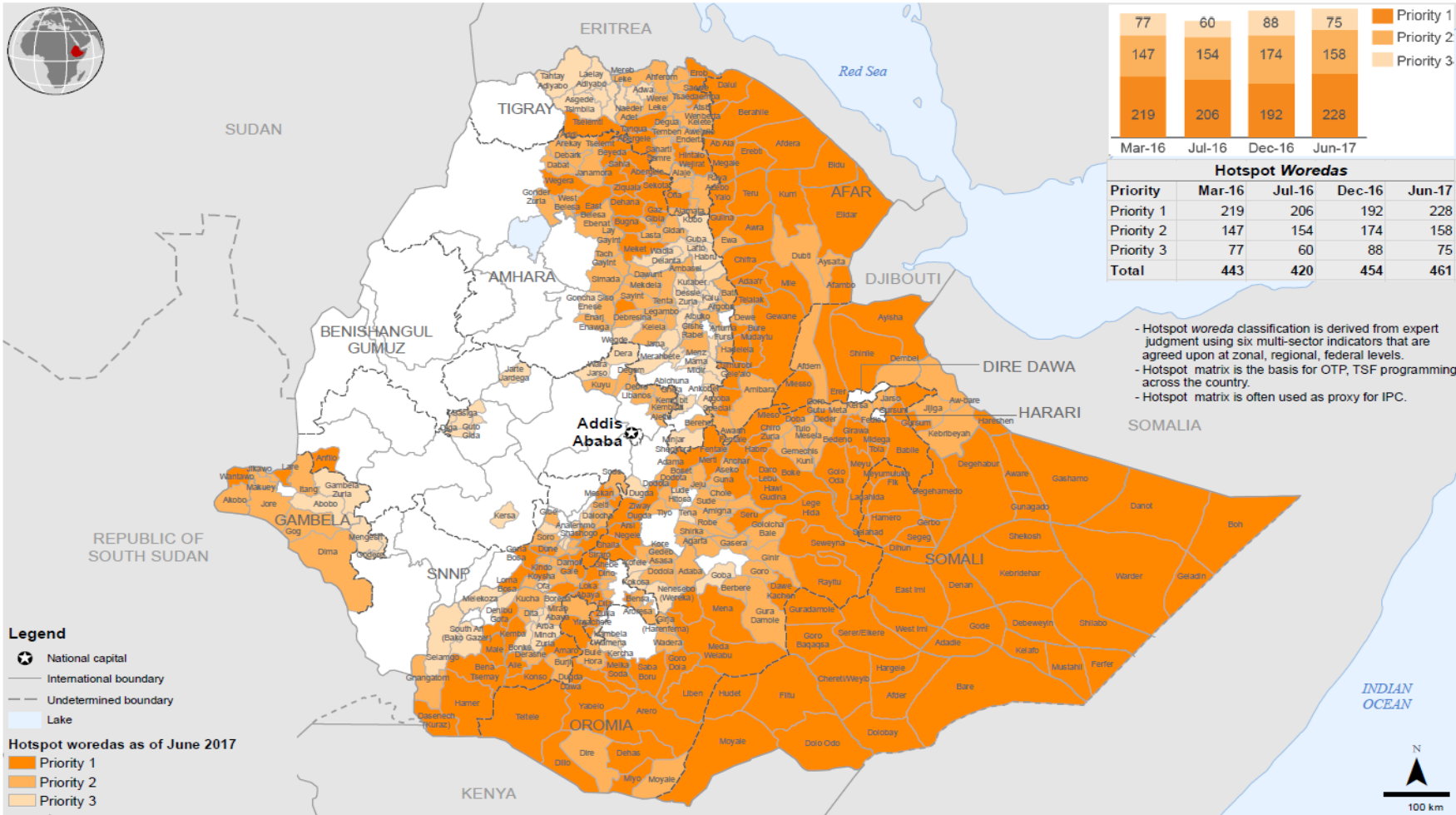


GNC partners call - Horn of Africa – 18th July 2017 (Ethiopia, Kenya, S Sudan)

Ethiopia: Hotspot priority woredas (as of June 2017)

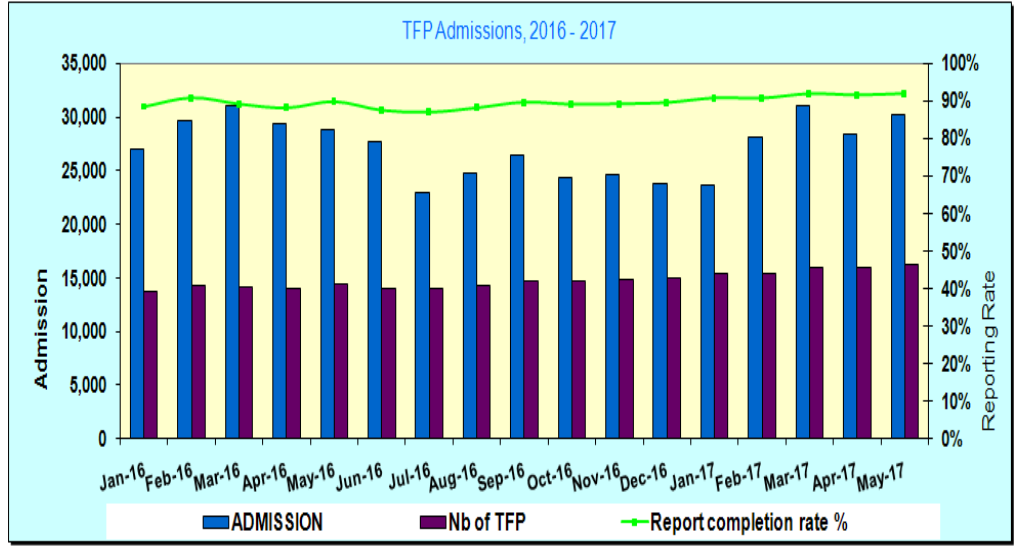
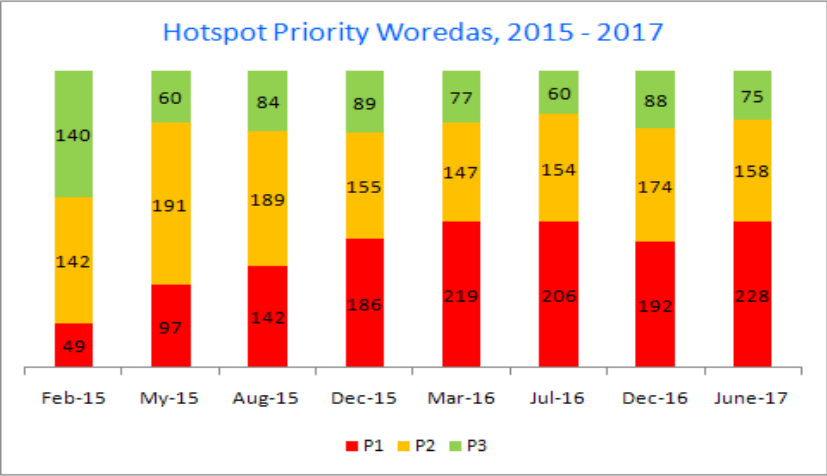


The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Creation date: 7 Jul 2017 Map Doc.:11_HS_ETH_070517_A4 Sources:NDRMC/ENCU Feedback: ocha-eth@un.org www.unocha.org www.reliefweb.int Prepared by: OCHA

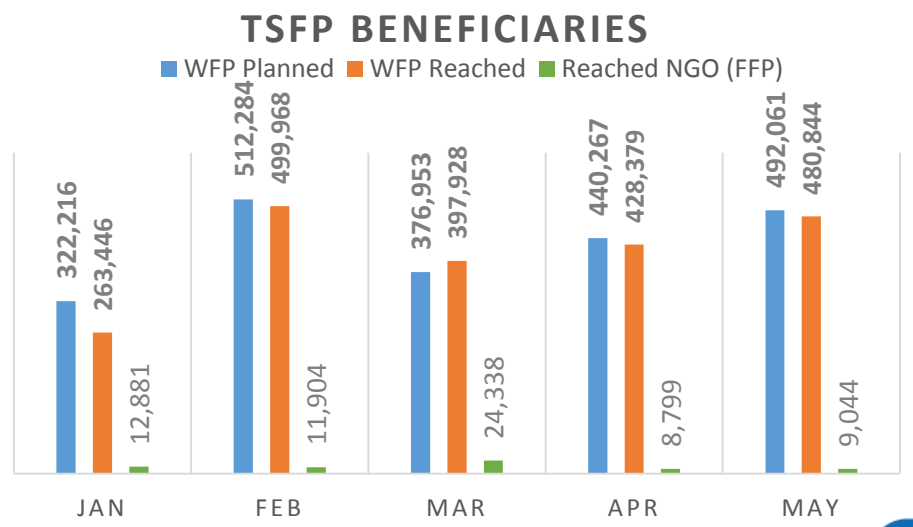
Emergency Nutrition Response in Ethiopia

Current situation in ETHIOPIA and forecast



SAM and MAM Caseloads, 2017

Region	# Woreda	SAM Target	MAM Target 6-59	MAM Target PLW	MAM Target 6-59 and PLW
Afar	34	19,275	68,749	64,741	133,490
Amhara	166	39,717	190,695	266,955	457,650
B-Gumuz	21	1,980	0	0	0
Gambella	15	2,096	3,245	1,936	5,180
Oromia	336	143,041	590,472	577,674	1,168,146
SNNP	159	64,218	427,705	442,350	870,055
Somali	100	96,850	487,478	342,043	829,521
Tigray	53	8,294	65,908	70,015	135,923
Grand Total	913	376,397	1,834,251	1,765,714	3,599,966

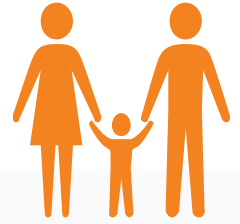


Dashboard for the nutrition *cluster/sector* in Ethiopia



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)



Revised July 2017 PEOPLE TARGETED

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



NUMBER OF PARTNERS
27



REQUIRMENTS (US\$)

HRD Nutrition Budget Requirement as
of July 2017:
119.5 Million USD
Allocated: ~\$87 TBD

Strategic Nutrition Priorities

SAM management

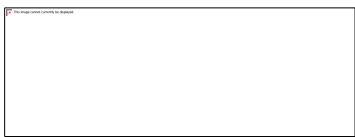
- CMAM service delivery with high coverage and optimal performance across the country (228 P1, 154 P2, 83 P3) with main focus on Somali Region, parts of Oromia , Afar and SNNP
- Response in Somali Region requires: Incident Command Post leadership, multisectoral buy in (Health, Food, Nutrition, WASH, 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 (1.85Million 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.

SAM treatment Supplies (RUTF, F75, F100 and Micronutrients IFA, Vit A & Mebendazole) ****for elevated caseloads including 3month buffer stock	\$ 2,483,445
Programmable and Operational cost	\$ 3,697,994
Total SAM Funding Gap	\$ 6,161,826

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

