

Emergency Nutrition Response in Ethiopia

As of 15 April 2019

Context

253 out of 870 woredas targeted as Hotspot Priority 1 (severely affected)*
Population of **99.8 million of which 10 million (0-19 yrs)** (CSA projection)
3.485 million children and PLW with MAM expected in 2018**
487,969 children with SAM expected in 2019*

UNICEF is supporting the Government of Ethiopia for emergency response.

*Latest updated figures from the Mid-Year Review of the Humanitarian and Disaster Resilience Plan (August 2018). **As per January estimated caseload. The Revised figure was discussed during the August Mid Year Review and still pending official endorsement.

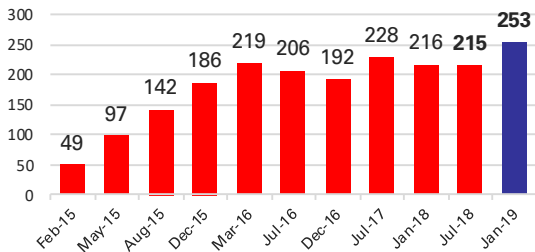
Coordination

- UNICEF is supporting nutrition coordination through Emergency Nutrition Coordination Unit (ENCU, Nutrition Cluster)
- UNICEF is coordinating with WFP and WHO to improve efficiency

To Facilitate Rapid Response

- 19** UNICEF staff supporting emergency
- 47** CMAM monitors in 8 regions for quality assurance
- 21** Zonal Nutrition Cluster Coordinators and Nutrition Specialists in Somali region
- International Nutrition Specialists deployed to Gedeo for technical support and coordination

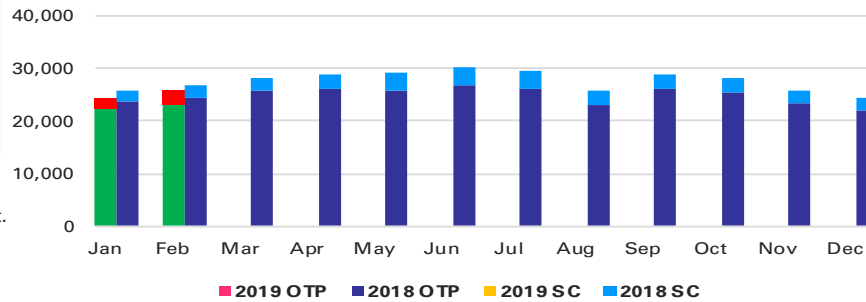
Hotspot Priority 1 Woredas, 2015-2019



CMAM	Community-based Management of Acute Malnutrition
IMO	Information Management Officer

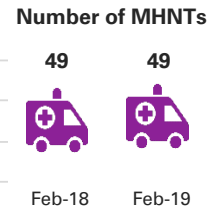
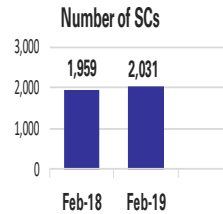
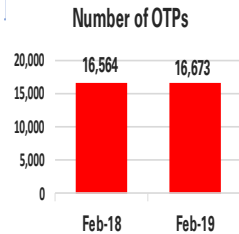
HEW	Health Extension Worker
HW	Health Worker
MAM	Moderate Acute Malnutrition
MHNT	Mobile Health and Nutrition Team

SAM Admissions, 2018-2019



25,692 children were admitted for SAM treatment in February 2019 with reporting rate being at **84%**. The February 2019 SAM admissions has decreased by 4 % compared to the same month last year, 2018.

Expansion of SAM Facilities, 2018-2019

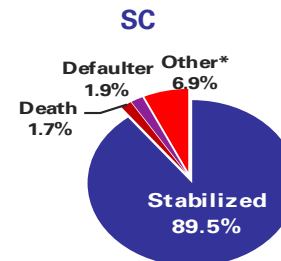
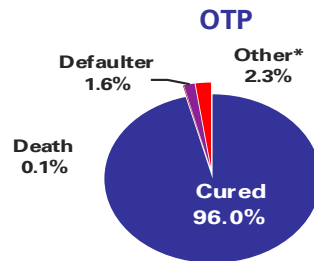


50,233 children admitted with SAM in Jan – Feb 2019, out of whom **4,527** were admitted to inpatient care (**9 %** of total SAM admissions) **85%** reporting rate overall.

In Feb 2019, **90%** of the total SAM children (**23,223**) were admitted to OTP and **2,469** to Stabilization Centres (SCs) (10% of the total SAM children) for treatment of SAM with medical complications.

- *Other includes non-responders, medical transfers and transfers to other CMAM facilities.
- Stabilization for SC includes recovery and transfer to OTP.
- Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

SAM Programme Performance in 2019



OTP	Outpatient Therapeutic Programme
PLW	Pregnant and Lactating Women
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition

SC	Stabilisation Centre
SNNPR	Southern Nations, Nationalities, and Peoples' Region
WHO	World Health Organisation

KEY UPDATES

- The seasonal food and nutrition assessments have been successfully conducted in all regions in late 2018. The Hotspot SAM caseload estimation exercise has been undertaken in January 2019.

CHALLENGES

- Conflict in several regions continue to affect security of populations and the number of IDPs is increasing, particularly in Amhara where the Government estimates that over 42,000 people are displaced and in need of humanitarian assistance in Jan 2019.
- The tension and conflicts, especially in West Guji, is leading to an increase in the displaced population in Gedeo zone of SNNP* region. More displacement of population will lead to increased humanitarian needs and will most likely water down gains made in previous interventions.
- UNICEF is coordinating with the Government and partners to deliver appropriate services to populations in need.
- Insecurity caused service disruption and low reporting rates in several regions, which wrongly decreased the total SAM admissions.

Emergency Nutrition Response in Ethiopia: Afar

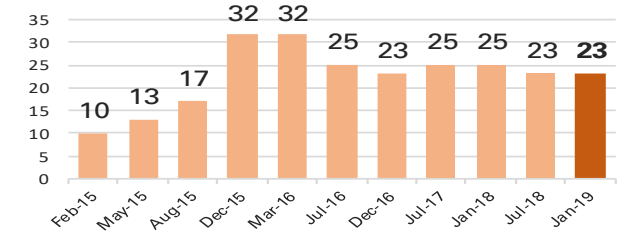
As of 15 April 2019

Context

23 out of 32 woredas classified as hotspot 1 (severely affected districts)*
 Population of **1.9 million of 848,458 (0-19)**(CSA projection)
285,337 children and PLW with MAM expected in 2018**
25,493 children with SAM expected in 2019***

*Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan . ***As per January 2019 estimated caseload. **The Revised figure was discussed during the August 2018 Mid Year Review .

Hotspot Priority 1 Woredas, 2015-2019



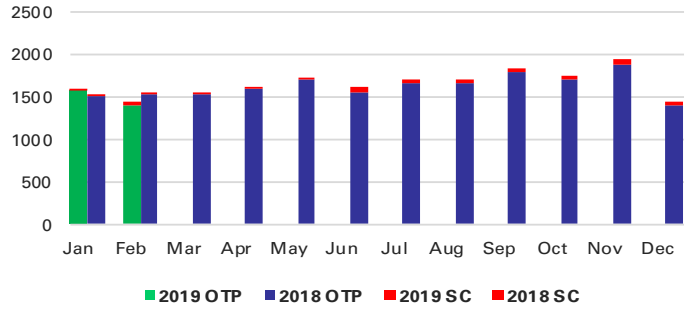
Coordination

- UNICEF is supporting Regional Emergency Nutrition Coordination Unit (R-ENCU)
- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

- 2 UNICEF staff supporting emergency
- 5 CMAM monitors deployed

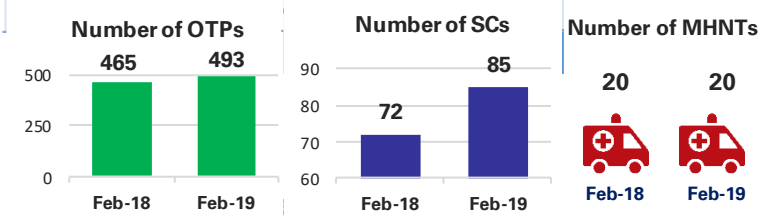
SAM Admissions, 2018-2019



In February 2019, **1449** children were admitted for SAM treatment with reporting rate of **95.2%**. The February 2019 SAM admissions has decreased by **7%** compared to the same month last year, 2018.

3048 children admitted with SAM in Jan – Feb 2018, out of whom **59** were admitted to inpatient care (**2%** of total SAM admissions) with **96%** reporting rate.
In Feb 2019, 18% of OTP admissions were managed by the MHNTs.
 From Jan 2019- Feb 2019, **6%** of total SAM admissions of Ethiopia were reported from Afar Region.

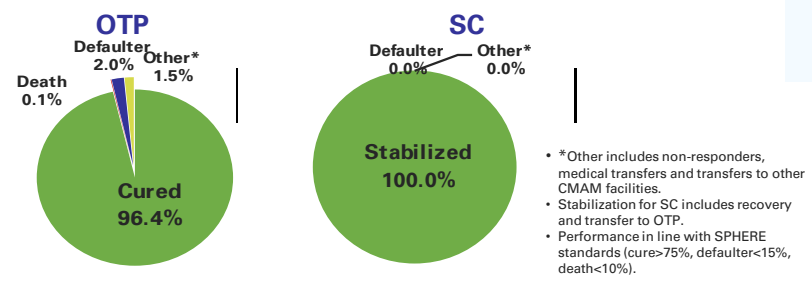
Expansion of SAM Facilities, 2018-2019



Overview of Region

- In Afar, 2018 Karm rains (July- September) was reported as below average, and critical for water replenishment and regeneration of pasture, especially long dry and cold Gilal season (October-December). Due to the "Dadae rains (Mid December) was delay, very small amount and erratic distribution rains in the most parts of the region resulted serious water shortage and food insecurity.
- As per February 2019, CHD screening conducted in the region show a proxy GAM and rates were found 17.7% and 0.8%, respectively with screening coverage of 94% in average.

SAM Programme Performance in 2019



* Other includes non-responders, medical transfers and transfers to other CMAM facilities.
 • Stabilization for SC includes recovery and transfer to OTP.
 • Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

In Afar, the current nutrition situation was classified as serious level with GAM ranging between 11.2 to 11.7 percent and SAM of 0.8 percent in Adaar and Abala Woredas, respectively (as per SMART survey Jan2019).

Emergency Nutrition Response in Ethiopia: Amhara

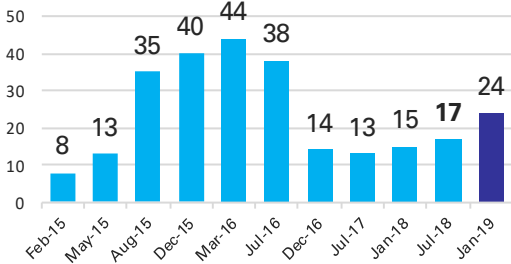
As of 15 April 2019

Context

24 out of 129 woredas classified as hotspot 1 (severely affected districts)*
Population of **22 million of 10 million (0-19 yrs age)** (CSA projection)
550,000 children and PLW with MAM expected in 2018**
53,248 children with SAM expected in 2019***

*Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan. ***As per January 2019 estimated caseload. **The Revised figure was discussed during the August 2018 Mid Year Review

Hotspot Priority 1 Woredas, 2015-2019



Coordination

- UNICEF is supporting Regional Emergency Nutrition Coordination Unit (R-ENCU)
- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

- 2 UNICEF staff supporting emergency
- 3 CMAM monitors deployed

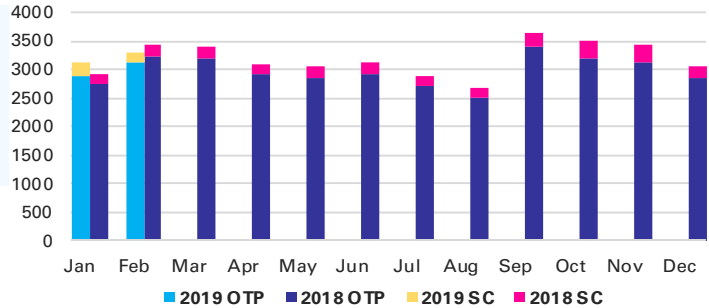
CMAM Community-based Management of Acute Malnutrition
IYCF-E Infant and Young Child Feeding in Emergencies
FMoH Federal Ministry of Health

HEW Health Extension Worker
HW Health Worker
MAM Moderate Acute Malnutrition

MHNT Mobile Health and Nutrition Team
OTP Outpatient Therapeutic Programme
PLW Pregnant and Lactating Women

RUTF Ready-to-Use Therapeutic Food
SAM Severe Acute Malnutrition
SC Stabilisation Centre

SAM Admissions, 2018-2019



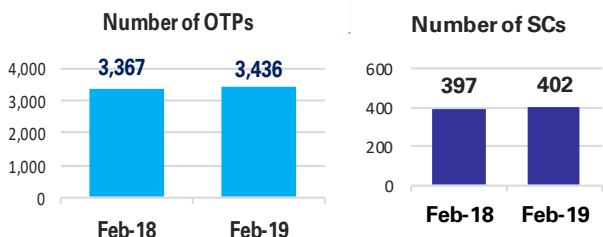
6,422 children admitted with SAM in Jan 2018-Feb 2019, out of whom **390** were admitted to inpatient care (**6%** of total SAM admissions) **90%** reporting rate

A total of **3,298** children were admitted to SAM treatment in Feb 2019, with a reporting rate of **88%**. In Feb 2019, SAM admissions slightly lower by **4%** as compared to the same month in 2018.

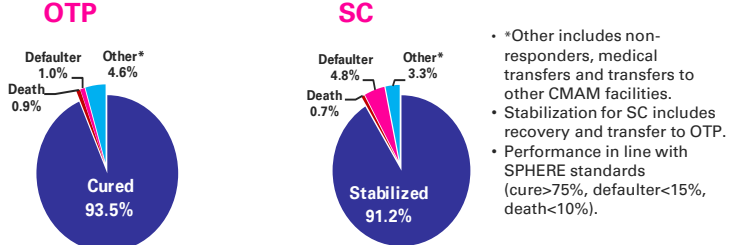
Overview of Region

- Amhara receives short *belg* rains from February to May. The main rainy season, *kiremt*, falls between June-September, affecting the main *mehar* harvest in November-December. The dry *bega* season spans typically between October and February in the region, while bringing a wetter weather over the southern part of the country. Admissions tend to increase during the main hunger gap in the third quarter of the year.
- In Jan 2019-Feb 2019, 13% of total SAM admissions of Ethiopia were reported from Amhara Region.
- The number of IDPs is increasing in Amhara, as violence is escalating in border regions. Over 42,000 people are estimated to be displaced in Amhara.
- The reporting rate in North Gonder zone has drastically declined over the past months, which wrongly decreases the overall admissions figure for the region.

Expansion of SAM Facilities, 2018-2019



SAM Programme Performance in 2019



*Other includes non-responders, medical transfers and transfers to other CMAM facilities.
Stabilization for SC includes recovery and transfer to OTP.
Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

Nutrition Response in Ethiopia: Benishangul-Gumuz

As of 15 April 2019

Context

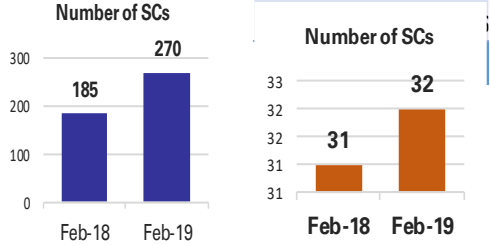
No woreda in the region classified as hotspot 1 (severely affected districts)*
Population estimated to be **1 million** (CSA projection)
3,455 children with SAM expected in 2019*

*Latest Hotspot classification conducted in January 2019
**Mid-Year Review of the Humanitarian and Disaster Resilience Plan (2018). **As per 2019 estimated caseload.

Coordination

- UNICEF is participating in relevant regional and zonal level coordination meetings

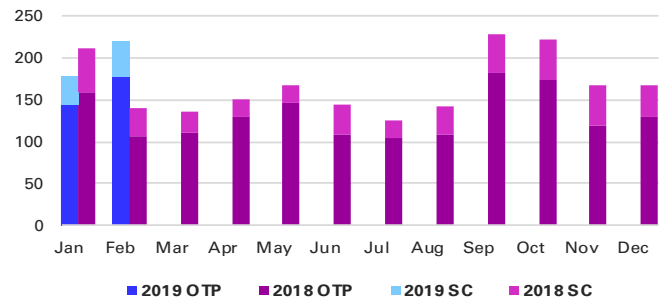
Expansion of SAM Facilities, 2018-2019



To Facilitate Rapid Response

- 1 UNICEF staff supporting nutrition programme
- 3 CMAM monitors deployed

SAM Admissions, 2018-2019



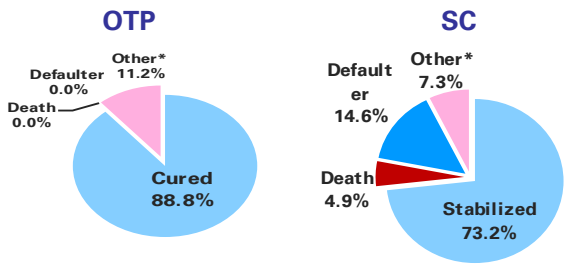
398 U5 children admitted with SAM in Jan – Feb 2019, out of whom **76** were admitted to inpatient care (**19%** of total SAM admissions) **89%** reporting rate

220 children were admitted for SAM treatment in February 2019 with **87.4% of reporting rate**. The February 2019 SAM admissions has increased significantly by 36 % compared to the same month last year, 2018

Overview of Region

- Benishangul-Gumuz mainly receives rains from June-September, during which heavy rains occasionally deter access to health facilities. The rain also heightens the risk of water-related diseases.
- Lean season spans from May to July in the region, followed by increase in SAM admissions between June-August.
- In Jan 2018-Feb 2019, **0.8%** of the national SAM burden was reported in Benishangul-Gumuz Region, which is the lowest SAM burden next to Gambela.
- In Kamashi zone, circa 52,000 people have been displaced since September 2018 due to conflict.

SAM Programme Performance in 2019



*Other includes non-responders, medical transfers and transfers to other CMAM facilities.
Stabilization for SC includes recovery and transfer to OTP.
Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

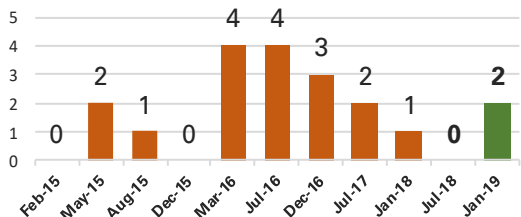
Nutrition Response in Ethiopia: Gambella

As of 15 April 2019

Context

2 out of 14 woredas classified as hotspot 1 (severely affected districts)*
 Population estimated to be **0.5 million of which 265,378 are 0-19 yrs of age** (2019 CSA projection)
5,000 children and PLW with MAM expected in 2018**
2,057 children with SAM expected in 2019***
 *Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan . ***As per January 2019 estimated caseload. **The Revised figure was discussed during the August 2018 Mid Year Review

Hotspot Priority 1 Woredas, 2015-2019



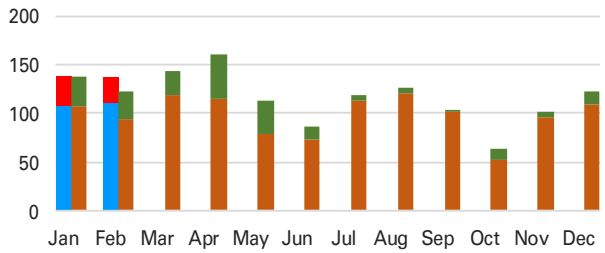
Coordination

- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

- 1 UNICEF staff supporting emergency
- 3 CMAM monitors deployed

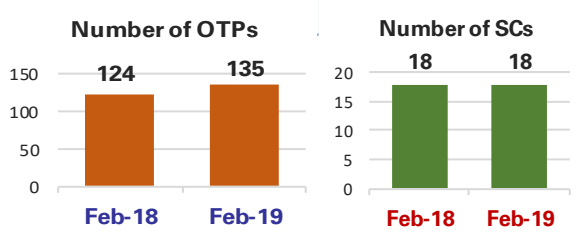
SAM Admissions, 2018-2019



270 admitted with SAM in Jan 2019 –Feb 2019, out of whom **43** were admitted to inpatient care (**16%** of total SAM admissions)
94% reporting rate

- In February 2019, **137** children were admitted into SAM treatment with reporting rate of **94.8 %**. There is a slight increase of 10 % in the number of SAM admission compared to the same month last year, 2018.

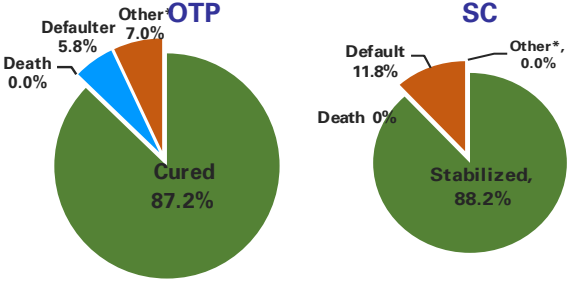
Expansion of SAM Facilities, 2018-2019



Overview of Region

- Gambella has rainy season in Jul-Nov. During this season, heavy rains and frequent flooding often impede access to health facilities. People also migrate in these months, resulting in the rise of defaulters. Following the rains, malaria and other water-related diseases become most prevalent in the second half of the year. Overall health and nutrition service utilization improves in the dry season from Dec-Apr, and the SAM admissions also tend to reach the peak.
- In Jan 2019- Feb 2019, **0.54%** of the national SAM burden was found in Gambella Region, which is the lowest SAM burden.

SAM Programme Performance in 2019



- *Other includes non-responders, medical transfers and transfers to other CMAM facilities.
- Stabilization for SC includes recovery and transfer to OTP.
- Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

Emergency Nutrition Response in Ethiopia: Oromia

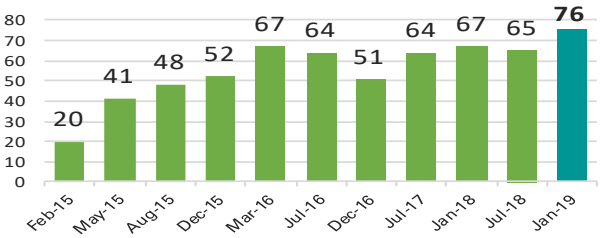
As of 15 April 2019

Context

76 out of 265 woredas classified as hotspot 1 (severely affected districts)*
 Population estimated to be **37.2 million**, of which **20 million** is from **0-19 yrs of age** (2019 CSA projection)
1.048 million children and PLW with MAM expected in 2018**
195,579 children with SAM expected in 2019***

*Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan . ***As per January 2019 estimated caseload. **The Revised figure was discussed during the August 2018 Mid Year Review

Hotspot Priority 1 Woredas, 2015-2019



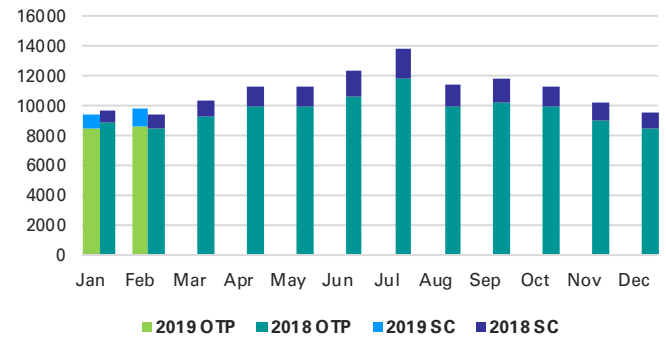
Coordination

- UNICEF is supporting Regional Emergency Nutrition Coordination Unit (R-ENCU)
- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

- 2 UNICEF staff supporting emergency
- 6 CMAM monitors deployed

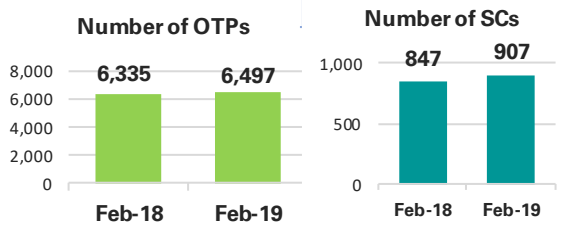
SAM Admissions, 2018-2019



19,292 children admitted with SAM in Jan 2019-Feb 2019, out of whom **2,170** were admitted to inpatient care (**11%** of total SAM admissions)
80% reporting rate

In Feb 2019, **9,881** children were admitted for SAM treatment with reporting rate of **79%**. The Feb 2019, SAM admissions showed slight increase by **5%** as compared to Feb 2018 in Oromia Region.

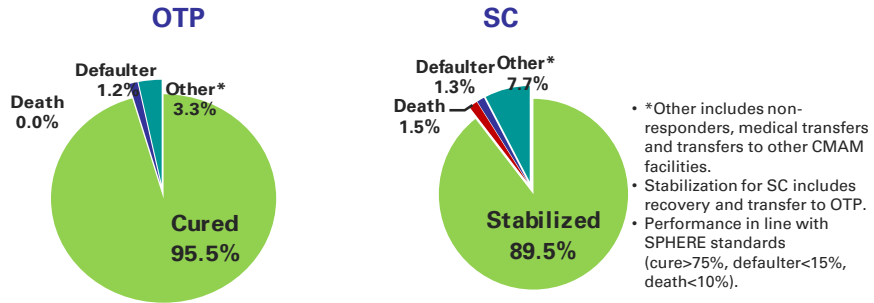
Expansion of SAM Facilities, 2018-2019



Overview of Region

- Oromia receives short *belg* rains from February to May. The main rainy season, *kiremt*, falls between June-September, affecting the main *mehar* harvest in November-December. The dry *bega* season typically spans between October and February in the region, while bringing rains (*hageya*) over the southern part. Admissions tend to increase during the main hunger gap in the third quarter of the year.
- In Jan 2019-Feb 2019, **38.4%** of total SAM admissions were reported from Oromia Region.
- SAM admissions in West Guji zone have resumed to same level as before the crisis (**475** in Nov, with 94% RR). UNICEF continue to coordinate with partners to provide outreach services and full nutrition treatment package to the IDP sites.

SAM Programme Performance in 2019



*Other includes non-responders, medical transfers and transfers to other CMAM facilities.
 • Stabilization for SC includes recovery and transfer to OTP.
 • Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

Emergency Nutrition Response in Ethiopia: SNNPR

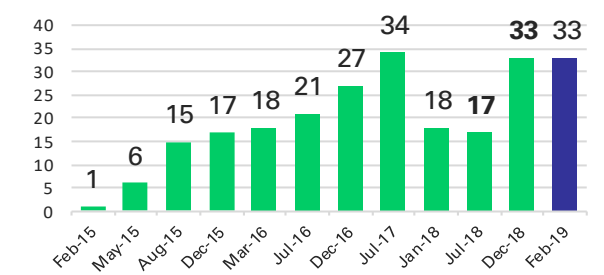
As of 15 April 2019

Context

33 out of 137 woredas classified as hotspot 1 (severely affected districts)*
2019 Population **20 million** with **12 mill (0-19 age)** (CSA projection)
565,644 children and PLW with MAM expected in 2018**
64,128 children with SAM expected in **2019*****

*Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan . ***As per January 2019 estimated caseload. **The Revised figure was discussed during the August 2018 Mid Year Review.

Hotspot Priority 1 Woredas, 2015-2019



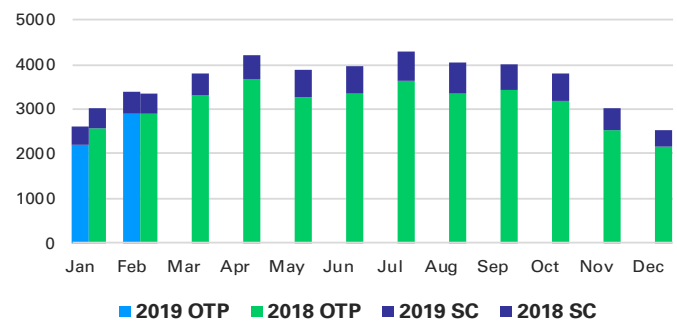
Coordination

- UNICEF is supporting Regional Emergency Nutrition Coordination Unit (R-ENCU)
- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

- 2** UNICEF staff supporting emergency response
- 1** UNICEF international nutritionist deployed in Dilla to support sub-region coordination
- 4** CMAM monitors and **1** coordinator deployed in Gedeo for technical support

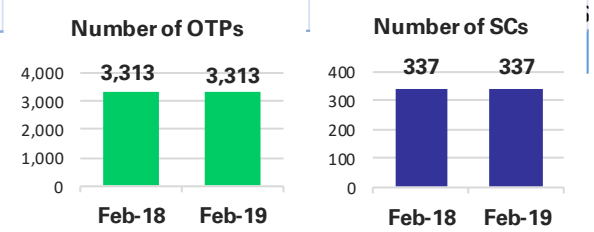
SAM Admissions, 2018-2019



5,986 children admitted with SAM in Jan - Feb 2019, out of whom **59** were admitted to inpatient care (**1%** of total SAM admissions)
88 % reporting rate

A total of **3,387** children were admitted with SAM in Feb 2019 with reporting rate of **86.4%**. There has been a very slight increase of only **1 %** in Feb 2019 SAM admissions compared to the same month in 2018.

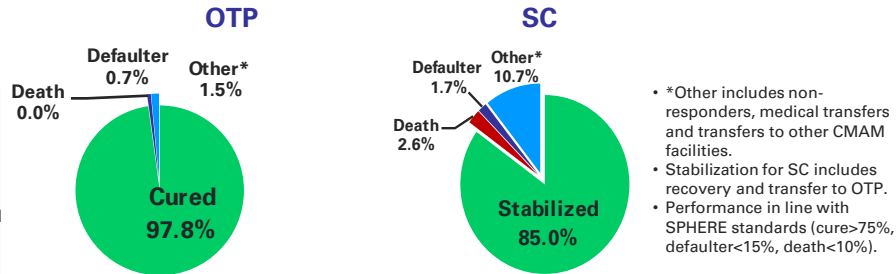
Expansion of SAM Facilities, 2018-2019



Overview of Region

- SNNPR has multiple complex livelihood zones due to a high degree of ecological variation and different rainfall patterns. Cooler highlands in northeast are more densely populated, and receive *belg* rains between Mar-May and *sapie* rains in Dec-Jan which are important for growing root crops. Southern parts of region are predominantly pastoral and agro-pastoral, whereas western parts mainly rely on summer *kiremt* rains for cropping and are relatively food secure. SAM admissions tend to reach peak in Apr-Jun, earlier than other agrarian regions.
- The nutrition situation remains highly concerning among children and women affected by the Gedeo-West Guji inter-communal conflict. The SAM admissions in Gedeo zone this month has resumed to its normal level, as before the beginning of the crisis (at 270). UNICEF continues to support the provision of nutrition services to all children with SAM.

SAM Programme Performance in 2019



*Other includes non-responders, medical transfers and transfers to other CMAM facilities.
 • Stabilization for SC includes recovery and transfer to OTP.
 • Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

CMAM Community-based Management of Acute Malnutrition
 IYCF-E Infant and Young Child Feeding in Emergencies
 FMoH Federal Ministry of Health

HEW Health Extension Worker
 HW Health Worker
 MAM Moderate Acute Malnutrition

MHNT Mobile Health and Nutrition Team
 OTP Outpatient Therapeutic Programme
 PLW Pregnant and Lactating Women

RUTF Ready-to-Use Therapeutic Food
 SAM Severe Acute Malnutrition
 SC Stabilisation Centre
 SNNPR Southern Nations, Nationalities, and Peoples' Region

Emergency Nutrition Response in Ethiopia: Somali

As of 15 April 2019

Context

88 out of 93 woredas classified as hotspot 1 (severely affected districts)*

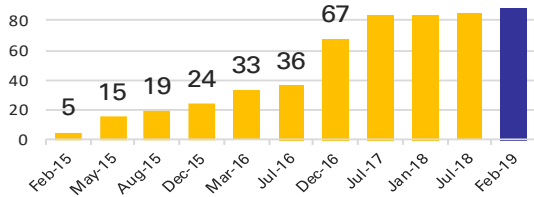
Population estimated to be **6 million** of which **2.9 million** are age **0-19** (2019 CSA projection)

772,000 children and PLW with MAM expected in 2018**

128,112 children with SAM expected in 2019***

*Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan. **As per January 2019 estimated caseload. ***The Revised figure was discussed during the August 2018 Mid Year Review.

Hotspot Priority 1 Woredas, 2015-2018



*Number of **Hotspot P1 Woredas** increased by **31%** in February 2018 as compared to December 2016 in Somali.

95% of the woredas in Somali classified as Hotspot P1 (severely affected districts) in January 2019

Coordination

- UNICEF is supporting Emergency Nutrition Coordination at regional and zonal levels
- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

- 1 UNICEF staff supporting emergency
- 2 International Emergency Nutrition Specialists
- 18 CMAM monitor
- 9 zonal nutrition coordinators
- 9 zonal nutrition specialists

CMAM Community-based Management of Acute Malnutrition
IYCF-E Infant and Young Child Feeding in Emergencies
FMoH Federal Ministry of Health

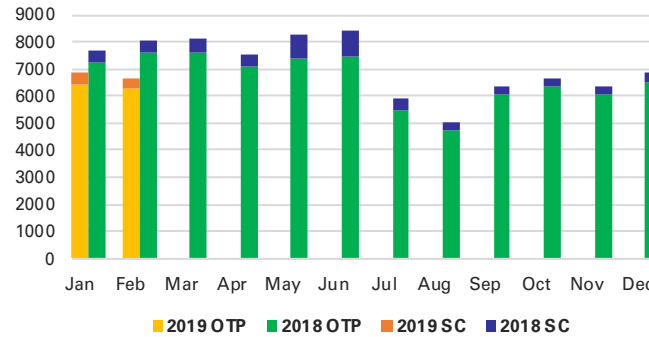
HEW Health Extension Worker
HW Health Worker
MAM Moderate Acute Malnutrition

MHNT Mobile Health and Nutrition Team
OTP Outpatient Therapeutic Programme
PLW Pregnant and Lactating Women

RUTF Ready-to-Use Therapeutic Food
SAM Severe Acute Malnutrition
SC Stabilisation Centre

For more information please contact Bashir Sheik Mohammed (bsheikmohammed@unicef.org)

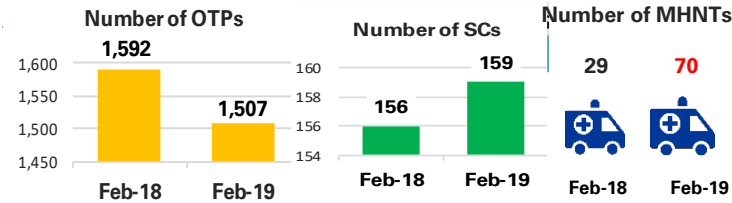
SAM Admissions, 2018-2019



13,522 admitted with SAM in Jan 2019 –Feb 2019, out of whom **751** were admitted to inpatient care (**5.6%** of total SAM admissions)
85% reporting rate

In February 2019, a total of **6,684** children were admitted for treatment of SAM in Somali Region. In February 2019, number of SAM admissions showing decline by 17% as compared to 2018 in the same month.

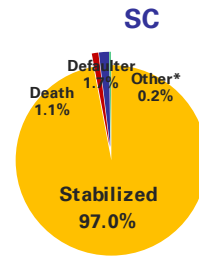
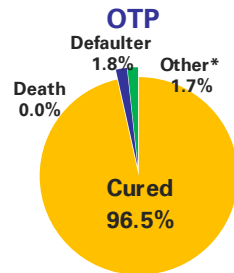
Expansion of SAM Facilities, 2018-2019



Overview of Region

- Majority of Somali region has two rainy seasons and two dry seasons. *Gu* rains influence agricultural and livestock production in Apr-Jun, and is followed by *hagaa* dry season, which is then broken by *deyr* rains in Oct-Dec. In Jan starts long dry spells *jilaal*, and subsequent lean season in Feb-Apr, accompanied by an increase in SAM admissions.
- Somali region remains the worst affected by recurrent droughts in the past years. In Jan 2019-Feb 2019, **27%** of total SAM admissions of Ethiopia were reported from Somali Region.
- 20%** of OTP admissions were managed by the MHNTs between Jan-Nov 2018.
- An estimated 500,000 IDP reside in Somali region due both to conflict and the effect of protracted droughts. They remain highly vulnerable and in need of full response and recovery package.

SAM Programme Performance in 2019



- *Other includes non-responders, medical transfers and transfers to other CMAM facilities.
- Stabilization for SC includes recovery and transfer to OTP.
- Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).

Emergency Nutrition Response in Ethiopia: Tigray

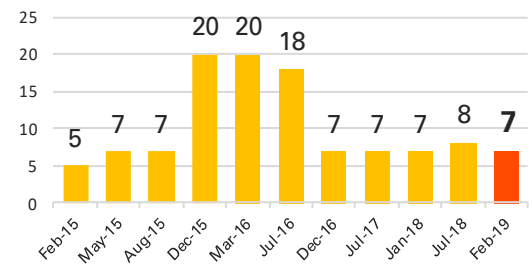
As of 15 April 2019

Context

7 out of 34 woredas classified as hotspot 1 (severely affected districts)*
 Population estimated to be **5.4 million of which 2.6 million are aged 0-19 yrs of age** (2019 CSA projection)
190,000 children and PLW with MAM expected in 2018**
12,303 children with SAM expected in 2019***

*Latest updated figures from the January 2019 Review of the Humanitarian and Disaster Resilience Plan . ***As per January 2019 estimated caseload. **The Revised figure was discussed during the August 2018 Mid Year Review .

Hotspot Priority 1 Woredas, 2015-2019



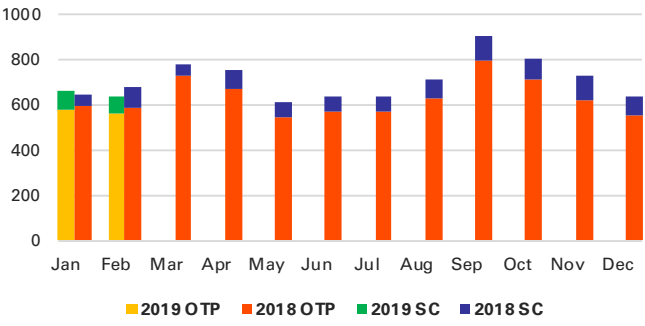
Coordination

- UNICEF is supporting Regional Emergency Nutrition Coordination Unit (R-ENCU)
- UNICEF is participating in relevant regional and zonal level coordination meetings

To Facilitate Rapid Response

2 UNICEF staff supporting nutrition programme

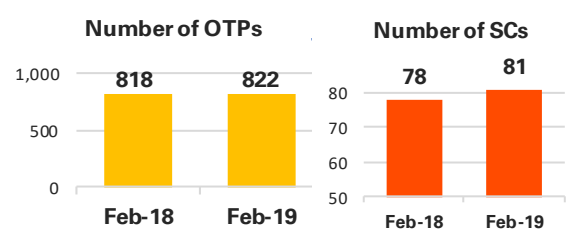
SAM Admissions, 2018-2019



1,295 children admitted with SAM in Jan 2019- Feb 2019, out of whom **153** were admitted to inpatient care (**12%** of total SAM admissions)
81% reporting rate

A total of **636** children were admitted into SAM treatment in February 2019 with reporting rate of **80.7%**. The SAM admission has shown a slight decline ,by **6%** compared to the same month last year ,2018.

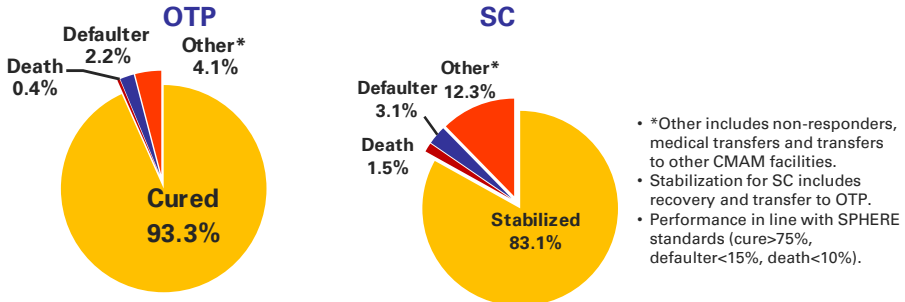
Expansion of SAM Facilities, 2018-2019



Overview of Region

- Tigray has a main rainy season kiremt typically from June to September, affecting the region's meher harvest in November-December. The dry bega season spans between October and May, while the southern parts of the region receive short belg rains from February to May. Admissions tend to increase during the hunger gap in the third quarter of the year, and reaches its highest in August-September until the next harvest starts.
- In Jan 2019- Feb 2019, Tigray represented **3%** of national SAM burden.
- The reopening of the border between Eritrea and Ethiopia in July 2018 has resulted in an influx of Eritrean refugees.

SAM Programme Performance in 2019



*Other includes non-responders, medical transfers and transfers to other CMAM facilities.
 • Stabilization for SC includes recovery and transfer to OTP.
 • Performance in line with SPHERE standards (cure>75%, defaulter<15%, death<10%).