Introduction

Continued drought made little or no progress on starting reduction in the following years, and the successive large scale droughts of 2015-2016-El Nino and the 2017/18 affected a much larger proportion of the country; the effects on nutrition will potentially be long-term and severe.

The TSP Programme

Targeted Supplementary Feeding Programme (TSFP) is at national but geographically focused multi-stakeholder programme response designed to treat moderate acute malnutrition in 0.8 – 2.2 million children 6-59 months and pregnant and lactating women and is reflected in the National Nutrition Programme (SNFP).

Implementation (the initial approach)

The programme has been implemented since 2004 by NDRMC/WFP largely and USAID-JEPP and with NGO partners during emergency response. It is fundamentally a supplementary food assistance programme, given that there is little or no counselling or follow-up on individual case management. Children identified with MAM are treated, but it is not possible to see if individual children are then re-hospitalized.

Admission and Discharge Criteria

Admission criteria:

- Children with MUAC ≤12.0cm
- PLWs with MUAC < 23.0cm

Discharge Criteria:

- Children with MUAC ≥12.0cm
- PLW with MUAC ≥23.0cm

Progress

WFP developed the 2nd Generation TSF model in 2013 to better link MAM and SAM treatment. 2nd Generation (SGTSF) model has all the basic aspects of a treatment programme for MAM and complies with standards including counselling, measurements, delivery of specialized nutritious foods (SNFs). SGTSF implementation model can be an input for the National IMAM Implementation plan

Second generation the approach

Training to health extension workers (HEWs) and HEW supervisors in the management of moderate acute malnutrition. Introduced routine identification of beneficiaries through monthly nutritional monitoring and follow up by HEWs at health post and community level. Distribution of SNFs (Super cereal Plus and RUSF) at each kebele/health post in identified woredas; Quarterly replenishment of food at kebele level from strategic hubs to allow for pre-positioning of food closer to the beneficiaries.

Lessons learned from TSFP

- Increased utilization of the health extension programme package of services for children (immunization, EOS/CHD and GMP) and women (ANC, PNC and facility-based delivery) have been reported when MAM treatment is integrated.

- Provision of 2-month Supplementary food rations to SAM discharges improved outcomes of SAM management i.e. reduced relapses.

- Contracting expertise to regional authorities in order to get capable transporters resulted to timely transportation of food commodities to the right locations at an acceptable level of cost.

Coordination

- Emergency Nutrition Coordination Unit (ENCU) is a government unit supported by the UNICEF and housed within the NDRMC. Within the government, ENCU reports to NDRMC and DRM/TWG. Provides updates to MOH and EHNRP/EPhI with respect to emergency nutrition situation, assessment and response, ENCU also reports to UOCHA, Ethiopian Humanitarian Country Team (EHCT) and UNICEF nutrition section.

- Coordination of emergency nutrition activates are through monthly nutrition task force meeting, ad hoc meetings, special coordination meetings - focusing on specific operational areas, bilateral coordination meetings - with partners on specific issues.

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