

Ethiopia

December 2017

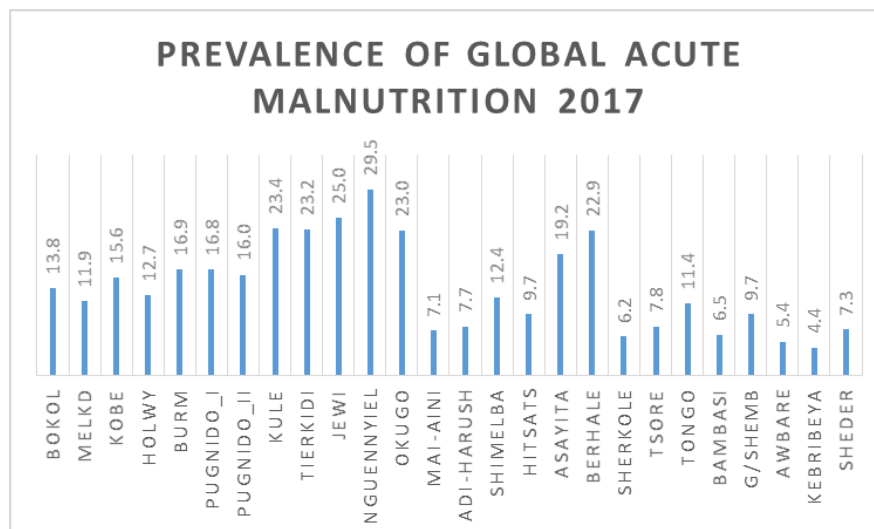
A total of **24,350** children under five years of age were treated for acute malnutrition with a recovery rate of **87.3%** and **91.0%** for severe and moderate cases respectively

The average weight gain for severely malnourished children is **7.5 g/kg/d**

Prevalence of global acute malnutrition in **15 out of 26** camps (**52%**) is below the WHO emergency threshold of **15%**

HIGHLIGHTS

- Annual nutrition surveys have been successfully completed all the 26 refugee camps.



- The prevalence of global acute malnutrition is below the WHO emergency threshold of 15% in 57.7% (15/26). Prevalence of stunting is within the acceptable WHO standards (<20%) in 38.5% (10/26) of the camps. Challenges in addressing malnutrition remain with a need to strengthen the preventive programme through a multi sectoral approach to support childcare, UNHCR started to roll of the UNHCR infant and young child feeding framework to enhance engagement of other sectors.

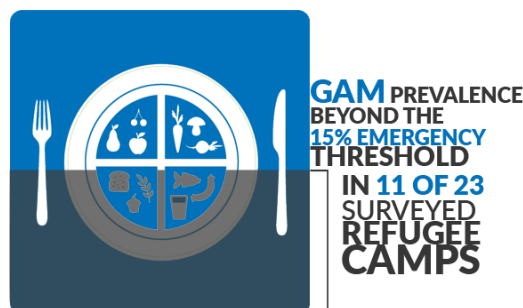
A recovery rate of 91.0% and 87.3% was achieved (SPHERE standard: >75%) for children with moderate and severe malnutrition. All children aged 6 to 24 months continued to receive super cereal plus under the blanket supplementary feeding programme in all camps in order to compliment the general food ration with high energy and nutrient dense foods appropriate for optimal growth and development. In Gambella, Melkadida and Afar where the GAM prevalence remains above the emergency threshold of 15% (WHO standards), this programme is extended to children up to 59 months old. Since December 2016, all children aged 3 to 5 years in the Dollo Ado camps were transferred from the blanket nutrition programme (take home ration) to the pre-primary schools (wet feeding) to improve uptake of the nutritious products.

- New arrival screening of children aged 6 to 59 months and pregnant and lactating women in the Dollo Ado operation shows that the prevalence of GAM amongst children has reduced from 77.1% in the first three months of the year to 0% in the last three months of the year. No GAM cases were reported since the month of October. Services for immediate treatment of children with acute malnutrition along with prioritized registration and relocation of these families are in place.
- Food rations increased from October onwards include 13.5kg of cereals (previous 10kg, standard: 16kg), 0.5kg of CSB (standard: 1.5kg). Oil, pulses and salt are provided at full ration while sugar remains absent providing a total of 1737Kcal (standard: 2,100 Kcal). Camps in Jijiga, Afar, Assosa and Shire continue to receive a mix of cereals and cash. A review of market prices was conducted for cereals in all four locations and the amount of cash was adjusted in Jijiga due to recent price increases. The next review will take place in December to verify the impact of the revised exchange rate on local market prices.

STRATEGIC PRIORITIES

- The Ethiopia Refugee Programme's Public Health Sector Strategic Plan 2014 – 2018, covering health (including HIV & reproductive health), nutrition & food security and WASH, forms the basis of programme planning and implementation in all regions where refugees are hosted.
- Key objectives of the nutrition response are the effective prevention of undernutrition and micronutrient deficiencies; effective and timely identification and treatment of acute malnutrition; provision of up-to-date food security and nutrition information and analysis, and effective food security and nutrition response in emergencies.
- Refugees in the Tigray, Afar, Benishangul-Gumuz Regions as well as those in the Jijiga zone of the Somali Region receive cash combined food assistance while the service is yet to be extended to those in Dollo Ado/Melkadida and Gambella camps.
- A comprehensive Infant and Young Child Feeding (IYCF) strategy which accounts for nutrition sensitive sectors in the Gambella and Dollo Ado/Melkadida operations will be developed and implemented shortly. The strategy is expected to be rolled out in other locations as well in the long term.
- The use of a new technology-the Last Mile Mobile Solution (LMMS)- is to be expanded to enhance efficiency of beneficiary registration and reporting in the nutrition programmes.
- The regular annual nutrition surveys have been conducted in all regions except Jijiga where it is scheduled for December. Such surveys are used to assess the health and nutrition status of the refugees.
- UNHCR and WFP will continue their joint advocacy for the reinstallation of full food rations to refugees.

CHALLENGES



External / Donors Relations

UNHCR is grateful for the direct contributions to the UNHCR Ethiopia Operation from:

USA | UK (DFID)| IKEA Foundation | EU(ECHO)| Japan | Educate A Child Programme-EAC| Germany |Netherlands| Australia| UN Children's Fund | "la Caixa Banking Foundation| Sweden |Canada| |Ireland| Priv. D. Australia | Country-Based Pool Funds| Sheik Thani Bin Abdullah Foundation| UN Dept of Economic and Social Affairs| Bill and Melinda Gates Foundation | Church of Jesus Christ of Latter-day Saints | Priv. donors Spain| African Union| UN Foundation(UNFIP) | International Olympic Committee| | Priv D. Germany

Special thanks to the major donors of unrestricted and regional funds:

USA (266 M) | Sweden (76 M)| Priv D. Spain (54M)|Netherlands (52 M)|United Kingdom (45M)| Norway (41M)| | Priv. D. Rep. of Korea (26)| Japan (25M)| Denmark (23 M)| Australia (19 M) | Priv. D. Italy (17) |Canada (16)| Switzerland (15)| Priv. D. USA (14)| France (14 M)| Germany (12)| Priv. D. Japan (14M)| Germany (12M)|Priv. D Sweden (11) | Italy (10 M)|

UNHCR is grateful to our Nutrition partners:
ARRA; ACF; WFP; CWW; GOAL; IMC; MSF-S

CONTACTS

Dorothy Gazarwa, Nutrition Officer, gazarwa@unhcr.org, +251 116170590

