STANDARDIZED EXPANDED NUTRITION SURVEY (SENS)

ETHIOPIA | MARCH 2024

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MINISTRY OF HEALTH, ETHIOPIA
RRS
Ethiopian Public Health Institute
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UNHCR The UN Refugee Agency
WFP
unicef
ACTION AGAINST HUNGER
GOAL
International Medical Corps
MEDICAL TEAMS International
PLAN INTERNATIONAL
DANCHURCHAID
AYUDA DE IGLESIA DINAMARCA
OWDA ORGANIZATION FOR WELFARE & DEVELOPMENT IN ACTION
HelpAge International

STATISTICS, POPULATION TRENDS

972,835
Individuals registered
(964,104 refugees | 8,731 asylum seekers)

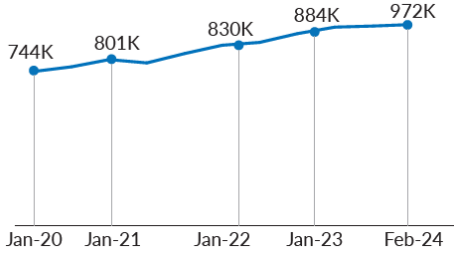
231,817
households
(average family size: 4)

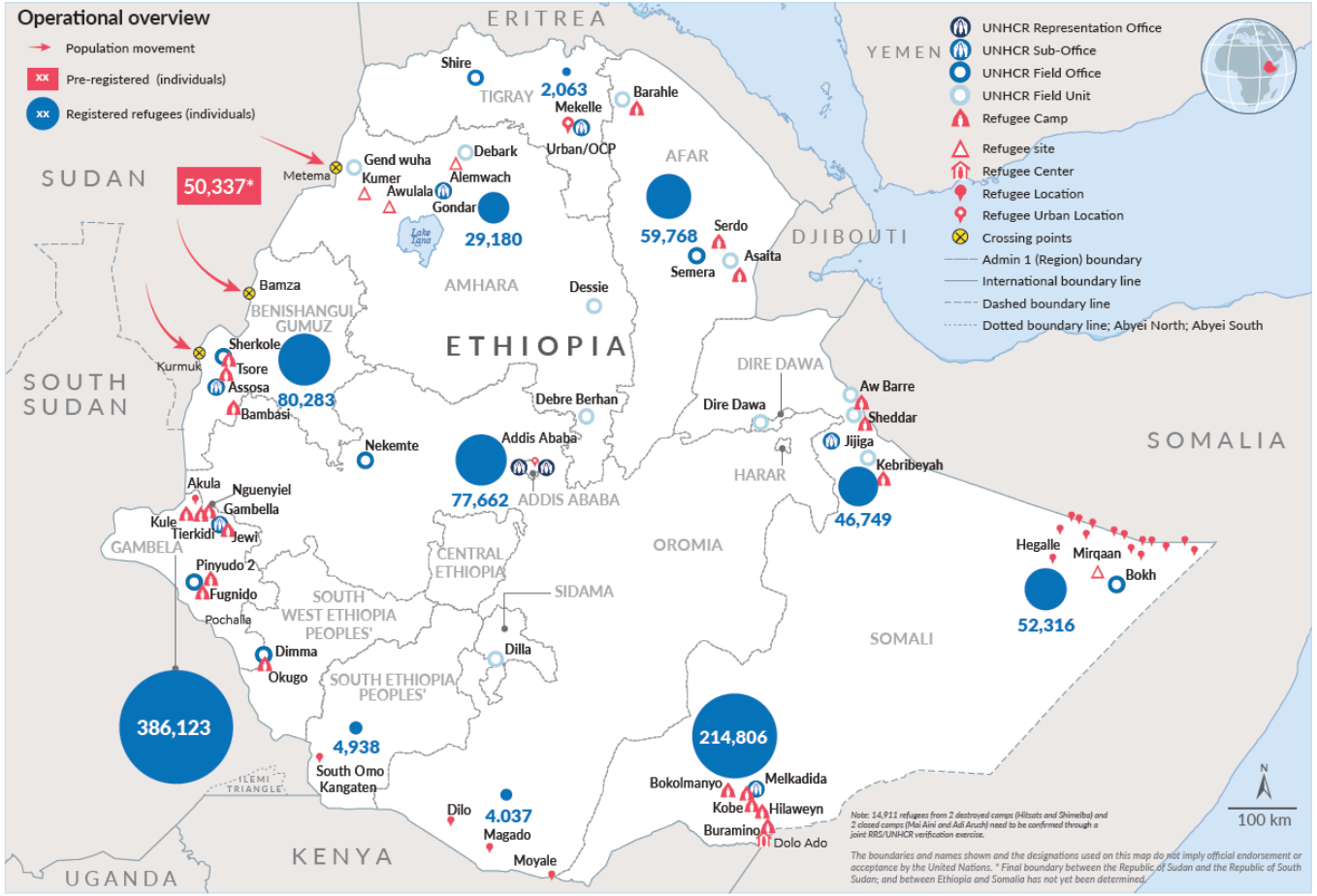
80%
Women & Children

54%
Children (0 -17 years)

44%
Adults (18 - 59 years)

2%
Elderly (60+)



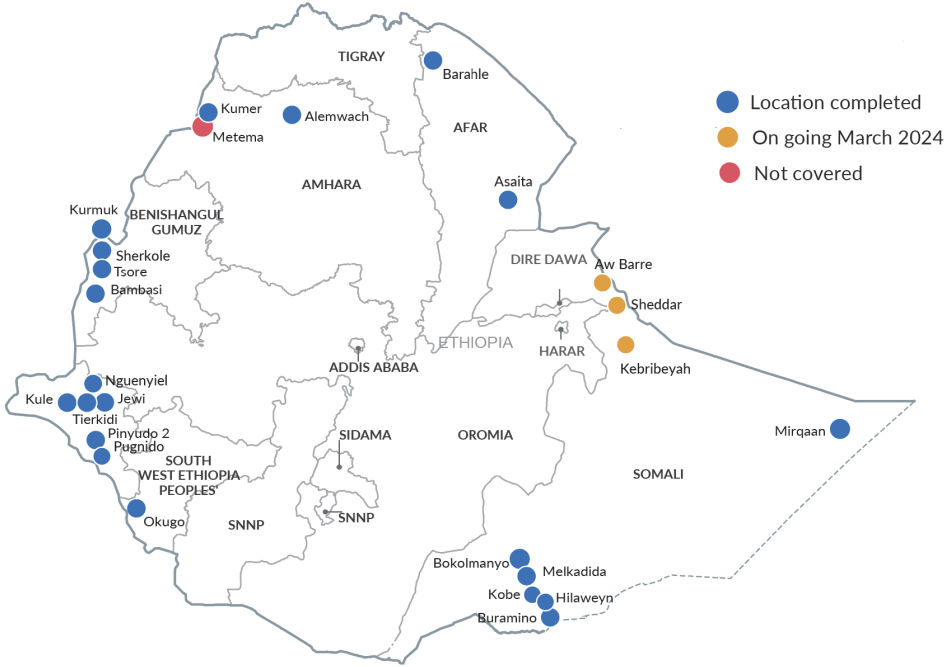


OVERVIEW

Geographic coverage

21 of 25 refugee camps and sites completed
03 ongoing
01 not covered (Metema)

Study pop.	Type of data
0- <24 months	IYCF
Age b/n 6 - < 60 months (Individual)	• Anthropometric • Vaccination-Measle • Vit A supplementation • Enrolment of selective feeding programme • Morbidity
Total population (HH questionnaires)	• Mortality • Food security (every other HH)



Data collectors

- Refugees
- UNHCR staff and partners

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ACKNOWLEDGEMENTS

- Donors on provision of resources to conduct SENS for UNHCR in particular La Caxia
- To beneficiaries on accepting to be subject (s) of the surveys and providing relevant information.
- To partners for implementing the data collection and supporting with the logistics needs.
- To UNHCR for leading the SENS 2023 in collaboration with RRS.

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3W NUTRITION 2024

13
Total Partners

41
Total Nutrition centers

Human resources	Total
National Nutrition staff	230
Refugee Incentive	1,069
Community Volunteer Mother groups	2,098
Community Volunteer father groups	571

Amhara (Alemwach and Metema)
3 Nutrition centres
RRS, RHB, WFP, UNICEF, MTI, PIE

Afar
3 Nutrition centres
RRS, RHB, WFP, UNICEF, GOAL

Assosa (include Kurmuk)
4 Nutrition centres
RRS, RHB, WFP, UNICEF, GOAL

Jijiga
3 Nutrition centres
RRS, RHB, WFP, UNICEF, MTI

Gambella
16 Nutrition centres
RRS, RHB, WFP, UNICEF, GOAL, AAH, ASDEPO

Bokh
1 Nutrition centre
RRS, RHB, WFP, UNICEF, MTI, OWDA

Melkadida
10 Nutrition centres
RRS, RHB, WFP, UNICEF, IMC

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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 and Nutrition financing

Data Quality Assurance

https://www.unhcr.org/sens/;
Mobile collect , epi info, SMART methodology with daily plausibility, standardization test, pre test

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/

SENS MODULES 2023

- **Module 1:** Demography and Mortality
- **Module 2:** Anthropometry and Health
- **Module 4:** Infant and Young Child Feeding (IYCF)
- **Module 5:** Food Security
- **Module 7:** Water, Sanitation and Hygiene (WASH). *Only Done in Aysaita*

KEY RESULTS STANDARDISED EXPANDED NUTRITION SURVEY RESULTS

For detailed full reports reach out to lusigi@unhcr.org nutrition and food security officer UNHCR Ethiopia and visit the UNHCR global interactive dashboard at https://www.unhcr.org/sens/data-dashboard/

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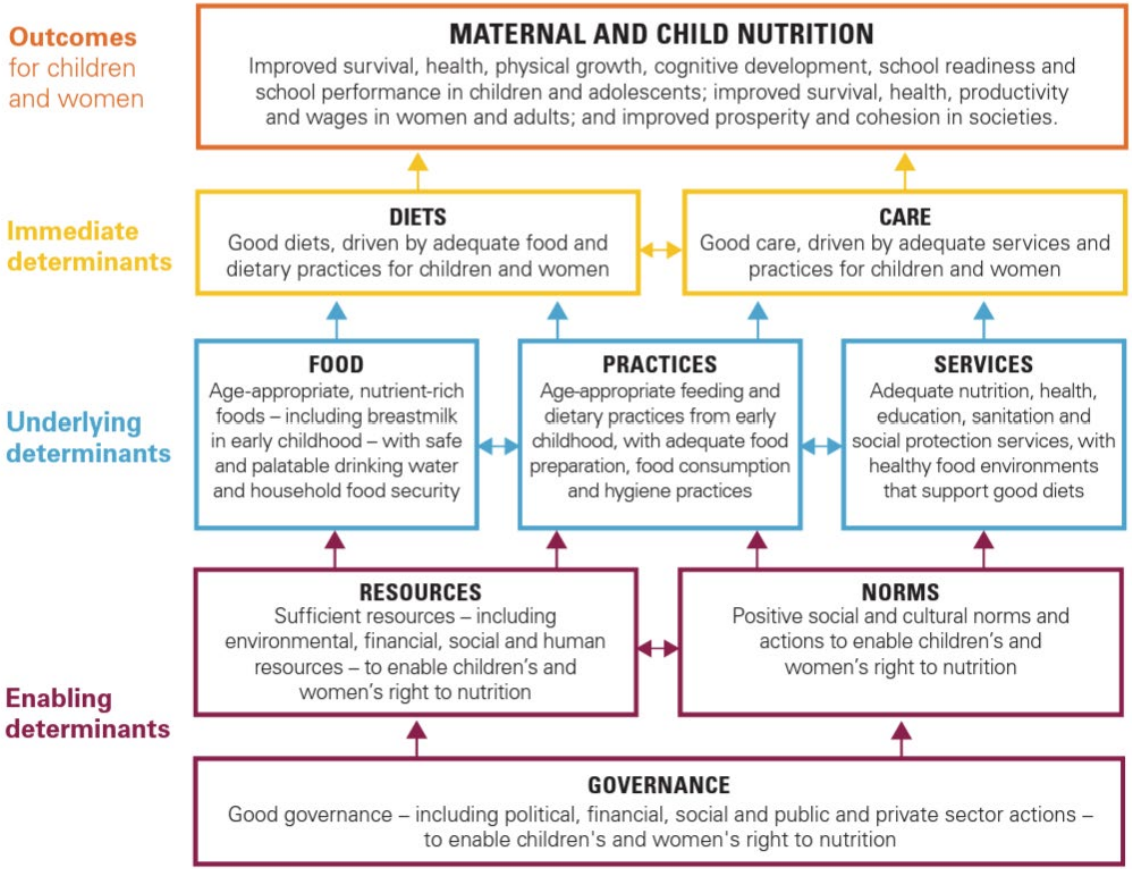
FRAMEWORK ON MATERNAL AND CHILD NUTRITION

Mother feeding her child with complementary food provided through the fresh food voucher in Ngunyel camp, Gambella region©UNHCR/ Millicent/ October 2022

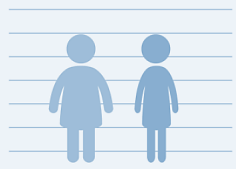


unicef

CLASSIFICATION OF PUBLIC HEALTH SIGNIFIANCE FOR CHILDREN UNDER 5 YEARS' OF AGE

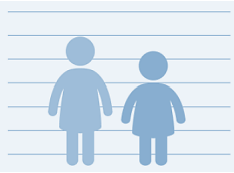
Classification Prevalence thresholds (%)	Critical situation	Serious situation	Poor situation	Acceptable situation	
	Very High	High	Medium	Low	Very Low
Wasting	≥ 15	10 - < 15	5 - < 10	2.5 - < 5	< 2.5
Stunting	≥ 30	20 - < 30	10 - < 20	2.5 - < 10	< 2.5

Prevalence %	High	Medium	Low
Anaemia	≥40%	20-39%	5-19%



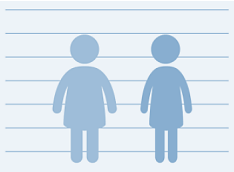
Wasting

People are too thin for their age



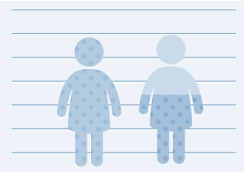
Stunting

People are too short for their age



Under weight

People are too lighter for their age



Micronutrient deficient

Lack of vitamins and minerals

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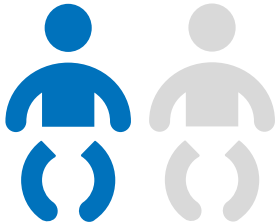
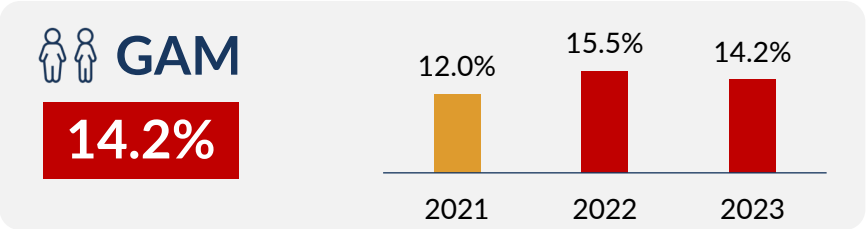
KEY RESULTS

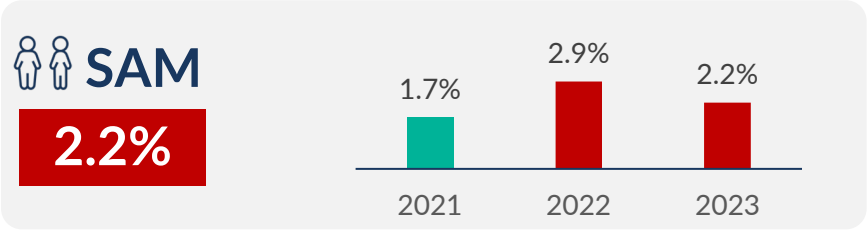


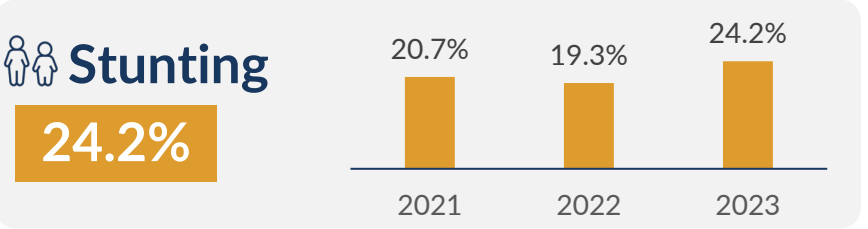
1 out of 2
refugee children 6-59 months in Ethiopia
is undernourished

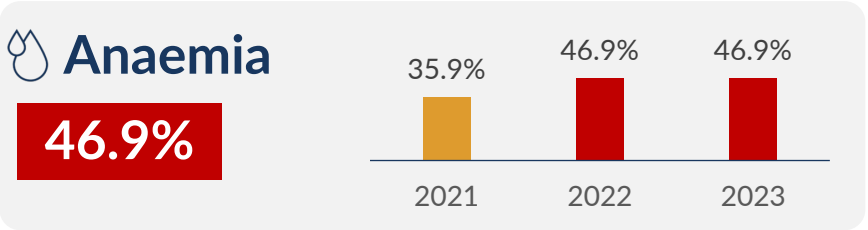
The triple burden of undernutrition is evident in refugee settings in Ethiopia.

95,334 out of a total of 203,371(46.9%) refugee under-five years months presenting at least one form of malnutrition : wasted, stunted, underweight, micro-nutrient deficient_ Anaemia









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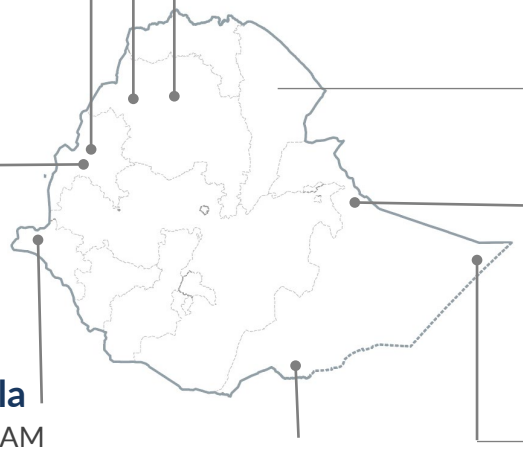
KEY RESULTS UNDERNUTRITON BY LOCATION

Acceptable | Serious condition | Critical condition



Kumer
- 9.3 GAM
- 1.0 SAM
- 11.5 Stunted

Alemwach
- 7.2 GAM
- 2.3 SAM
- 33.9 Stunted

Afar
- 25.3 GAM
- 3.8 SAM
- 42.0 Stunting
- 40.2 Anaemia

Kurmuk
- 23.1 GAM
- 3.8 SAM
- 35.2 Stunted

Assosa
- 14.7 GAM
- 2.5 SAM
- 32.9 Stunted
- 21.7 Anaemia

Jijiga
- 11.2 GAM
- 1.9 SAM
- 26.4 Stunting
- 37.6 Anaemia

Gambella
- 10.3 GAM
- 1.4 SAM
- 8.4 Stunting
- 55.1 Anaemia

Melkadida
- 16.7 GAM
- 2.8
- 45.7 Stunting
- 47.9% Anaemia

Bokh
- 24.2 GAM
- 3.8 SAM
- 18.6 Stunting

GAM:
The Weighted GAM prevalence is:
- Extremely high in 4 of the 7 locations: Melkadida 16.7%, Bokh Mirqaan 24.2%, Afar 25.3%, Kurmuk 23.1%.
- High and serious in 2 of 7: Assosa 14.7% Gambella 10.3% and only 1 location meeting the standard: Amhara 7.7% (Alemwach 7.2% & Kumer 9.3%).

SAM:
5 of 7 refugee locations have recorded severe Acute malnutrition prevalence of above 2%.

STUNTING:
Stunting is above the WHO target of <20% at 7 locations with long-term effect in the lifespan including impacting the intergenerational cycle of malnutrition. **In Afar and Melkadida extremely high due to effects of climate change.**

NEW ARRIVALS:
The Sudan refugees settled at Kurmuk have GAM prevalence of 23.1% critical attributed to: insecurity limiting timely distribution of GFD and delivery of nutrition services same as Somali new arrivals at Bokh in Mirqaan with GAM of 24.2% contrary to:
Nutrition situation in Kumer is acceptable better at Kurmuk given multiple partners with own resources to respond including cash for nutrition provided by Plan international to vulnerable households, hot meals by IHS despite over 4 months of food pause

Complementary feeding for children under two is crucial to prevent stunting and contribute growth milestone in the life span

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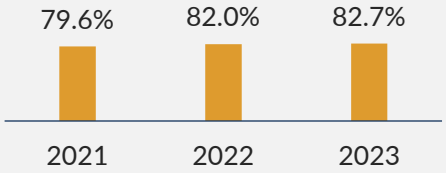
INFANT AND YOUNG CHILD FEEDING (IYCF)

Early Initiation of breastfeeding (EIBF)

82.7%

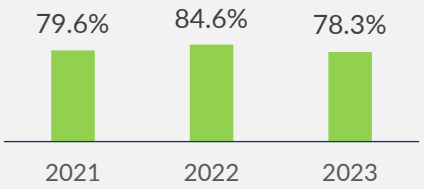
UNHCR Target ≥85%



Exclusive Breastfeeding under 6 months (EBF)

78.3%

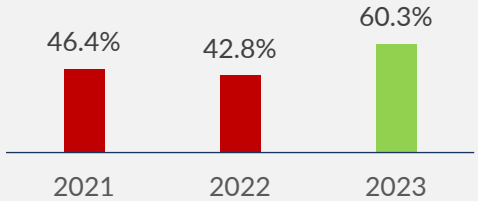
UNHCR Target ≥75%



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

60.3%

UNHCR Target ≥60%



LOCATION	EIBF *(Std ≥85%)*	EBF *(Std ≥75%)*	ISSSF *(Std ≥60%)*
Afar	84.1	74.8	74.1
Alemwach	76.6	68	80.9
Assosa	85.6	82.9	63.7
Bokh	71.6	14.3	50
Gambella	86	95.4	61.6
Jijiga	57.9	39	49.6
Kumer	77.1	60	88.9
Kurmuk	68.8	69.2	40
Melkadida	79.8	62.9	52.2

Partner capacity: Locations that have partners responding to nutrition sensitive activities and have robust IYCF facility and community outreach programmes recorded better IYCF outcomes of caregivers

Maternal caring practices: Mothers try provide a good nutrition start to the infants below 6 months EBF prevalence of 78.3% meeting UNHCR target.

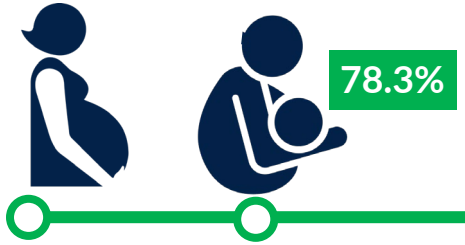
Access to Complementary food: At 6 months the onset of acute malnutrition with poor to no complementary diets predispose infants to undernutrition. No BSFP for children above 2 years and only provided in locations where GAM was above 15% in 2022 SENS

IYCF HR: In melkadida lack of IYCF staff had a great contribution to decrease in IYCF indicators with similar scenario for the new arrivals' locations

ACUTE MALNUTRITION ONSET

29% **Malnourished mother**

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



60.3% **After 6 months**

Onset of acute malnutrition

We need to do more from a humanitarian / development / NEXUS to support the mothers' efforts

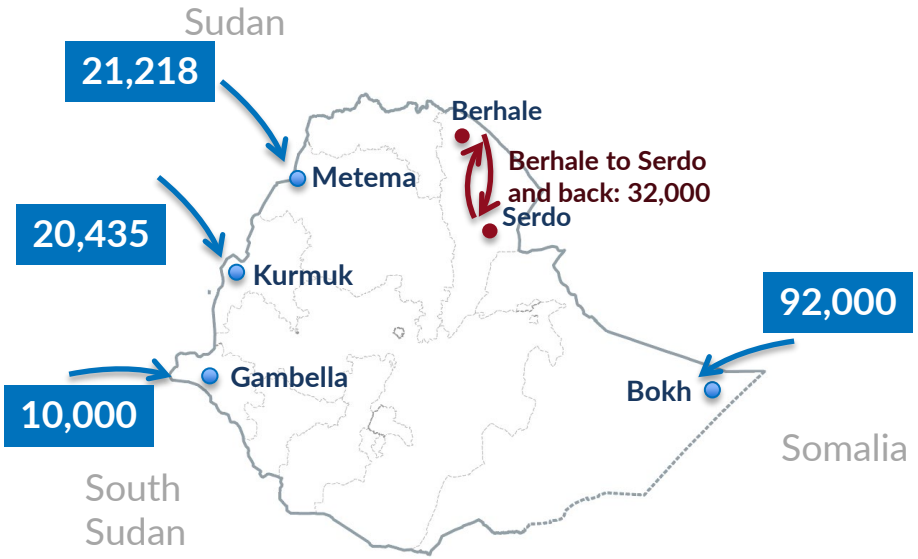
Malnourished, anemic mothers manage are able take care and breastfeed the baby up to 6 months

Exclusive breastfeeding under 6 months **(78.3%)**

- **Lack of complementary feeding**
- Lack of CBI, GFD is Macro and not palatable for young children
- Lack of investments in Food and nutrition security livelihood programs
- Lack of food variety with high biological proteins
- Unhealthy environment (soap, jerrycan)
- Insufficient health services

Exacerbating Factors To Refugee Malnutrition In Ethiopia

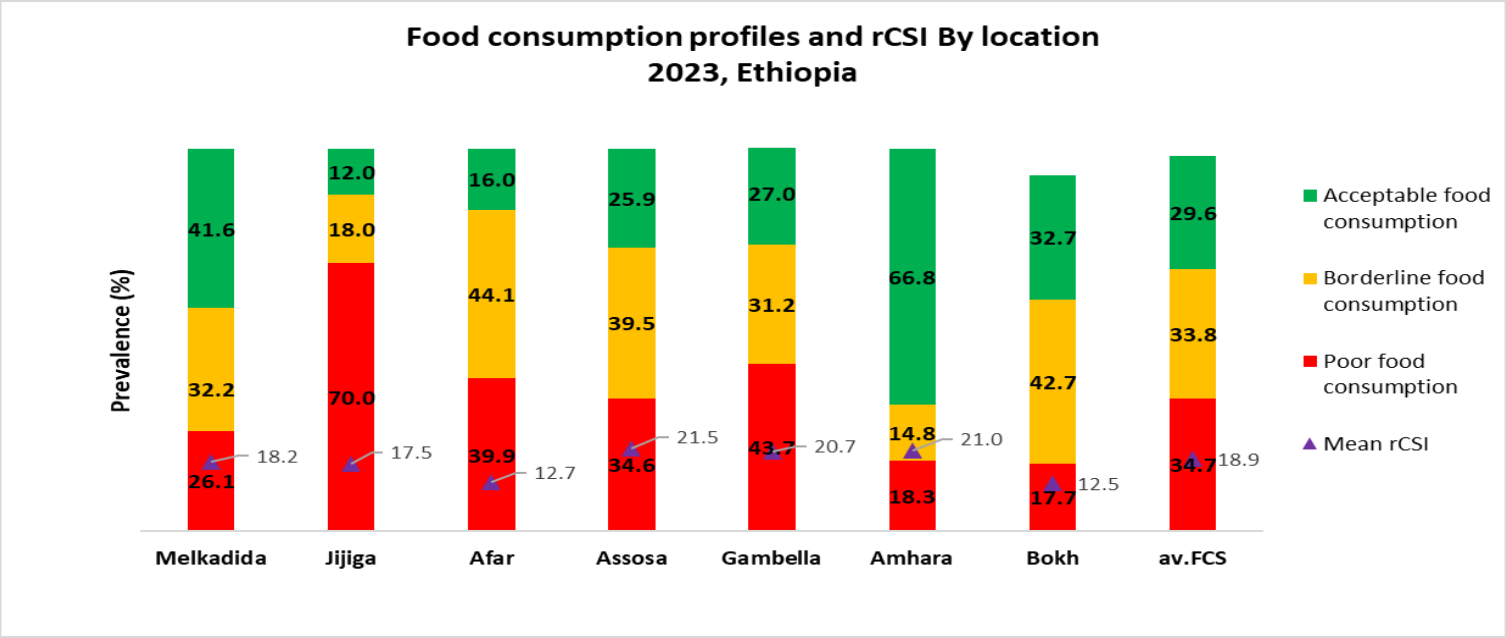
XXX : New arrivals by location in 2023



Shocks and Drivers 2023

- Food Pause
- Inadequate Food
- Inflation
- Conflict
- New arrivals
- Under funding
- Droughts
- Floods

FOOD CONSUMPTION SCORE (FCS) PROFILE and rCSI BY LOCATION



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.

Food Consumption Score-Nutrition (FCS) Cont'd

Only 29.6% of the surveys HHs have weighted food consumption score that is acceptable; 33.8% borderline and 34.7% poor scores on food consumption. This points to a deterioration of food security situation despite data being collected post Food pause. 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 poor scores:

- Implications of the food pause
- 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.

Food group categories

Cereals, grains, roots and tubers

Legumes/nuts

Sugar or sweet

Vegetables and leaves

Milk and other dairy products

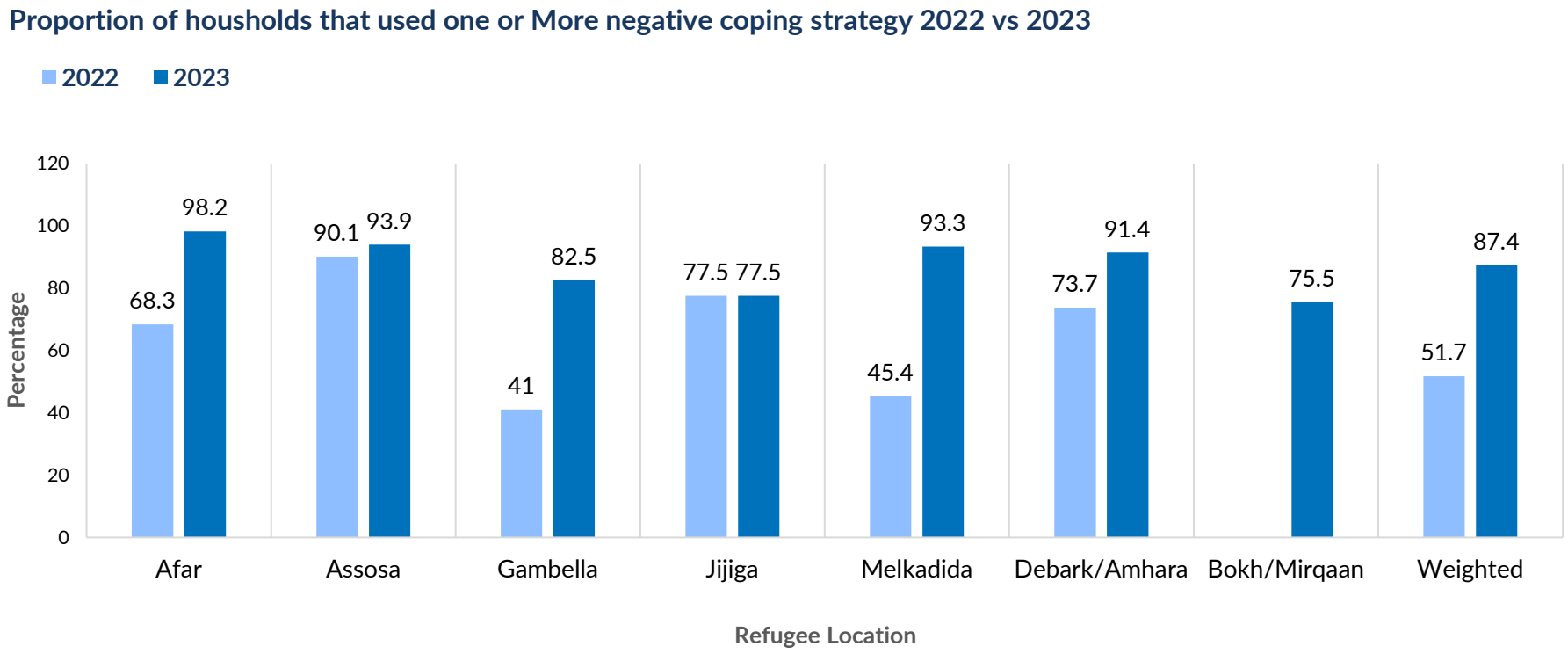
Fruits

Super cereals and CSB

Meat, fish and eggs

Oils/ fats/ butter

Negative Coping Strategy Food Security and Protection



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PROPORTION OF HHS REPORTING USE THE FOLLOWING COPING STRATEGIES

Location	Rely on less expensive food	Borrow	Reduce # of meals
Melkadida	92.6	88.8	85.9
Gambella	87.8	74.4	87.4
Afar	71.1	68.4	52.7
Jijiga	75.5	70.5	75.1
Bokh	83.7	56.5	78.2
Assosa	85.7	73.9	90.0
Kurmuk	85.3	73.9	90.0
Alemwach	85.3	39.7	59.6
Kumer	61.8	80.2	92.6
Weighted CW	**86.7**	**75.8**	**83.7**

Refuge households are food insecure noted from deterioration of the food security indicators in 2023 which have a direct link to occurrence of undernutrition.

WFP recent PDM point towards worse ever recorded food insecurity where; **Consolidated Approach for Reporting Indicators of Food Security (CARI) show; 65% of households are moderate food insecure and 11% severe food insecure.**

The effects **of inadequate food aggravated by food pause where most refugees are still in debt in 2024 continue to expose refugees to protection risks** post the food resumption.

9 out of 10 households (86.7%) rely on less preferred and less expensive foods

3 out of 4 households (75.8%) borrow food, or rely on help from a friend or relative

8 out of 10 households (83.7%) reduce number of meals eaten in a day

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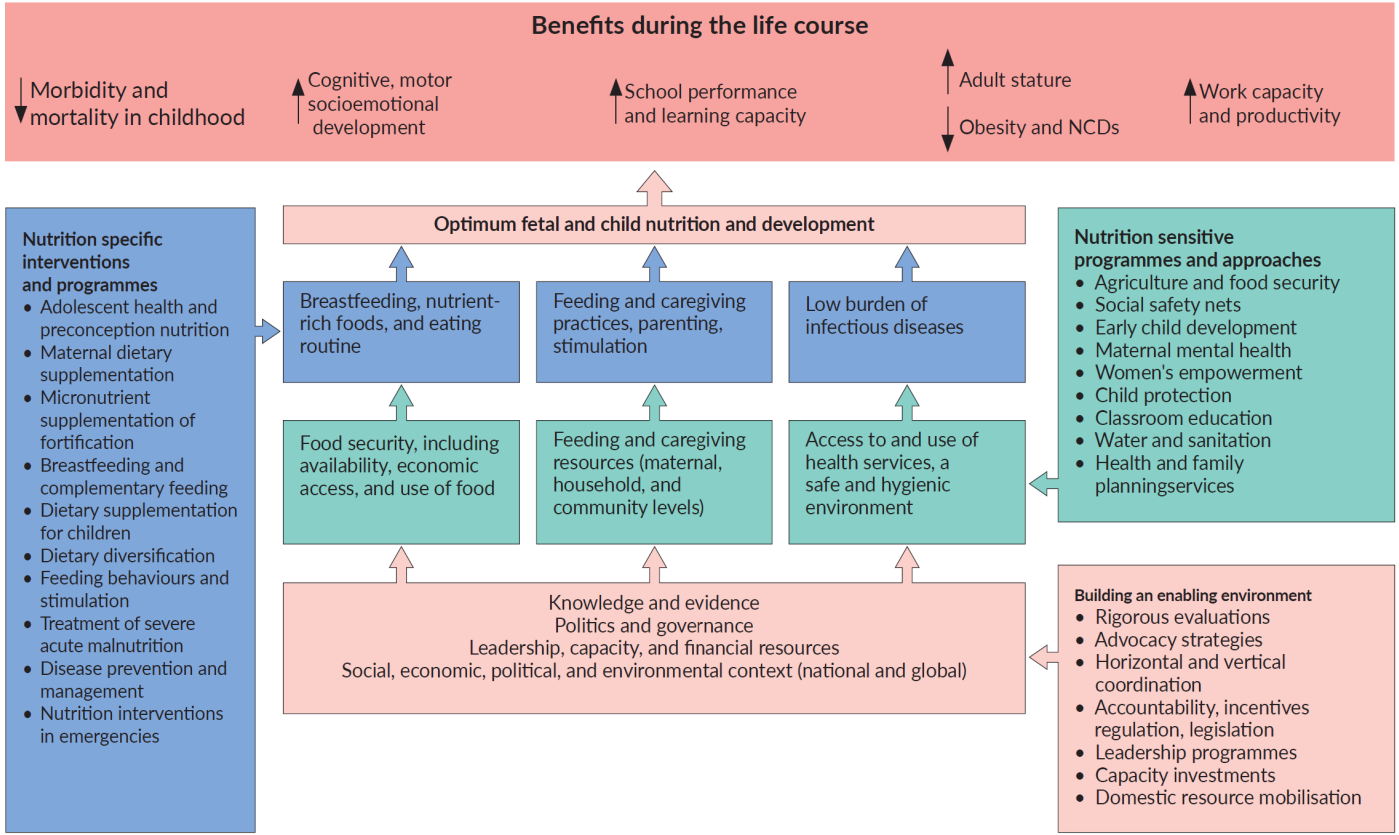
KEY RECOMMENDATIONS 2024 AND BEYOND

A Call To Multi Sectoral Actions For Food and Nutrition Security



RECOMMENDATIONS

Curative / Life saving 2024: Nutrition Specific Immediate Nutrition life saving action

Impact : Reduce morbidity and mortality

- Community engagement and involvement in Nutrition programmes decisions
- Nutrition treatment programs (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

RECOMMANDATIONS

Preventive /Multi Sectorial

Climate Smart Food and Nutrition

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

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RECOMMENDATIONS

Humanitarian Development Actions

Medium to long term

Transition of Nutrition from UNHCR to Right fit partners UNICEF, FMOH

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

WORKING WITH PARTNERS AND DONORS TO FILL THE GAPS IN NUTRITION