



Global Nutrition Cluster Partners' Call

Update on the situation in Ethiopia, Kenya, and South Sudan

Summary of Key Points

Date: Tuesday, 18 July 2017,
Time: 15:00 – 16:30 Geneva time
Venue: via Skype for Business and phone links.
Chair: Ayadil Saparbekov, GNC Deputy Coordinator

Participants: 29 participants, including global level partners, region-based UN agencies, three nutrition cluster/sector coordinators from Ethiopia, Kenya and South Sudan

Agenda:

1. Opening remarks – Ayadil Saparbekov, GNC Deputy Coordinator (5 min)
2. Presentation of Ethiopia Nutrition Cluster: Orla O'Neill – Cluster Coordinator, (10 min) followed by Q&A (partners, 15 min)
3. Presentation of Kenya Nutrition Sector: Victoria Mwenda – Sector Coordinator, (10 min) followed by Q&A (partners, 15 min)
4. Presentation of South Sudan Nutrition Cluster: Isaack Manyama – Cluster Coordinator, (10 min) followed by Q&A (partners, 15 min)
5. AOB: partners (10 min)
6. Closing remarks – Ayadil Saparbekov, GNC Deputy Coordinator (5 min)

Ethiopia Update – Orla O'Neill, Nutrition Cluster Coordinator

For details, please see Ethiopia Cluster Presentation

Nutrition Situation Update:

- An estimated 5.6 million people are in need of NiE services
- Nutrition targets in NE Ethiopia are 4.0 million people, including:
 - 2.2 million children U5 of them - 0.64 million are children with SAM and
 - 1.8 million PLW.
- More SAM cases need inpatient care, 9% on average, which compare in general 6% children need inpatient care. This is problematic that capacity of inpatient care in general is low.
- 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 of \$119.5 million total estimated need.

Nutrition Sector Response:

- Strategic priorities are set together with the Gov't for the management of SAM & MAM using CMAM service delivery modality, achieving high coverage and optimal performance across the country: 228 Priority 1 (P1), 154 Priority 2 (P2) and 83 Priority 3 (P3), with main focus on Somali Region, parts of Oromia , Afar and SNNP.
- Need more integrated services health, WASH & nutrition specially, in pastoral community.

- Promoting MAM treatment through health facility- in process
- Scaling up and resources gaps – UNICEF will boost coordination and technical capacity for SAM treatment.
- 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.

Key Challenges:

- Somali Region remains an epicenter- lack of SMART surveys, proxy SAM/MAM alarming by MUAC screening;
- Ensuring timely lifesaving services (health, food, WASH and Nutrition) to 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

Support required from Global 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

Q&A and Additional Updates by Global Partners:

Q: Help Age– Why malnutrition in older people not addressed?

A: The issue of malnutrition in older people came again and again in all discussion in nutrition. The need is clearly identified. However, the shortages in supplies doesn't allow to programme, hence the need for young children are priorities. However, areas of Priority 1 malnutrition in older people will be addressed if funding will be made available.

Q: UNICEF PD: To what degree coordination and programmatic links between treatment of AWD and malnutrition are addressed? Any gaps, areas to strengthen, including integration?

A: AWD is ongoing in over 22 districts in Somalia region where we have alarming malnutrition rates. Global Health team set up 6 incident command posts (WASH+Health+Nutrition+FSL) to combat AWD which plays a clear role- which seems successful to bring down the AWD cases. It includes accountability of all partners at all levels, from regional to zonal level. This model can be replicated at Jijiga and zonal level for nutrition programming, information and coordination, and ENCU approached the Gov't for this

Q: UNICEF- Is there capacity gap to deliver integrated response for AWD/malnutrition?

A: A UNICEF-driven Joint Scale-up Plan exists where WHO has a clear role, especially around the guidance and training for SCs and on AWD with SAM. An inventory was completed on how many HFs have the capacity and are needed to manage SCs and what are the gaps, including for surge. All efforts are Govt-led-and needs to step-up as NGOs do not have capacity and necessary permits to bring the nurses but can ensure supervision. MoH need to strengthen their SURGE capacity and move skilled people from one area to another. Water is a critical need, including in SCs in the entire Somali region and we are in touch with WASH to address that.

Q: MSF – Is WFP pipeline can be guaranteed for 228 Priority -1 woredas - till end of the 2017? But they have immediate gap July/Aug based on what is available in country.

- A:** WFP has funding in place for supplies for all P1 woredas until end of 2017 but there is a gap for July and August. For Somali region, P1, cohort 1 woredas are totally covered. Fundraising efforts are aggressive and now more supplies coming in August. Out of the 228 P1 target 127 P1 woredas (cohort 1) have enough TSF coverage from July to December 2017 and the remaining 101 P1 woredas are relying on a new USAID/ECHO new pipeline from August. For P2 woredas – no MAM commodities in the country. One pipeline that is not solid at all - Government Relief pipeline. WFP reports that there is \$0.5 bn shortfall. The Gov't brings in some food supplies but it is inadequate. For some family TSF commodities will be used by whole family, hence slow recovery etc. this is a big concern.
- Q:** MSF – How about UNICEF RUTF pipeline?
- A:** UNICEF has enough RUTF until December, including the buffer stock.
- Q:** MSF – Are there other NGOs coming in and stepping up?
- A:** Yes MSF – Holland, ACF, and GOAL are responding in Dolo and covering entire zone. Concern stepping in Somali region. 62 out of 81 P1 woredas have an assigned NGO (at least on paper). There are concerns about some of them around quality. The ENCU has a key role in monitoring if the responses are of quality, effective and generating results.
- Q:** MSF- There were reports and concerns of increased salt levels in the water, not limited to Ethiopia though. It would affect the programme implementation in SCs. Is anything done about it?
- A:** UNICEF is digging the bore-wholes deeper for water and they are experiencing different issues (salt content, etc) with water surface, also it is an expensive operation to de-salinate the water. The salt issue will be raised with the WASH team.

Kenya Update – Victoria Mwenda, Nutrition Sector Coordinator

For details, please see Kenya Cluster Presentation

Nutrition Situation Update:

- Pre-crisis: An estimated 404,100 people are in need of nutrition services with acute malnutrition, including 370,300 children U5 and 33,800 PLW). Pre-crisis target for the sector interventions was 256,200 affected people, including 222,400 children U5 and 33,800 PLW;
- During the crisis: An estimation of the people in need increased to 483,200 people, including 412,297 children U5 and 43,452 PLW. The target for treatment of acute malnutrition has also increased to 299,200 affected people, including 255,800 children U5 and 43,400 PLW. The target for prevention (BSFP) was set at 553,258 people, including 452,324 children U5 and 100,934 PLW;
- Increased admissions noted across all Arid and Semi-Arid Counties indicating both a deteriorating situation and increased response activities
- High level of malnutrition was found in Turkana, June 2017:
 - Turkana North GAM 34.1% SAM 8.6%
 - Turkana South GAM 37% SAM 12%
 - Turkana Central GAM 31.4% SAM 8%
 - Turkana West GAM 23.4% SAM 6.4%
- Multiple disease outbreaks continue: Cholera, Measles, Dengue Fever, Kala azar
- Major funding gap and gaps in human resources.

Nutrition Sector's Response:

- Coordination scale up:
 - National level: Sector-wide response initiated, including with other key Ministries, agencies , Donors, Implementing partners;

- National and County level engagement enhanced. MOH convenes monthly Emergency Advisory Committee Meeting.
- Programme response scale-up:
 - A total of 37,121 severely and 71,461 moderately malnourished children were admitted for treatment in the 5 month period between January and May 2017.
 - 34,354 out of a target 43,452 PLW have been reached over the same reporting period;
 - The increased admissions is attributed to scale up of outreach services through mobile clinics with qualified personnel moving out to cover catchment areas that are hard to reach;
 - Integrated health and nutrition outreach programme on going in 17 ASAL counties reaching even more children and women with diverse services including vaccination, supplementation with key micronutrients – Vitamin A, IFAS, treatment of common ailments and other diagnostics as well as Ante natal care.
- Supply Chain scale-up: regular analysis, planning and prepositioning of supplies for treatment and prevention, including RUTF, RUSF, CSB and Super cereal.

Key Challenges:

- Health workers on strike: frequent disruption of services, and where they are offered, reporting of information is not optimal;
- Electioneering period: shift in gears;
- Slow pace in funding realization for the blanket supplementary feeding programme;
- Inadequate food sector response in the most affected counties, vis-à-vis cash response and its optimization.

Support required from Global Partners:

- Support resourcing of the sector response plan
- Support advocacy priorities of the sector;
- Liaison with the country teams (especially for INGOs) in conforming to existing sector coordination arrangements.

Q&A and Additional Updates by Global Partners:

Q: GNC-CT: where are the coordination challenges being experienced between national and sub national level.

A: Largely at national level ,which is occasioned by the current funding environment and risk to go it alone as partners, and compromise the integrity of the coordination mechanisms. Would be useful to explore a potential partnership GNC to support a coordination capacity event for partners.

Q: IFRC: With the current surge model what challenges have there been in implementing it, including challenges vis-a-vis other countries, such as Somalia where MoH might not be so strong?

A: The surge model is implemented in 8 counties and there are no major challenges that have been experienced in relation to its roll out. However, to note is that with the current emergency and scale up in service delivery may confound its impact at present. But that said, there are counties the model's impact is clearly visible and correlates quite easily with the scale up plan. The current health workers strike is however having an impact on normal operations of health systems. Efforts are being made to also strengthen the commitment across all the implementing sub national governments to fund the surge mechanisms guaranteeing it of sustainability

Q: ENN- Challenges of cash vis-à-vis inadequate food distribution, what are those?

A: Current food response is not adequate to meet the needs of the affected population in the very critical counties (Critical and Extremely Critical GAM areas). This is despite the scale up in number of partners undertaking cash transfers as part of their emergency interventions. The transfer values have largely remained static against a backdrop of high food prices and food insecurity in the affected regions. In

areas where GAM is above 30% there is a deliberate push by the Nutrition sector to have WFP proactively reconsider and roll out GFD programmes over and above their current support for blanket supplementary feeding that has been a very timely interventions.

Q: Help Age International: None of the presentations have mentioned the number of older people in need of malnutrition support. Understand the resources are limited, but if we have at list evidence we can do more. Is it possible to address the needs of older people, including malnutrition in assessments?

A: There is an ongoing discussion with Help Age in Kenya, there is no data available at population or national level for older people's nutritional status or requirements. Evidence is needed for mapping up the need. Discussions have been held with Help Age for their technical assistance in developing an assessment methodology that will enable the Nutrition sector understand and make a decision on how to proceed on determining nutritional status of the older persons.

South Sudan Update – Isaack Manyama – Cluster Coordinator

For details, please see South Sudan Cluster Presentation

Nutrition Situation Update:

- An estimated 6.01 million (50% of the population) people are expected to be severely food insecure in June-July 2017, compared to 5.5 million (45% of the population) people in May 2017
- 16 of the 18 SMART surveys conducted during the first half of 2017 indicate critical levels of acute malnutrition (15% and above). 50% of the surveys having GAM 20% and above.
- MAM admission trend has been increasing between Jan and May 2017 and consistently higher than those reported in 2016.

Forecast:

- The nutrition is likely to continue deteriorating in most parts of the country- due to the spreading of the on-going conflict/fighting
- Continuing economic crisis (high prices of staple food and oil, continuing devaluation of SSP associated with decreasing purchasing power.

Key Challenges:

- Limited capacity in terms of number and technical in providing quality nutrition programming (implementation, supervision and monitoring).
- Mandate of partners-limiting scale up or filling technical gaps
- Staff turn-over among partners
- Access and insecurity limiting, implementation, monitoring and performance of the projects and suspension of projects and risking partners staff lives
- Increase risk of looting and theft of supplies especially in conflict affected areas.
- Increased project implementation cost (e.g having to deliver supplies in small amount to partners but frequently.

Support required from Global Partners:

- Advocate to donors to continue funding for frontline nutrition activities-as the gap is still huge.
- Support strengthening cluster coordination in states through capacity building and quality programming
- Continue advocating for implementation of Rome call for action on integrated famine prevention responses famine in South Sudan
- Continue advocating for cease fire as it as it worsens the nutrition situation (children cannot complete treatment regimen-flee fighting, supplies cannot be delivered in some of the locations

Q&A and Additional Updates by Global Partners:

- Q:** Help Age International: What is fascinating is that none of the presentations have mentioned the number of older people in need of malnutrition support. Understand the resources are limited, but if we have at list evidence we can do more. Is it possible to address the needs of older people, including malnutrition in assessments?
- A:** Provision of services for elderly is agreed by all partners – older people who suffers from malnutrition if they come to facilities they are treated. However, no data available that how many elderly people were identified with SAM & MAM if those received services. To establish this need to follow with partner organisation.

Wrap-up:

Ethiopia:

- ✓ Support the Government in stepping up coordination and IM in Somali region– one GNC RRT member already arrived in Ethiopia to support the team. If required GNC can provide RRT IM support as well.
- ✓ Fund mobilisation at Global level for Ethiopia Emergency response, GNC partners can support but need to in what specific area GNC need to support with.

Kenya:

- ✓ GNC can provide support for advocacy priorities- GNC has county nutrition cluster advocacy tool to guide the cluster/sector.
- ✓ GNC will also need a solid plan from Kenya team where needs support i.e. in capacity building for the partners or other areas.

South Sudan:

- ✓ Regarding advocating for cease fire- global level partners need to work together on this issue. Need to sought ideas- how to reach hard to reach area and provide them with services
- ✓ Re: continue advocating for implementation of Rome call for action – meeting held with the partners- a inter cluster visit is in plan for South Sudan in Fall 2017 before the HRP development. A bilateral discussion is needed between Isaack and Ayadil to fix a date for the forthcoming visit that suits Nutrition, Food Security, Health and WASH cluster.

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