PROGRESS / MAIN ACHIEVEMENTS

- **A 2.1 fold increase in August 2023 vs August 2022**
- **SAM & MAM admissions in refugee camps Jan - Aug 2022/2023**

HIGHLIGHTS

- 99,166 refugee children 24-59 months are currently excluded from blanket supplementary feeding programme (BSFP) due to lack of funding and resources to UNHCR and WFP to meet the increased needs of growing children.
- 1 out of 2 refugee children 6-59 months in Ethiopia is undernourished. Presenting at least one form of undernutrition either wasted, stunted, underweight, micro-nutrient deficient. Anaemia and worsening in 2023 estimated at GAM Proxy 22.1% (Standardized Expanded Nutrition Survey (SENS) 2022)
- In August 2023 sharp increase in CMAM* admissions 2.1 fold (205%) compared to same time last year attributed mainly to shocks such as the inadequate food due to prolonged food aid pause, insecurity, drought, inflation, inadequate access to health and WASH services.

STRATEGIC OBJECTIVES

- Prevent all forms of malnutrition including micronutrient deficiencies
- Invest on improving the food and nutrition security of refugees and host community
- Contribute to achieving SDG 2 (zero hunger) and SDG 3 (good health and wellbeing)
- Implement nutrition specific and nutrition sensitive programmes

NUTRITION FACTSHEET | REFUGEES RESPONSE

**2023 Admissions to CMAM (OTP_SC_TSFP) SAM & MAM**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Target</th>
<th>Admitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>68,974</td>
<td>42,062</td>
<td>35,574</td>
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</tbody>
</table>

Implemented in collaboration with UNICEF, WFP, RRS and the Nutrition partners; IMC, AAH, GOAL, MTI.

35,412 children 6-59 months admitted and 24,683 (95.8%) treated and cured at Community Management of Acute malnutrition (CMAM) programs run at 23 active (21 camps and 2 sites) at 44 functional nutrition centres; Outpatient therapeutic Feeding Program (OTP) for cases with severe Acute Malnutrition (SAM), Stabilisation Centre (SC) care for SAM with complications, Targeted Supplementary Feeding Program (TSFP) for Moderate Acute Malnutrition (MAM).

Acute malnutrition in noted to be worsening estimated at 22.2% Proxy GAM (SAM 5.6%) which is very high / critical compounded by swelling of the CSB ++ at households is reported and does not meet holistic need of macro and micronutrients to meet increased needs of PLW and young children and infants.

**Nutrition Treatment Programs and Performance**

<table>
<thead>
<tr>
<th>BSFP children 6-23 months</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Need</td>
<td>36,82</td>
</tr>
<tr>
<td>Plan</td>
<td>4,176</td>
</tr>
<tr>
<td>Target</td>
<td>4,174</td>
</tr>
<tr>
<td>Admitted</td>
<td>4,174</td>
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</table>

**Community Management of Acute malnutrition**

<table>
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</table>

The CMAM program indicators are within the WHO sphere standards: Cure rate OTP for SAM 94.3% (7,070) and TSFP for MAM 96.3% (17,613).

The situation is expected to worsen noting the implications of inadequate food intake; and disease outbreaks an immediate cause of onset of undernutrition.

**Nutrition Preventive Programs**

Implemented in collaboration with WFP, RRS and the Nutrition partners; 29,248 children 6-23 months and 20,333 Pregnant and lactating women (PLW) were admitted/enrolled to the Blanket Supplementary Feeding programs (BSFP) to support their increased nutritional needs.

Children 24-59 months are currently excluded from blanket supplementary feeding programmes due to lack of funding and resources to UNHCR and WFP to meet the increased needs of growing children.

**Small scale Gardening, animal husbandry and Poultry distribution to Households**

To contribute to complementary feeding needs and households diet diversity of households with children 6-59 months and pregnant and lactating women.

40,283 households (estimated 201,415 individuals) have received seed variety, goats and or poultry in Gambella; Melkadida and Assosa camps.

We need to do more from a humanitarian / development / NEXUS to support the mothers’ efforts in enabling appropriate complementary feeding to prevent undernutrition.
PROGRESS / MAIN ACHIEVEMENTS (cont’d)

 Infant and Young Child Feeding (IYCF) promotion

<table>
<thead>
<tr>
<th>Plan</th>
<th>Target</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>32,983</td>
<td>29,685</td>
<td>17,451</td>
</tr>
</tbody>
</table>

IYCF activities were undertaken at the nutrition centres, health facilities, community and public gatherings for promotion, protection, and support of women, and young children during the 1,000 days of life – conception to first two years of age when appropriate maternity care, including nutrition, breastfeeding and timely and appropriate complementary feeding are critical.

An average of 17,451 children 6-23 months and their caregivers at the facility and community were enrolled and continued to benefit from age-appropriate messaging on optimal IYCF practice, growth monitoring promotion, child play at the baby friendly spaces.

The cash-based program for nutrition

23,301 with 124,053 individuals reached

Implemented in Gambella: Melkadida and Afar following different cash assistance modalities targeting households with pregnant, lactating women, children 6 to 23-month-old and in some locations elderly, disabled people, unaccompanied and separated children, Households with children at risk of Acute malnutrition, and other vulnerable groups like female headed households and poor households hosting IDPs to contribute to household and individual diet diversification, food consumption score and reducing the negative coping strategy index.

CHALLENGES

- Implications of food aid pause on refugees food and nutrition security and overall protection environment among other shocks such as insecurity, drought, inflation, inadequate access to health and WASH services due to resource gaps.
- High Incidence prevalence of acute malnutrition and high anaemia levels among children 6-59 months and increasing
- Food inadequacy due to funding shortfalls to WFP and UNHCR, for food and cash assistance, and the implications of food aid pause to refugees who are highly dependent on General Food Basket meet only.
- Food shortfalls: refugees are currently receiving only up to 60% of the minimum standard of 2,100 kilocalories per person/day.
- Lack of adequate Complementary food and resultant Poor maternal child caring practices affecting household decisions on care for young children and other key nutrition vulnerable groups especially Pregnant and Lactating Women (PLW), elderly and persons with specific and special needs.

WAY FORWARD

Immediate September/October 2023

- Consider a curve out for new arriving Sudan Situation through Amhara and Benishangul Gumuz regions.
- Vulnerable groups especially households with children undeceive, pregnant and lactating women to avert long-term effects of undernutrition and the high treatment cost of all forms of acute malnutrition, specifically undernutrition.
- Consider resumption of general food distribution for all refugees’ camps and sites to reduce long term effects of stunting to populations
- Ensure quality of food and nutrition operations align with international guidance and policies
- Prioritize nutrition-specific programs in all locations for the treatment and prevention of undernutrition

Medium to long term Multisector actions

- Scale up investment in sustainable food security whilst prioritising lifesaving humanitarian funding for food assistance
- Prioritize expansion of nutrition-sensitive interventions in line with the Global Compact on Refugees, promoting the self-reliance of refugees and host communities
- Coordinate and engage with other sectors/programmes that are key to nutrition outcomes including relevant line ministries and regional bureaus
- Climate smart nutrition and food security programmes
- Humanitarian development food and nutrition systems
- Multisector actions to enable nutrition wellbeing of vulnerable populations humanitarian assistant for food and nutrition security whilst investments to scale are made for livelihoods and food security

WAY FORWARD

IMPACT AND NUTRITION SITUATION IN REFUGEE CAMPS IN ETHIOPIA | SENS 2022

<table>
<thead>
<tr>
<th>GAM</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
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</thead>
<tbody>
<tr>
<td>Very high</td>
<td>15.5%</td>
<td>12.0%</td>
<td>15.5%</td>
</tr>
<tr>
<td>WHO standard &lt;10%</td>
<td>15.5%</td>
<td>12.0%</td>
<td>15.5%</td>
</tr>
<tr>
<td>UNHCR standard &lt;10%</td>
<td>15.5%</td>
<td>12.0%</td>
<td>15.5%</td>
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</table>

<table>
<thead>
<tr>
<th>SAM</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>2.9%</td>
<td>1.7%</td>
<td>2.9%</td>
</tr>
<tr>
<td>WHO standard &lt;2%</td>
<td>2.9%</td>
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<table>
<thead>
<tr>
<th>Stunting</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>21.9%</td>
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<td>21.9%</td>
</tr>
<tr>
<td>UNHCR standard &lt;20%</td>
<td>21.9%</td>
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<td>21.9%</td>
</tr>
<tr>
<td>WHO standard &lt;15</td>
<td>21.9%</td>
<td>21.9%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anaemia</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>46.9%</td>
<td>35.9%</td>
<td>46.9%</td>
</tr>
<tr>
<td>WHO standard &lt;20%</td>
<td>46.9%</td>
<td>35.9%</td>
<td>46.9%</td>
</tr>
<tr>
<td>UNHCR standard &lt;2%</td>
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<td>46.9%</td>
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</table>

INFANT AND YOUNG CHILD FEEDING (IYCF)

Early initiation of breastfeeding (EIBF)

Lactating mothers who put the infant to breast immediately after birth

81.9%

UNHCR Target ≥85%

84.7%

UNHCR Target ≥75%

43.4%

UNHCR Target ≥60%

Exclusive breastfeeding under 6 months (EBF)

Infants who only receive breastmilk during first 6 months from birth

74.0%

84.7%

79.3%

UNHCR Target ≥85%

81.9%

79.6%

84.7%

UNHCR Target ≥75%

84.7%

79.6%

84.7%

UNHCR Target ≥60%

Introduction of solid, semi-solid or soft foods (ISSSF)

Children who at age of 6 completed months begin to receive other foods in addition to breastmilk to meet increasing nutrient needs

84.7%

41.0%

46.4%

43.4%

UNHCR Target ≥60%

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UNHCR SENS Data Dashboard

ADDITIONAL RESOURCES

Report Ethiopia SENS 2022

UNHCR SENS Data Dashboard

For more information, please contact: Millicent Lusigi, Nutrition and Food Security Officer, lusigi@unhcr.org | Design: Samy KOFFI, Snr. Info Mgmt Officer, koffi@unhcr.org