



EMERGENCY NUTRITION QUARTERLY BULLETIN

(Fourth Quarter 2008)

Emergency Nutrition Coordination Unit

Early Warning & Response Department

(Disaster Management & Food Security Sector)

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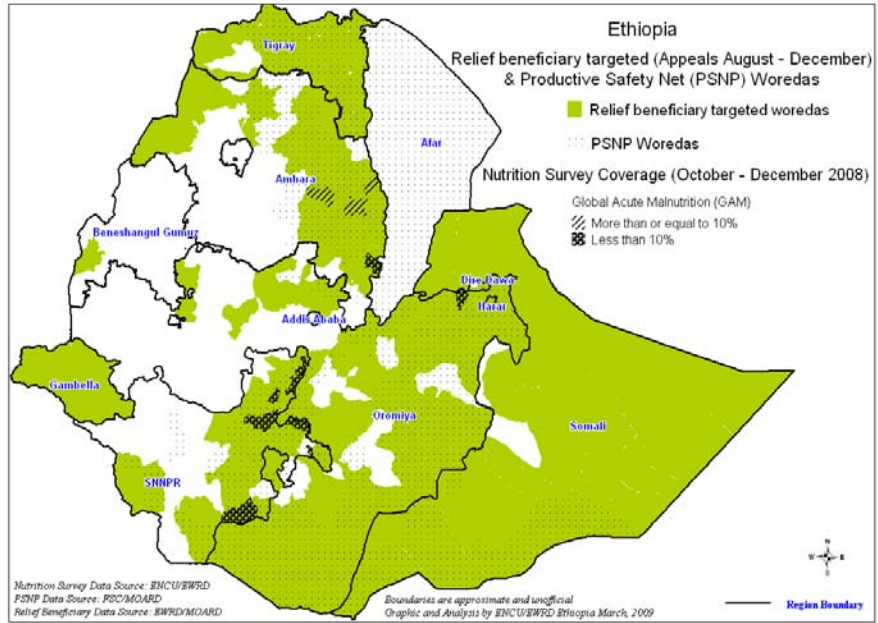
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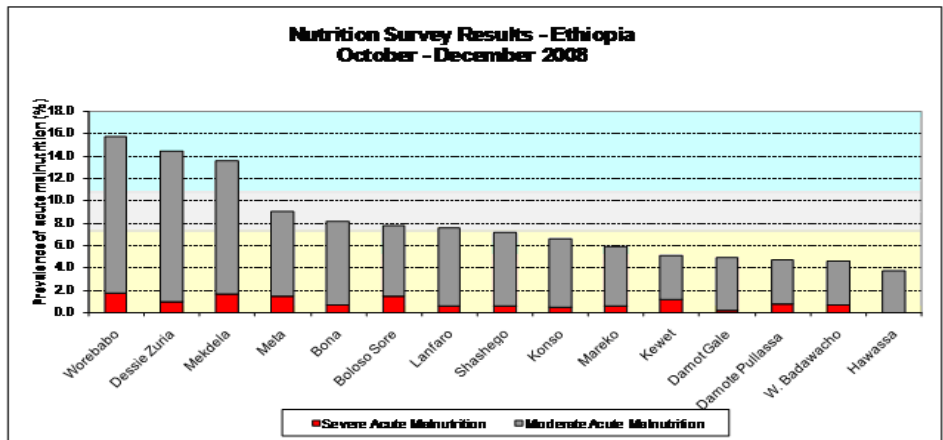
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1. NUTRITION ASSESSMENT

1.1 STANDARD NUTRITION SURVEYS

Figure 1



Survey Methodology: During the fourth quarter (Sept-Dec 2008) a total of 16 surveys were conducted in Ethiopia SNNPR (9), Oromia (1) and Amhara (5) using the SMART methodology. Three of them were triggered by emergency situation and the

remaining were either monitoring or end line surveys. Prior to implementation, all survey proposals were technically reviewed and approved by ENCU as part of routine ENCU's quality control and standardization of emergency assessments in Ethiopia.



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ENCU

Sample sizes for the under-five study population ranged from 554 in Damot Pulassa to 871 in Boloso Sore woredas respectively in Wolayta Zone in SNNPR. All the surveys were conducted within the administrative boundaries of the respective woredas. Anthropometric and mortality analyses were conducted using Emergency Nutrition Assessments (ENA) for SMART software (October 2007 version). WHO¹

anthropometric standard definitions were used to define cases of malnutrition among under-five children. Point prevalence estimates with their 95% CI were reported using NCHS references. Vitamin A supplementation, measles coverage, morbidity, MUAC measurements and food security information was analyzed using other software like EPI Info and SPSS.

1.2 QUALITY CHECK

17 surveys were checked by ENCU applying agreed quality check criteria on the surveys' raw data submitted by partners along with respective preliminary reports. 15 of them were accepted and 2 was rejected because of poor data quality. The 15 data sets were normally distributed, with a degree of kurtosis and skewness falling within acceptable levels of ± 1 - indicating normal distribution around the mean. Standard deviations of the seven surveys were well below 1.2 SD units, implying that the quality was good. The other two that were rejected had high level of digit prefer-

ences in the rounded to "0" and "0.5" implying that measurements were poorly taken and therefore its key findings will not be presented. Table 1 summarises data quality check results in the 15 surveys seven woredas.

Other criteria used for quality checks such as digit preference, sex ratio, age distribution among the study sample, were within acceptable limits. All the results were endorsed by the ENCU/EWRD and disseminated to all Multi-Agency Nutrition Task Force (MANTF) members.

Table 1: Survey Quality Check Results

Agency	Woreda/ Livelihood Zone	Digit preference		SD of WHZ	Skewness of WHZ	Kurtosis of WHZ	No. of WHZ flags (%)	Representativeness of the sample		
		Weight	Height					Age group (months)	% Distribution	Sex Ratio
GOAL	Damote							6-29	45.7	
	Gale	No	No	0.813	-0.083	-0.01	0.14	30-59	54.3	1
GOAL	Damote							6-29	46.3	
	Pullassa	No	No	0.868	-0.191	0.406	No	30-59	53.7	1
SCUS	Konso	No	No	0.827	0.106	0.338	No	6-29	49.0	
	Bona	No	No	0.861	0.164	-0.021	No	30-59	51.0	1
SCUS	Lanfaro	No	No	0.862	0.028	-0.055	No	6-29	42.6	
			Yes*					30-59	57.4	1
CONCERN	Shashago	No	(0& 0.5)	0.931	0.02	1.02	0.6	6-29	51.6	
								30-59	48.4	1.1
SCUK	Awassa	No	No	0.822	0.132	-0.219	No	6-29	50.8	
	West							30-59	49.2	1
SCUK	Badawacho	No	No	0.928	-0.046	-0.239	No	6-29	44.5	
								30-59	55.5	1
CONCERN	Mareko	No	No	0.869	-0.016	0.056	No	6-29	46.8	
	Dessie							30-59	53.2	1
CONCERN	Zuria	No	No	0.81	0.067	0.728	0.3	6-29	45.2	
								30-59	54.8	1
GOAL	Mekedella	No	No	0.838	0.059	0.19	No	6-29	37.0**	
			Yes*					30-59	63.0	1
CONCERN	Worebabo	No	(0& 0.5)	0.834	0.311	1.826	0.16	6-29	48.2	
								30-59	44.0	1
IMC	Meta	No	No	0.833	0.094	0.367	No	6-29	56.0	1
	Boloso							30-59	52.9	
IMC	Sorie	No	No	0.824	-0.022	0.299	No	6-29	47.1	1
								30-59	54.8	
Muluwongal	Kewot	No	Yes* (0)	0.689	0.116	0.127	No	6-29	45.2	0.9
								30-59	44.1	

¹ Physical status: The use and interpretation of anthropometry. Report of a WHO Expert Committee. Geneva, World Health Organization (WHO Technical Report Series, No. 854). 1995.

*Slight digit preference.

**Under representation of younger age group.

Boloso Sore woreda - SNNPR

- The nutrition status was rated as 'poor' in light of aggravating factors such as poor Meher rains and the harvest was expected to be low.

- Strengthening the EOS programs and the logistic support to the CMAM program with close monitoring of the area were recommended.



DISASTER

Bona Lanfero & Konso woredas - SNNPR

Findings:

- The nutrition surveys in Bona, Lanfero and Konso were conducted during the harvest season, to assess the impact of the on-going emergency nutrition interventions.
- The overall situations in terms of nutrition, crude and U5 mortality, food security status were concluded to be normal with good coverage of vaccinations (BCG & measles) and vitamin A supplementation.
- Hand over of the on-going intervention to the woreda health office and strengthening of EOS/TSF were recommended.

Key survey findings: The survey findings are divided in two main groups depending on the purpose of the assessments: First, emergency surveys triggered by worsening nutrition situation reported by partners and woreda authorities and second, either monitoring or end line surveys following emergency nutrition interventions. Results from the 9 monitoring surveys conducted in SNNP indicated significant reduction in levels of malnutrition compared to baseline levels before the interventions were initiated. Global Acute Malnutrition (GAM) ranged from 3.7 in Hawasa to 8.1 percent in Bona woredas respectively. Similarly, Severe Acute Malnutrition (SAM) had significantly decreased. The results ranged from 0.1 (95% C.I. 0.0-0.4) in Damot gale to 0.7 (95% C.I. 0.0 - 1.15) in Damot Pulassa. Monitoring surveys results in the woredas in SNNPR were classified as typical in the Ethiopian context according to national emergency nutrition assessment guidelines. One survey in Amhara despite being monitoring was classified as serious.

As expected two of the three surveys triggered by emergency situation, had higher levels of malnutrition compared to monitoring and end line surveys. GAM ranged from 13.5 in Mekdela to 15.7 percent in Worebabo woredas respectively, in Amhara region. SAM levels was relatively similar ranging from 1.6 percent in Mekdela to 1.7 percent in Worebabo. In summary the nutrition survey results from both monitoring and emergency, indicated that despite a generally improved nutrition situation toward the end of 2008 fourth quarter,

there were still hotspot areas experiencing emergency situations.

The point estimate of the Crude Death Rates (CDR) in all the 15 surveys were far below emergency threshold levels of (1/10,000/day) with no significant difference in results between monitoring and emergency surveys. Under-five Death Rates (U5DR) were also far below the national and sphere standard cut off points of 2/10,000/day. End-line or monitoring death rates were not significantly different from those reported during baseline surveys. One of plausible explanation is that CDR and U5DR were already below the emergency threshold levels before the interventions started. However, there is no doubt that the emergency interventions prevented further increase in both CDR and U5DR.

The most prevalent child illnesses recorded included: Diarrhoea, Acute Respiratory Infection (ARI), malaria and fever; accounting for between 2.5 and 35.4 percent of morbidity in Bona and Kewet Woredas respectively. Measles, BCG and Vitamin A coverage varied significantly across the surveyed Woredas in the three Regions. Despite increase in measles coverage in intervention surveyed woredas, were all still below 95 percent, the recommended Sphere Standard² measles coverage in emergency situation. Note that Worebabo coverage of 98% were reported as part of baseline assessment, possibly following measles campaign! Table 2 presents results from surveys conducted in Amhara and Oromia regions, while Table 3 summarises the 9 surveys conducted in SNNPR.

²Sphere project: Humanitarian Charter and Minimum Standards in Disaster Response, 2004.



UNICEF

Table2: Summaries of Key findings of nutrition surveys conducted in Oromia and Amhara region, in the 4th Quarter, 2008

Key indicators	OROMIA		AMHARA		SNNPR	
	Meta Woreda 20-30 Oct	Dessie Zuria 13-21 Dec	South Wollo		North Shewa	Konso Special Woreda
			Worebabo Woreda 21-26 Sep	Mekedela woreda 25 Nov-7Dec	Kewet 22-27 Sep	Konso Woreda 15-20 Dec
Sampling design	cluster	cluster	cluster	cluster	cluster	cluster
Sample size	715	669	630	690	758	768
% GAM in Z-scores (95% CI)	9.0 (6.8-11.2)	14.4 (11.7-17.1)	15.7 (11.4-20.0)	13.5 (9.7-17.2)	5.1 (3.6-6.7)	6.5 (4.3-8.7)
% SAM Z-scores (95% CI)	1.4 (0.7-2.2)	0.9 (0.1-1.7)	1.7 (0.6-2.9)	1.6 (0.5-2.7)	1.1 (0.2-1.9)	0.4 (0.0-0.8)
% Kwashiorkor	0.4	0.1	0.2	0.1	1.1	0.0
CDR Death/10,000/day (95% CI)	0.14 (0.03-0.25)	0.28 (0.08-0.48)	0.41 (0.14-0.68)	0.22 (0.07-0.37)	0.16 (0.02-0.30)	0.23 (0.05-0.41)
U5DR Death/10,000/day (95% CI)	0.48 (0.04-0.92)	0.86 (0.00-1.82)	0	0.23 (0.00-0.49)	0	0.36 (0.00-0.83)
Major causes of U5DR	Diarrhoea & ARI	ARI & Malnutrition	NA	Diarrhoea	Febrile illness	Diarrhoea
% Morbidity	9.5	15.9	8.2	26.4	35.4	12.9
Major illnesses or symptoms	Diarrhoea & ARI	Diarrhoea & ARI	Diarrhoea & ARI	Diarrhoea & ARI	Diarrhoea & Fever	Diarrhoea, ARI & Malaria
% Measles coverage by card (95% CI)	41.2 (37.8-44.5)	29.4 (24.8-33.9)	20.5 (17.6-23.9)	13.8 (10.0-17.6)	NR	56.3 (46.4-66.2)
% Measles coverage by card + recall (95% CI)	87.8 (85.6-89.9)	88.7 (83.6-93.8)	98.0 (95.4-99.2)	83.9 (78.6-89.1)	51.6 (49.9-53.7)	82.1 (CI:NR)
% BCG coverage (scar) (95% CI)	60.9 (57.7-64.2)	60.1 (52.9-67.2)	59.0 (54.9-62.5)	43.6 (38.2-49.0)	89.6 (87.2-91.9)	86.2 (79.6-92.7)
% Vitamin A in past 6 months (95% CI)	84.9 (82.5-87.4)	77.7 (68.9-86.5)	42.5 (38.7-46.4)	83.8 (76.8-90.7)	NR	92.2 (88.6-95.8)

Table3: Summaries of the key findings of the standard nutrition surveys conducted in SNNPR in the 4th Quarter, 2008

Key indicators	SNNPR								
	Hadiya Zone		Sidama zone		Wolayta Zone			Gurage Zone	
	West Badawacho Woreda 12-26 Nov	Sheshago Woreda 31 Oct - 31 Nov	Hawassa Woreda 26 Nov - 2 Dec	Bona Woreda 14-19 Dec	Damot Gale Woreda 22 Dec - 2 Jan '09	Damot Pullasa Woreda 22 Dec - 2 Jan '09	Boloso Woreda 13 - 22 Oct	Siti Zone Lanfara Woreda 20 - 26 Dec	Mareko Woreda 8 - 13 Oct
Sampling design	cluster	cluster	cluster	cluster	cluster	cluster	cluster	cluster	cluster
Sample size	725	664	730	799	696	554	871	612	656
% GAM in Z-scores (95% CI)	4.6 (3.0-6.1)	7.1 (5.2-9.5)	3.7 (2.3-5.1)	8.1 (6.0-10.3)	4.9 (3.2-6.5)	4.7 (2.9-6.5)	7.7 (5.5-9.9)	7.5 (5.1-10.0)	5.9 (3.3-8.5)
% SAM in Z-scores (95% CI)	0.6 (0.0-1.1)	0.5 (0.1-1.4)	0.0 (0.0-0.0)	0.6 (0.1-1.1)	0.1 (0.0-0.4)	0.7 (0.0-1.5)	1.4 (0.6-2.2)	0.5 (0.0-1.0)	0.5 (0.0-0.9)
% Kwashiorkor	0	0	0	0.1	0	0	0.7	0	0
CDR Death/10,000/day (95% CI)	0.50 (0.28-0.72)	0.20 (0.02-0.38)	0.25 (0.07-0.42)	0.08 (0.00-0.09)	0.19 (0.00-0.37)	0.22 (0.01-0.44)	0.16 (0.05-0.27)	0.11 (0.00-0.55)	0.20 (0.00-0.40)
U5DR Death/10,000/day (95% CI)	1.32 (0.40-2.23)	0.38 (0.00-0.99)	0.73 (0.00-1.55)	0.14 (0.00-0.42)	0	0.58 (0.00-1.31)	0.26 (0.00-0.56)	0.17 (0.00-0.23)	0.87 (0.03-1.78)
Major causes of U5DR	NR	Diarrhoea & Malaria	NR	ARI	NA	Diarrhoea	Diarrhoea	ARI	Diarrhoea & ARI
% Morbidity	19.0	16.1	6.7	2.5	20.4	21.5	13.3	17.2	22.8
Major illnesses or symptoms	Diarrhoea & Fever	Malaria	ARI & Fever	ARI	ARI & Fever	Diarrhoea & ARI	Diarrhoea & Fever	Malaria	Diarrhoea & ARI
% Measles coverage by card (95% CI)	19.0 (11.6-27.6)	23.0 (18.0-24.2)	12.0 (5.01-19.0)	11.1 (8.2-14.7)	14.2 (10.6-17.8)	18.8 (13.8-23.7)	22.1 (19.4-24.9)	3.6 (1.9-6.8)	7.3 (4.8-11.0)
% Measles coverage by card + recall (95% CI)	78.3 (72.8-83.9)	77.2 (73.0-79.5)	82.4 (76.2-88.6)	83.7 (78.7-86.6)	85.9 (81.7-90.2)	90.1 (86.9-93.2)	73.7 (70.8-76.6)	90.7 (86.4-93.7)	84.3 (79.6-88.1)
% BCG coverage (scar) (95% CI)	50.3 (44.9-55.8)	67.6 (64.1-71.2)	53.1 (46.3-59.9)	75.1 (70.4-79.1)	67.7 (63.5-71.8)	63.4 (56.9-69.9)	72.5 (69.5-75.4)	59.8 (54.0-65.3)	65.7 (60.3-70.8)
% Vitamin A supplementation in past 6 months (95% CI)	80.8 (74.8-86.5)	76.5 (73.3-79.7)	51.6 (41.8-62.0)	86.8 (82.9-89.9)	92.2 (87.4-97.1)	90.6 (85.4-95.8)	88.4 (86.3-90.5)	81.7 (76.8-85.8)	84.6 (80.1-88.2)

CDR= Crude Death Rate.
U5DR= Under five Death Rate.

Worebabo woreda - Amhara

- The survey in Worebabo was conducted during the hunger gap period. The level of malnutrition was classified as 'Critical' with poor harvest, high price of staples, lack of pasture & water and deteriorated physical condition of live-stock were the main problems identified.

- Provision of supplementary food to children and P&LW and re-establishment of integrated CTC services were recommended until the next Meher harvest.



ENCOUNTER

1.3 ENCU DATA BASES

ENCU has been updating a database nutrition surveys conducted in Ethiopia and posting them on its webpage in the DPPC website since 2006. The 14 surveys verified and endorsed during the fourth quarter, made the total surveys conducted in 2008 to 56. From 2000 - end of 2008, the ENCU nutrition survey data base totalled 509 records. The 2008 surveys accounted for 11.1 percent of total surveys conducted in the last nine years. Distribution of the surveys conducted in Ethiopia in the last 9

years (2008 inclusive) is shown in Table 4 below.

During the fourth quarter, ENCU continued updating TFP, EOS (Enhanced Outreach Strategy) data bases. ENCU is also compiling secondary information from other programmes like the EOS (Enhanced Outreach Strategy), PSNP (Productive Safety Net Programme), TSFP (Targeted Supplementary Feeding Programme) and Emergency Food Relief.

Table 4: Number of nutrition surveys conducted per region per year since 2000

Region	Year									
	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
SNNPR	9	5	35	30	14	25	20	16	36	190
Oromia	3	2	20	27	22	20	14	6	9	123
Amhara	5	9	24	17	9	7	6	4	8	89
Somali	8	5	5	5	8	11	12	2	0	56
Tigray	0	0	6	7	3	3	0	8	0	27
Afar	0	0	4	5	1	6	4	2	1	23
Gambella	0	0	0	0	0	0	0	0	0	0
Benshangul										
Gumez	0	0	0	0	0	0	0	0	0	0
Harare	0	0	0	0	0	0	0	1	0	1
Total	25	21	94	91	57	72	56	39	54	509

2. EMERGENCY NUTRITION INTERVENTIONS

This section provides brief account of the emergency nutrition interventions focusing on new admissions, coverage and performance of Therapeutic Feeding Programme (TFP) in the fourth quarter 2008.

2.1 NEW ADMISSIONS IN TFP (THERAPEUTIC FEEDING PROGRAMME)

Both monthly and weekly reports indicated that new admissions of severely malnourished children reached a climax in August and then depicted a decreasing trend throughout the fourth quarter of 2008 (Figure 2). This information was particularly true for SNNPR, Oromia where regular reports were obtained (See figure 3).

From January to December 2008, a total of 113,236 severely malnourished children representing 47.9 percent reporting rate were admitted for TFP services

in the five major emergency regions (SNNPR, Amhara, Tigray, Somali and Oromia) making an average of 9,436 children per month.

Total new admissions in some of these regions were still unclear because of limited access, low reporting rate and generally low coverage of the emergency interventions within the hotspot woredas.

National wide, from January-December 2008, admission in TFP totalled 115,553, representing 46.3 percent reporting rate.

Dessie Zuria woreda - Amhara

- The survey was conducted during the harvest season to monitor the on-going nutrition interventions.
- The nutrition situation was classified as 'serious'. Poor household food availability and high prices of basic staples reported.
- Multiple interventions (food aid, PSPN, EOS/TSF and TFP) were in place at the time of the survey.

The recommendations included:

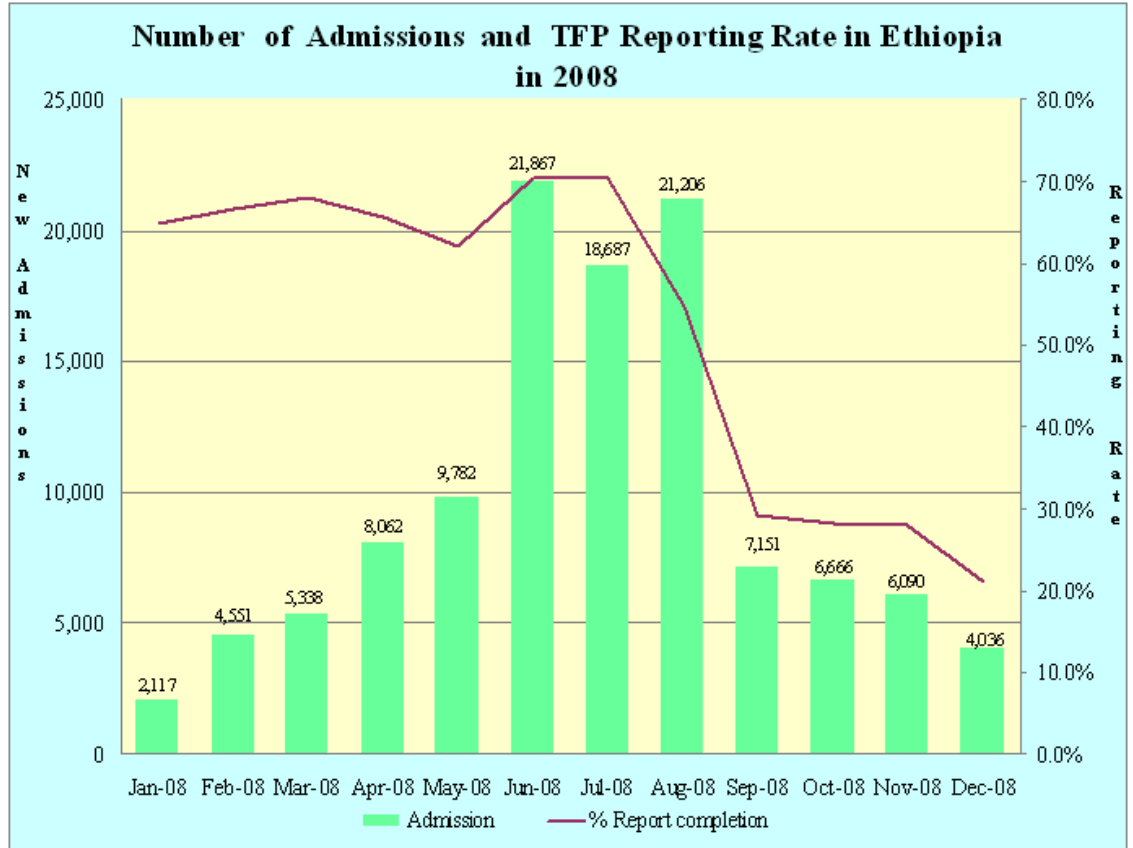
- Strengthening and continuation of the on-going interventions and seed support for the next *belg* planting.

Meta woreda - Oromia

- The survey was conducted in the beginning of the harvest period. The nutrition situation was classified as 'poor'.
- The *Meher* harvest was affected with untimely rain and thus threatened the food security situation.
- Strengthening the EOS programs and the logistic support to the CMAM program with close monitoring of the area were recommended.

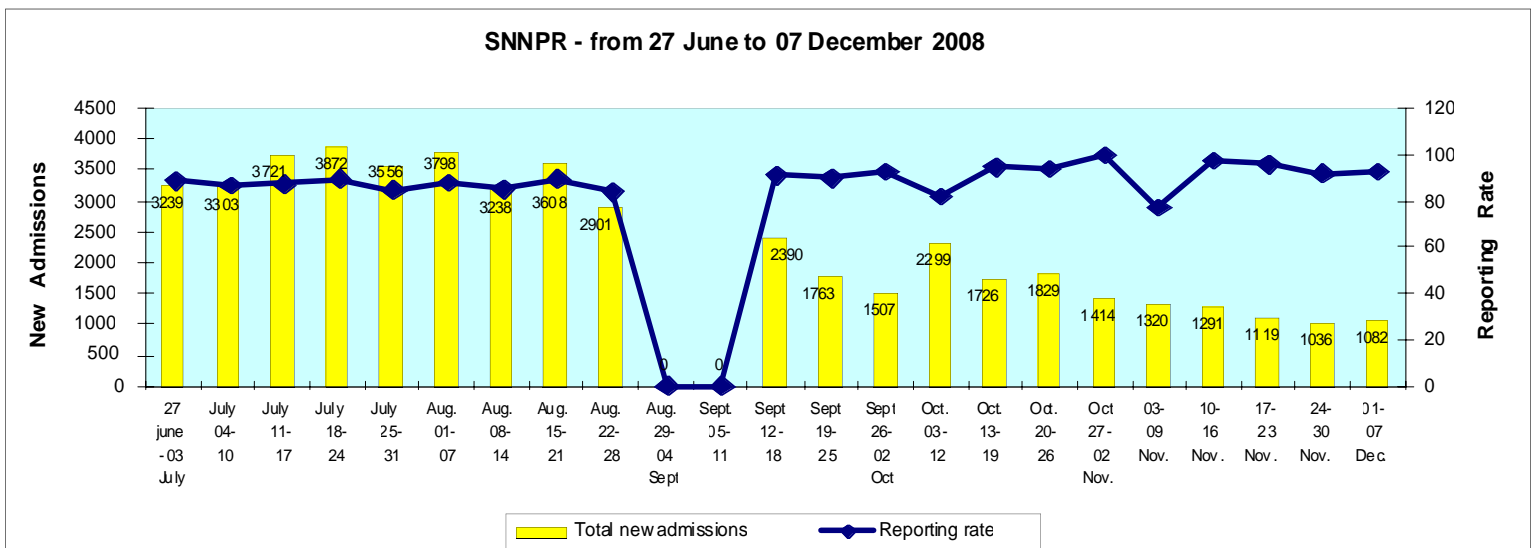
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Figure 2



As food security and nutrition situation improved in the fourth quarter of 2008, hundreds of TFP sites especially in SNNPR and Oromia were handled over to woreda and regional authorities by NGOs. As a result, weekly and monthly reporting rate as well as number of TFP beneficiaries dramatically decreased partly because of improvement in food security situation on one hand and poor reporting on the other. Thus, the sharp decrease in September to December 2008 in monthly TFP admissions (fig 2) reflect both decrease in total number of new admissions, and sharp decrease in reporting rate from over 70 percent in August to 21 percent in December 2008. Note that by the end of the fourth quarter, monthly reports were still being received from TFP sites in the regions and the data was continuously updated.

Figure 3





UNICEF

2.2 COVERAGE OF EMERGENCY INTERVENTIONS IN HOTSPOT WOREDAS

In an effort to increase coverage of emergency interventions and reach more vulnerable children in hotspot woredas, ENCU and other stakeholders (UNICEF, UN OCHA) held bilateral discussions with partners such as SC UK, SCUS, SP, WVE, GOAL, CONCERN, MSF Holland and MSF Greece. These efforts resulted in increased coverage of emergency TFP interventions in hotspot woredas from 56 percent in the 3rd quarter to 69 percent toward the end of the 2008 fourth quarter. Hotspot woredas with combination of emergency interventions (TFP and TSFP) also increased from 38 percent to 46 percent in the same period. Availability of

Humanitarian Response Fund (HRF) through UN OCHA as well as nutrition cluster partners own sources of fund, contributed to the increased coverage. A total of 21 nutrition projects were funded through HRF from January to December 2008.

Despite availability of HRF fund, nutrition cluster partners' capacities to expand interventions to cover all hotspot woredas were stretched to the limit in terms of technical capacities and implementation arrangements due to the big number of hotspot woredas. Coverage of the emergency interventions is summarized in Table 5 below.

Table 5: Coverage of emergency nutrition interventions in hotspot woredas in Ethiopia, Jan-Dec 2008.

Region	# hotspot woredas ¹	TFP + EOS/TSF and/or SFP	TFP but No SFP or EOS/TSF	EOS/TSF but No TFP	No TFP No EOS/TSF No SFP
SNNPR	54	31 (58%)	23 (42%)	-	-
Tigray	15	15 (100%)	-	-	-
Oromia	84 ²	29 (35%)	13 (15%)	4 (5%)	38 (45%)
Amhara	22	6 (28%)	3 (14%)	9 (40%)	4 (18%)
Somali	29	15 (51%)	8 (28%)	6 (21%)	-
Afar	12	3 (25%)	2 (17%)	2 (17%)	5 (41%)
Overall	216	99 (46%)	49 (23%)	21 (10%)	47 (22%)

¹ There was no change in number of hotspot woredas in the 3rd and 4th quarter 2008.

² Hotspot woredas in Oromia was still provisional up to the end of 2008.

Shashego woreda - SNNPR

- Survey was conducted in the middle of the harvest season.
- The nutrition situation was ranked as normal but was expected to deteriorate as the *Meher* harvest in some kebeles was affected with floods during the survey.
- The continuation of the ongoing OTP program and a new nutrition survey towards the end of January 2009 was recommended to re-evaluate the nutrition status and ensure that the situation is stable enough for the phase out of the ongoing TSF program:

2.3 SUPPLIES

By the end of 2008, about 4980 Metric Tons of RUTF were procured by UNICEF and most of it were distributed

to different parts in the country for both routine and emergency TFP nutrition interventions.

2.4 PERFORMANCE OF EMERGENCY INTERVENTIONS

Due to challenges in collecting and reporting of monthly and weekly TFP reports, performance indicators could not be calculated for Afar, one of the six regions in Ethiopia that experienced nutrition emergency situation in 2008. Thus, the summary of the performance indicators presented in Table-below is based on the reports received and therefore likely to under-estimate the total number of TFP intervention beneficiaries. The performance of emergency interventions in terms of indicators was relatively similar to that of third quarter of 2008. Recovery, death and defaulter rates were above national and sphere standards as shown in Table 6. However, there were still variations in terms of performances of the above indicators across the regions. As indicated in Table 6 below, recovery rates were below national standards in Amhara and

Tigray regions which were likely to be affected by high defaulter as well as other rates, since mortality rates were within national and sphere standards cut off points. High defaulter and other rates in these regions are likely to be a result of low access and coverage of the TFP interventions.

As explained in section 2.2 (coverage above) efforts to increase emergency interventions coverage in and within hotspot woredas were made by the ENCU in collaboration with nutrition clusters partners (SC UK, WVE and CONCERN) in the fourth quarter targeting Tigray, Amhara and Afar.

Table 6: Performance of emergency and non-emergency nutrition interventions in Ethiopia based on monthly reports Jan -December 2008

Region	Reporting rate	Total discharges	Recovery Rate (NS>75%)	Death Rate (NS<5%)	Defaulter Rate (NS>15%)	"Other" Rate ¹
SNNPR	53.0	54,365	83.2	0.8	3.2	12.8
Oromia	38.6	23,987	68.0	1.3	5.6	25.1
Amhara	40.4	1,620	56.5	4.0	16.9	22.6
Tigray	83.8	6,850	67.4	1.5	9.3	21.8
Somali	38.2	4,219	72.3	3.1	18.3	6.3
Total	47.9	91,041	77	1.2	5.2	16.6

¹Other rates include: Transfer out, non-responded and medical transfers.
NS: National Standard.

Emergency nutrition intervention challenges

Low reporting rate for both weekly and monthly TFP reports in 3 of the 6 regions limited calculation of the absolute number of TFP beneficiaries in 2008. Low coverage of TFP interventions within woredas and hence not reaching all the vulnerable children; limited capacities to cover all hotspot woredas; limited accessibility to intervention areas due to security challenges especially in Somali region. Lack of TSF programme in some of hotspot woredas with TFP interventions

3. STRENGTHENING OF THE REGIONAL ENCU

ENCU through UNICEF support strengthened its regional ENCU capacities by recruiting new staff. The objective

is to provide partners at regional levels with high quality technical support in areas of coordination, assessment,



quality control of emergency assessment data and information, implementation, monitoring and evaluation of emergency nutrition interventions. Federal ENCU is planning to decentralize some of its current responsibilities to the regional ENCUs in a bid to increase effi-

ciency in provision of services to partners after such capacities have been strengthened at regional level. The RENCU will continue to be based within the FS DPP offices in the five respective regions.

4. RETROSPECTIVE STUDY ON NON-ANTHROPOMETRIC DATA, BASED ON NUTRITION SURVEYS CONDUCTED IN ETHIOPIA. (2000-2008)

Nutrition Works is a partnership of international nutritionist based in London. It is renowned for its several and credible nutrition publications globally. In 2008 was contracted by the global nutrition cluster to conduct a study on analysis of non-anthropometric data and information collected and reported in the standard nutrition surveys reports in Ethiopia. The study is conducted in collaboration with the ENCU. The objectives of the study are:

- 1) to evaluate the methods, data and indicators of non-anthropometric variables collected in nutrition surveys conducted in Ethiopia;
- 2) to evaluate the quality of the methods and data reported in relation to existing government guidelines;
- 3) to evaluate the conclusions and recommendations made from the data and;

4) to examine the use made by agencies or programmes of the survey data collected.

The study findings will provide input in the finalization of the interim guideline for emergency nutrition surveys in Ethiopia (September 2008) especially on the collection and use of the non-anthropometric data in Ethiopia. Nutrition works visited Ethiopia and briefed MANTF members the objective of the study on 8th December 2008 during an Ad hoc MANTF meeting. A second part of the study would involve interviewing partners likely in February, 2008. As part of the study, a feedback workshop will be organized by the ENCU in collaboration with Nutrition Works and partners would be informed accordingly.

5. PARTICIPATION OF THE NUTRITION CLUSTER IN THE 2008 NEEDS ASSESSMENT (FORMERLY MEHER)

Unlike the previous needs assessments (then called Meher assessment) which focused mainly on food security, the 2008 involved assessment of non-food aspects as well. The EWRD/DMFSS invited other sectors including the nutrition cluster to participate in the assessment. Under the ENCU coordination, the nutrition cluster met and agreed that there was no need for standard/rapid nutrition assessments to be conducted along with needs assessment instead:

- 1) Secondary data analysis be conducted based on assumptions and reference year that would be agreed by the EWRD/DMFSS using nutrition data bases on standard surveys, TFP reports (both monthly and weekly), PSNP etc kept at the ENCU.

2) Selected information was agreed to be collected in the field during the needs assessment on TFP and SFP to complement the secondary data analysis.

ENCU in collaboration with EWRD and the FMOH would use triangulated analysis findings from the secondary analysis and other sources to estimate the number of TFP beneficiaries within the needs assessment context and humanitarian requirement framework. This approach was presented and accepted by the EWRD/DMFSS needs assessment methodology group. ENCU coordinated the analysis and findings would be published in the 1st quarterly bulletin in 2009. Preliminary findings of the needs assessment were expected early in January 2009.

6. USE OF THE INTERIM GUIDELINE FOR EMERGENCY NUTRITION SURVEYS IN ETHIOPIA

Following revision of the 2002 DPPC guideline on emergency nutrition assessments in Ethiopia, the interim guideline was published in September 2008. An approval was sought and obtained from the EWRD to commence using of the interim guideline for all standard nutrition assessments in Ethiopia, meanwhile acknowledging the existing gaps still being worked on by the global nutrition cluster and the ENCU.

The interim guideline was shared with all MANTF members and an orientation was conducted by the ENCU to all partners during which several new surveys' methodological issues were clarified.

While there were issues that needed further discussion and consultations with the EWRD, for example, whether woreda administrative boundaries or livelihood based surveys would be conducted, nutrition cluster partners unanimously agreed to start using interim guideline on 1st December 2008. In the course of the use of the interim guideline, partners were requested to provide feedback to the ENCU on all chapters of the guidelines. The feedback could be considered and included in the final version of the guideline that would be published later in 2009.

