decades, Congolese and Burundians continue to arrive at an average of 470 individuals per month (UNHCR, January 2020). The encampment policy limits refugees from accessing land, productive resources or formal employment and restricts freedom of movement. Without income-generating opportunities they are reliant on external assistance to meet their food and other basic needs.

Some 70.3 percent of refugees and asylum seekers in Dzaleka are below the ultra-poverty line (UNHCR and WFP, 2018). Faced with food assistance funding cuts and limited livelihoods opportunities, women and girls resort to harmful coping mechanisms, including transactional sex, for their survival and to support their families (UNHCR, 2018).

NUTRITION OVERVIEW

The 2015–16 Demographic and Health Survey found that the child wasting level was low at 2.7 percent. The southern region had higher wasting levels (3.5 percent) than northern (2.1 percent) and central (2 percent) regions (DHS 2015-16).

Just 8.1 percent of children aged 6–23 months consumed the minimum acceptable diet required for their growth and development. Twenty-five percent met minimum dietary diversity and 29.2 percent were fed the minimum frequency of meals. Exclusive breastfeeding rates reduced from 71.4 percent (in 2010) to 61 percent in children below 6 months of age in 2015/16. Inadequate child feeding practices were likely one cause of high anaemia levels (63 percent) among children aged 6–59 months (DHS, 2015-16).

High rates of HIV infection also contribute to malnutrition. Almost 9 percent of adults aged 15–49 years old were HIV positive with the urban prevalence (15 percent) double that of the rural (DHS, 2015–16).

Nutrition status of refugees

Acute malnutrition rates among the refugee and asylum seeker population were very low, with the latest SENS nutrition survey in 2016 reporting a GAM prevalence of just 1 percent. However, chronic malnutrition rates were very high with 34.8 percent of children under 5 years affected by stunting. More than 22.7 percent of refugee children were anaemic. Younger children (around weaning age) were more likely to be malnourished.

Nearly 68 percent of children were exclusively breastfed in the first 6 months and 51.4 percent are introduced to complementary food at the age of 6 months. Diarrhoea incidence (27 percent) in children under 5 years in the camp was concerning (SENS 2016). All households accessed water from improved sources but quantities were low and the sources had potential to be contaminated during the rainy season (UNHCR 2017).