

## In Kakuma Camp and Kalobeyei Settlement

### 1. Overview

Despite an improvement in the nutrition status of refugees in Kakuma refugee camp and Kalobeyei settlement, the prevalence of acute malnutrition in both locations is not within acceptable levels. Based on the 2017 nutrition survey results, the nutrition situation is classified as 'serious' in Kakuma and poor in Kalobeyei. Disease outbreaks – such as of cholera – and cuts in food assistance to refugees have diluted the gains made in improving the nutrition status of refugees. A summary of global acute malnutrition prevalence from 2014 to 2017 is given in table 1.

**Table 1:** Summary of malnutrition prevalence in Kakuma and Kalobeyei

Global Acute Malnutrition levels (%) 2014–2018					
	2014	2015	2016	2017	2018
Kakuma	7.4	11.4	13.5	10.6	Survey ongoing
Kalobeyei*	-	-	8.9	5.9	

\*Kalobeyei settlement was established in 2016.

Lack of access to micronutrients in diets in refugee camps remains a key concern. Anaemia levels continue to remain of high public health significance (above 40 percent), especially among children (tables 2 and 3). A scurvy outbreak was confirmed in Kakuma refugee camp in March 2018, affecting boys aged 12 to 23 years from South Sudan, living and cooking together in one particular area of the camp. Treatment services are ongoing through the provision of vitamin C tablets and multivitamins. WFP also increased the level of cash-based transfers from November 2018 for the 346 individuals (69 households) affected by scurvy to meet 100 percent of the recommended ration (2,100 kcals).<sup>1</sup>

A multi-sectoral approach that includes interventions that address the underlying causes of malnutrition implemented at scale would be the most suitable for preventing micronutrient deficiencies.

<sup>1</sup> Due to resourcing gaps, refugees have been receiving only 85% of the recommended daily ration since August 2018.



Currently, dietary diversity awareness sessions for young boys have been enhanced at the community level. WFP, UNHCR and partners are also piloting hydroponic agriculture to support the production of vegetables for refugees.

**Table 2:** Anaemia levels in children aged 6-59 months in Kakuma and Kalobeyei

Percent of population with anaemia					
	2014	2015	2016	2017	2018
Kakuma	41.7	46.1	48.4	59.2	Survey ongoing
Kalobeyei	-	-	62.3	57.8	

**Table 3:** Anaemia levels in non-pregnant women aged 19-59 years in Kakuma and Kalobeyei

Percent of population with anaemia					
	2014	2015	2016	2017	2018
Kakuma	29.5	34.4	33.12	38.5	Survey ongoing
Kalobeyei	-	-	45.3	34.2	

**Table 4:** Distribution of health facilities in Kakuma refugee camp and Kalobeyei settlement

Location	Number of Health facilities and main hospitals	Comments
Kakuma	8	Clinics 1, 2, 4, 5, 6 and 7 (in the general hospital), MPC4, and the main hospital
Kalobeyei	2	Clinics 1 and 2

**Note:** Kakuma has one distribution site at the reception centre which has not been included in the facility total since it serves as an outreach site for clients residing in the reception centre.

## 2. Beneficiaries and coverage

Table 4 shows the distribution of health facilities in Kakuma refugee camp and Kalobeyei settlement. Table 5 shows the number of recipients of WFP treatment and prevention of malnutrition programmes in 2018. The treatment of malnutrition in children and women has continued uninterrupted in 2018. For the people living with HIV/AIDS/tuberculosis, distribution of nutrition commodities was affected by shortfalls from September to October 2018. Distribution resumed in November 2018.

The prevention of malnutrition programme for children ceased in April and August 2018 in Kakuma and Kalobeyei, respectively, due to severe resource shortfalls. The prevention of malnutrition programme for women was suspended in September 2018 due to resource shortfalls.

**Table 5:** Beneficiaries of prevention and treatment of WFP malnutrition activities in Kakuma refugee camp and Kalobeyei settlement

Category		2018 planning figures			Actual beneficiaries reached by WFP January-October 2018
		Kakuma	Kalobeyei	Total	
Treatment of moderate acute malnutrition	Children 6-59 months	2,000	400	2,400 per month 7,200 per year	7,465 (4,000 female)
	Pregnant and breastfeeding women	200	100	300	144
People living with HIV/AIDS/tuberculosis		900	400	1,300	1,378
Prevention of malnutrition	Children 6-23 months	6,000	2,700	8,700	7,464
	Pregnant and breastfeeding women	7,000	3,000	10,000	7,195

USAID support will ensure the resumption of the prevention of malnutrition/complementary feeding activities for the first six months of 2019 and the continuation of the treatment programmes for women and children for the first quarter of 2019.



**If you would like more information, please contact:**  
[joyce.owigar@wfp.org](mailto:joyce.owigar@wfp.org)  
[antonio.salort-pons@wfp.org](mailto:antonio.salort-pons@wfp.org)  
**in the Kenya office.**

