SENS OBJECTIVES
The overall objective of the UNHCR led Standardized Expanded Nutrition Survey (SENS) is to **assess the nutrition status of the refugee population** and **formulate workable recommendations for appropriate nutrition and public health interventions** in refugee camps and surrounding hosting communities.

Source: [https://www.unhcr.org/sens/](https://www.unhcr.org/sens/)

SENS MODULES
- **Module 1**: Demography and Mortality
- **Module 2**: Anthropometry and Health
- **Module 3**: Anaemia
- **Module 4**: Infant and Young Child Feeding (IYCF)
- **Module 5**: Food Security
- **Module 6**: Mosquito Net Coverage
- **Module 7**: Water, Sanitation and Hygiene (WASH)
FRAMEWORK ON MATERNAL AND CHILD NUTRITION

Outcomes for children and women

Immediate determinants

Underlying determinants

Enabling determinants

MOTHER FEEDING HER CHILD WITH COMPLEMENTARY FOOD PROVIDED THROUGH THE FRESH FOOD VOUCHER IN NGUNYEL CAMP, GAMBELLA REGION ©UNHCR/ MILLICENT/ OCTOBER 2022
SENS PROCESS

Protocol Stakeholder Development and Ratification
Community Engagement
Training of Enumerators
Data Collection
Data Analysis, Reporting and Dissemination
Development of Multi Sectorial Action plan
### Classification of Public Health Significance for Children Under 5 Years of Age

<table>
<thead>
<tr>
<th>Classification Prevalence thresholds (%)</th>
<th>Critical situation</th>
<th>Serious situation</th>
<th>Poor situation</th>
<th>Acceptable situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
<td>Very Low</td>
</tr>
<tr>
<td>Wasting</td>
<td>≥ 15</td>
<td>10 - &lt; 15</td>
<td>5 - &lt; 10</td>
<td>2.5 - &lt; 5</td>
</tr>
<tr>
<td>Stunting</td>
<td>≥ 30</td>
<td>20 - &lt; 30</td>
<td>10 - &lt; 20</td>
<td>2.5 - &lt; 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevalence %</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>≥40%</td>
<td>20-39%</td>
<td>5-19%</td>
</tr>
</tbody>
</table>

**Wasting**
- People are too thin for their age

**Stunting**
- People are too short for their age

**Underweight**
- People are too lighter for their age

**Micronutrient deficient**
- Lack of vitamins and minerals
KEY RESULTS

**Critical**

1 out of 2 refugee children 6-59 months in Ethiopia is malnourished

58,000 out of a total of 124,000 (46.9%) refugee children 6-59 months presenting at least one form of malnutrition: wasted, stunted, underweight, micro-nutrient deficient_Anaemia

**GAM**

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>13.5</td>
<td>11.9</td>
<td>11.9</td>
<td>12.0</td>
<td>15.5</td>
</tr>
</tbody>
</table>

**SAM**

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>2.3</td>
<td>2.5</td>
<td>2.6</td>
<td>1.7</td>
<td>2.9</td>
</tr>
</tbody>
</table>

**Stunting**

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>25.9</td>
<td>26.3</td>
<td>25.4</td>
<td>20.7</td>
<td>21.9</td>
</tr>
</tbody>
</table>

**Anaemia**

<table>
<thead>
<tr>
<th>Year</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>35.4</td>
<td>31.7</td>
<td>30.7</td>
<td>35.9</td>
<td>46.9</td>
</tr>
</tbody>
</table>
KEY RESULTS UNDERNUTRITION BY LOCATION

Alemwach/Debark
- 1 out of 3 undernourished
- 4.3% GAM
- 0.3% SAM
- 33.4% Stunted
- 19.0% Anaemia

Assosa
- 1 out of 4 undernourished
- 9.6% GAM
- 1.3% SAM
- 28.0% Stunted
- 21.7% Anaemia

Gambella
- 1 out of 2 undernourished
- 17.3% GAM
- 3.3% SAM
- 9.7% Stunting
- 55.1% Anaemia

Melkadida
- 1 out of 2 undernourished
- 16.7% GAM
- 3.5% SAM
- 28.6% Stunting
- 47.9% Anaemia

Afar
- 2 out of 5 undernourished
- 17.1% GAM
- 1.7% SAM
- 31.2% Stunting
- 42.1% Anaemia

Jijiga
- 2 out of 5 undernourished
- 11.2% GAM
- 1.9% SAM
- 26.4% Stunting
- 37.6% Anaemia

Prevalence
- High
- Medium
- Low
<table>
<thead>
<tr>
<th>Camp</th>
<th>Highest Form of Undernutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jewi (Gambella)</td>
<td>68.8 (Anaemia)</td>
</tr>
<tr>
<td>Buramino (Melkadida)</td>
<td>60.1 (Anaemia)</td>
</tr>
<tr>
<td>Kobe (Melkadida)</td>
<td>58.1 (Anaemia)</td>
</tr>
<tr>
<td>Ngeunyiel (Gambella)</td>
<td>58.1 (Anaemia)</td>
</tr>
<tr>
<td>Pugnido-11 (Gambella)</td>
<td>55.3 (Anaemia)</td>
</tr>
<tr>
<td>Pugnido-1 (Gambella)</td>
<td>55.2 (Anaemia)</td>
</tr>
<tr>
<td>Heleweyn (Melkadida)</td>
<td>48.6 (Anaemia)</td>
</tr>
<tr>
<td>Serdo (Samera)</td>
<td>47.6 (Anaemia)</td>
</tr>
<tr>
<td>Kule (Gambella)</td>
<td>46 (Anaemia)</td>
</tr>
<tr>
<td>Bambasi (Assosa)</td>
<td>45.9 (Stunting)</td>
</tr>
<tr>
<td>Terkiedi (Gambella)</td>
<td>44.6 (Anaemia)</td>
</tr>
<tr>
<td>Melkadida (Melkadida)</td>
<td>44.1 (Anaemia)</td>
</tr>
<tr>
<td>Sheder (Jijiga)</td>
<td>38.6 (Anaemia)</td>
</tr>
<tr>
<td>K/Beyah (Jijiga)</td>
<td>38.6 (Anaemia)</td>
</tr>
<tr>
<td>Aysaita (Samera)</td>
<td>36.6 (Anaemia)</td>
</tr>
<tr>
<td>Awbarre (Jijiga)</td>
<td>35.3 (Anaemia)</td>
</tr>
<tr>
<td>Sherkole (Assosa)</td>
<td>27.5 (Stunting)</td>
</tr>
<tr>
<td>Bokolmanyo (Melkadida)</td>
<td>23.7 (Anaemia)</td>
</tr>
<tr>
<td>Tsore (Assosa)</td>
<td>19.7 (Stunting)</td>
</tr>
</tbody>
</table>

Camp with at least 1 out of 2 children 6-59 months undernourished

“6 refugee camps (4 in Gambella, 2 in Melkadida) with more than 50% of undernourished children.”
Complementary feeding for children under two is crucial to prevent stunting
KEY RESULTS INFANT AND YOUNG CHILD FEEDING (IYCF)

Early initiation of breastfeeding (EIBF)
81.9%
UNHCR Target ≥85%

Exclusive breastfeeding under 6 months (EBF)
84.7%
UNHCR Target ≥75%

Introduction of solid, semi-solid or soft foods (ISSSF)
43.4%
UNHCR Target ≥60%

Alemwach/Debark
- 64.3% EIBF
- 64.3% EBF
- 45.5% ISSSF

Afar
- 81.6% EIBF
- 94.1% EBF
- 58.3% ISSSF

Assosa
- 88.4% EIBF
- 89.7% EBF
- 43.4% ISSSF

Jijiga
- 57.9% EIBF
- 39% EBF
- 49.6% ISSSF

Gambella
- 81.3% EIBF
- 89.3% EBF
- 37.6% ISSSF

Melkadida
- 88.3% EIBF
- 85.8% EBF
- 50.6% ISSSF
ACUTE MALNUTRITION

Malnourished mother

29%
Prevalence anaemia for women 15-49 years
UNHCR Target of <20%

Malnourished, anemic mothers manage to take care and bread feed the baby up to 6 months
Exclusive breastfeeding under 6 months (84%)

After 6 months
Onset of acute malnutrition

• Lack of complementary feeding
• Lack of CBI
• Lack of food variety
• Unhealthy environment (soap, jerrycan)
• Insufficient health services

We need to do more from a humanitarian / development / NEXUS to support the mothers’ efforts
**EXACERBATING FACTORS TO REFUGEE MALNUTRITION IN ETHIOPIA**

**Impact of latest displaced/arrivals 2021-2022**

- 46,000 new arrivals from South Sudan and Somalia
- 71,000 refugees displaced
- 6 refugee camps attacked / closed

**Other Shocks and Drivers**
- Droughts
- Inflation
- Conflict
- Under funding
FCS is used to identify the most food insecure households through aggregation of household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups.
48.7% of the surveys HHs have average weighted food consumption score that is acceptable; 25.1% borderline and 43.9% poor scores on food consumption. It needs to be noted that at the time of the survey most of the refugees reported to be engaging in different coping strategies to meet household food needs. Main factors for borderline score except Jijiga that has poor score are:

- Delay in food logistics
- Socio economic shocks
- Food inadequacy and variety
- Culture and food habits.
- Lack of diets rich in proteins to improve weight of the consumed food groups in the last seven days.
### Negative Coping Strategy: Food Security and Protection

#### Weighted Prevalence

- **3 out of 4 households (75%)** rely on less preferred and less expensive foods.
- **3 out of 5 households (65%)** borrow food, or rely on help from a friend or relative.
- **3 out of 4 households (74%)** reduce the number of meals eaten in a day.

#### Prevalence (%) by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Rely on less and less expensive</th>
<th>Borrow</th>
<th>Reduce meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melkadida</td>
<td>76.8</td>
<td>66.3</td>
<td>76.1</td>
</tr>
<tr>
<td>Jijiga</td>
<td>75.5</td>
<td>70.5</td>
<td>75.1</td>
</tr>
<tr>
<td>Debark</td>
<td>60.2</td>
<td>51.9</td>
<td>62.4</td>
</tr>
<tr>
<td>Afar</td>
<td>68.9</td>
<td>59.2</td>
<td>58</td>
</tr>
<tr>
<td>Assosa</td>
<td>90.4</td>
<td>80</td>
<td>88.6</td>
</tr>
<tr>
<td>Gambella</td>
<td>71</td>
<td>57.1</td>
<td>69.2</td>
</tr>
</tbody>
</table>
WASH INDICATORS
Call to multi sectorial action to address undernutrition for refugees

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Target</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>% households reporting defecating in a toilet/ latrine (Utilization)</td>
<td>Emergency: ≥ 60% Post-emergency: ≥ 85%</td>
<td>70.2%</td>
</tr>
<tr>
<td>% Households owning at least one long-lasting insecticidal nets (LLIN)</td>
<td>80%</td>
<td>56.0%</td>
</tr>
<tr>
<td>Average number of persons per LLIN</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>% Households with access to soap</td>
<td>Emergency: ≥ 70% Post-emergency: ≥ 90%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Average # L/p/d of domestic water collected at household level, with containers of any type</td>
<td>Emergency: ≥ 15 litres Post-emergency: ≥ 20 litres</td>
<td>27.9</td>
</tr>
<tr>
<td>Average # L/p/d of domestic water collected at household level, with protected containers only</td>
<td>Emergency: ≥ 15 litres Post-emergency: ≥ 20 litres</td>
<td>11.4</td>
</tr>
<tr>
<td>Proportion of households that use domestic water collected from protected/treated sources (with protected containers only)</td>
<td></td>
<td>61.2%</td>
</tr>
</tbody>
</table>
KEY RECOMMENDATIONS 2023 TO 2024 AND BEYOND
A Call To Multi Sectoral Actions For Food and Nutrition Security

Benefits during the life course
- Morbidity and mortality in childhood
- Cognitive, motor socioemotional development
- School performance and learning capacity
- Adult stature
- Obesity and NCDs
- Work capacity and productivity

Nutrition specific interventions and programmes
- Adolescent health and preconception nutrition
- Maternal dietary supplementation
- Micronutrient supplementation of fortification
- Breastfeeding and complementary feeding
- Dietary supplementation for children
- Dietary diversification
- Feeding behaviours and stimulation
- Treatment of severe acute malnutrition
- Disease prevention and management
- Nutrition interventions in emergencies

Optimum fetal and child nutrition and development
- Breastfeeding, nutrient-rich foods, and eating routine
- Feeding and caregiving practices, parenting, stimulation
- Low burden of infectious diseases
- Food security, including availability, economic access, and use of food
- Feeding and caregiving resources (maternal, household, and community levels)
- Access to and use of health services, a safe and hygienic environment

Knowledge and evidence
- Politics and governance
- Leadership, capacity, and financial resources
- Social, economic, political, and environmental context (national and global)

Nutrition sensitive programmes and approaches
- Agriculture and food security
- Social safety nets
- Early child development
- Maternal mental health
- Women’s empowerment
- Child protection
- Classroom education
- Water and sanitation
- Health and family planning services

Building an enabling environment
- Rigorous evaluations
- Advocacy strategies
- Horizontal and vertical coordination
- Accountability, incentives regulation, legislation
- Leadership programmes
- Capacity investments
- Domestic resource mobilisation
RECOMMANDATIONS
Curative / Life saving
Immediate Nutrition life saving action

- Community engagement and involvement in Nutrition decision
- Nutrition treatment program (CMAM)
- Micronutrient supplementation (Vitamin A and deworming)
- Promotion, protection and support of Infant and Young Child Feeding (IYCF)
- Emergency nutrition response for new arrivals
- Blanket supplementary feeding program
- Cash for Nutrition

Impact: Reduce morbidity and mortality
RECOMMENDATIONS
Preventive / Multi Sectorial

Impact: Reduce stunting

Health: primary Health services

WASH: Soap, water storage jerrycans and clean water

Food: humanitarian in-kind hybrid cash assistance & seasonal agriculture

Energy: cooking fuel for households

Protection: new arrivals registration and continuous registration

Community involvement: Mother and Childcare

Education: school meal programs

UNHCR
The UN Refugee Agency
RECOMMANDATIONS

Humanitarian Development actions Sustainability
Medium to long term

- Phased reduction of food assistance based on protection prioritization (WFP/UNHCR led)
- Livelihoods and Agriculture for Food Security in collaboration with Development and private actors
- Climate smart nutrition and food security action
- CRRF/GCR commitments in food and Nutrition security
- Continuous resource mobilization
Partnership With key players RRS, WFP, UNHCR, UNICEF, FAO, WHO