GNC partners call - Horn of Africa – 18th July 2017 (Ethiopia, Kenya, S Sudan)

Ethiopia: Hotspot priority woredas (as of June 2017)

- Hotspot woreda classification is derived from expert judgment using six multi-sector indicators that are agreed upon at zonal, regional, and federal levels.
- Hotspot matrix is the basis for OTP, TSF programming across the country.
- Hotspot matrix is often used as proxy for IPC.

Emergency Nutrition Response in Ethiopia
Current situation in ETHIOPIA and forecast

SAM and MAM Caseloads, 2017

<table>
<thead>
<tr>
<th>Region</th>
<th># Woreda</th>
<th>SAM Target</th>
<th>MAM Target 6-59</th>
<th>MAM Target PLW</th>
<th>MAM Target 6-59 and PLW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afar</td>
<td>34</td>
<td>19,275</td>
<td>68,749</td>
<td>64,741</td>
<td>133,490</td>
</tr>
<tr>
<td>Amhara</td>
<td>166</td>
<td>39,717</td>
<td>190,695</td>
<td>266,955</td>
<td>457,650</td>
</tr>
<tr>
<td>B-Gumuz</td>
<td>21</td>
<td>1,980</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Gambella</td>
<td>15</td>
<td>2,096</td>
<td>3,245</td>
<td>1,936</td>
<td>5,180</td>
</tr>
<tr>
<td>Oromia</td>
<td>336</td>
<td>143,041</td>
<td>590,472</td>
<td>577,674</td>
<td>1,168,14</td>
</tr>
<tr>
<td>SNNP</td>
<td>159</td>
<td>64,218</td>
<td>427,705</td>
<td>442,350</td>
<td>870,055</td>
</tr>
<tr>
<td>Somali</td>
<td>100</td>
<td>96,850</td>
<td>487,478</td>
<td>342,043</td>
<td>829,521</td>
</tr>
<tr>
<td>Tigray</td>
<td>53</td>
<td>8,294</td>
<td>65,908</td>
<td>70,015</td>
<td>135,923</td>
</tr>
<tr>
<td>Grand Total</td>
<td>913</td>
<td>376,397</td>
<td>1,834,251</td>
<td>3,599,96</td>
<td></td>
</tr>
</tbody>
</table>

TSFP BENEFICIARIES

- **WFP Planned**
- **WFP Reached**
- **Reached NGO (FFP)**

- **所产生的图表展示了各地区的TSFP受益者数量，从1月到5月的计划和实现情况。**

- **The chart shows the number of TSFP beneficiaries in each region from January to May.**

- **The bar chart indicates the planned, reached, and NGO-reached numbers for each month.**

- **The total numbers range from 12,881 to 492,061, with the highest in May.**

- **The chart highlights the discrepancies between planned and achieved targets.**

- **The data provides insights into the effectiveness of nutritional assistance efforts in Ethiopia.**
Dashboard for the nutrition *cluster/sector* in Ethiopia

**People in Need**

5.6
(Jan 2017 HRD)

Nutrition 2.1 M
Children U5 (1.94 M)
and PLW (0.84 M)

Revised Targets***

7.8 M
(as of addendum May 2017)

**Nutrition Target:**

4.0 M
(as of July 2017 HRD)

2.2M Children U5
(0.4m SAM, 1.8 M MAM)
and 1.8M PLW

**Requirements (US$)**

HRD Nutrition Budget Requirement as of July 2017:

119.5 Million USD
Allocated: ~$87 TBD

**Number of Partners**

27

Ethiopia Nutrition Coordination Unit
Strategic Nutrition Priorities

SAM management

• CMAM service delivery with high coverage and optimal performance across the country (228 P1, 154 P2, 83 P3) with main focus on Somali Region, parts of Oromia, Afar and SNNP

• Response in Somali Region requires: Incident Command Post leadership, multisectoral buy in (Health, Food, Nutrition, WASH, Logistics) with core activities Surge capacity of Govt and partners to ensure Quality of Care /treatment at inpatient, Quality screening and support for referral for triage and OTP/SC; Timely Nutrition information & Surveillance, Solid logistic system; WASH – facility and community; Relief targeting and TSFP provision solid to prevent relapse; Report management; Coordination of partners response)

• Ensure robust pipeline of essential drugs and nutrition commodities reach health facilities for SAM treatment (UNOPS, UNICEF, NGOs)

• Multiple modalities in operation to ensure SAM and MAM treatment reaches remote communities and IDPs where static coverage is low.

• Enhanced zonal coordination level in Somali Region (pending in Oromia)

MAM treatment

• Ensure effective SAM MAM continuum in all 228 P1-WFP mitigating pipeline ruptures through prioritisation; all MHNT provide MAM treatment; all NGO manage TSFP; BSFP in most priority zones where IDP high, partners not available

• Promoting MAM treatment through health facility- in process
MAM Treatment Projection-pending

- Revised Target for MAM treatment need in 217 (HRD revised July 2017 pending endorsement): 3.6 Million U5/PLW (1.85 Million U5, 1.75 Million PLW)
- July- December 2017 TSFP Pipeline requirement $55 million
- Resourced and available: $29 million, with pledges coming on board
Scale up and resource gaps

- **Human Resources scale up for SAM by UNICEF:**
  - Coordination and technical capacity boost: 48 CMAM monitors will be on board until December (20 in Somali, 5 in SNNP and 7 in Oromia, 6 Afar, 4 Amhara, 3 Gambella and 3 Benishangul Gumuz);
  - One International surge response coordinator and 9 Zonal coordinators in Somali Region – funded to December.

- **Financial Resources**: UNICEF is fund raising to manage additional technical and supplies support for elevated SAM caseloads until December 2017 across the country. Focus for technical scale up remains Somali, parts of SNNP and Oromia Regions.

<table>
<thead>
<tr>
<th>SAM treatment Supplies (RUTF, F75, F100 and Micronutrients IFA, Vit A &amp; Mebendazole) for elevated caseloads including 3-month buffer stock</th>
<th>$ 2,483,445</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmable and Operational cost</td>
<td>$ 3,697,994</td>
</tr>
<tr>
<td>Total SAM Funding Gap</td>
<td>$ 6,161,826</td>
</tr>
</tbody>
</table>
Challenges in achieving strategic priorities

- Somali Region remains epicenter- lack of SMART surveys, proxy SAM/MAM alarming by MUAC screening
- Ensuring timely life saving services (health, food, WASH and Nutrition) reach most vulnerable communities timely to promote treatment impact and avert misuse of nutrition commodities
- Coordination command post now established in Somali Region and at zonal- to improve cross sectoral coordination
- Inadequate coverage of TSFP in affected regions- only targeted 228 P1 will receive TSFP, no P2. In P1 austere prioritization limited to southern belt for July/August due to pipeline breaks
- Accurate, timely data and surveillance information remains a challenge reports for timely corrective action (no real-time)
- Ongoing disease outbreaks (AWD, measles) in affected regions
3 key asks from the GNC partners

- Provide Technical backstop to guide and improve analysis and utilisation of nutrition information for better planning (NIE) for Cluster team
- Share lessons of surge and pastoral specific response for future planning
- Fund mobilisation at Global level for Ethiopia Emergency response