

STANDARDIZED EXPANDED NUTRITION SURVEY (SENS)

ETHIOPIA | February 2023



Ethiopian Public Health Institute
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SENS OBJECTIVES

The overall objective of the UNHCR led Standardized Expanded Nutrition Survey (SENS) is to **assess the nutrition status of the refugee population** and **formulate workable recommendations for appropriate nutrition and public health interventions** in refugee camps and surrounding hosting communities

Source: <https://www.unhcr.org/sens/>

SENS MODULES

- **Module 1:** Demography and Mortality
- **Module 2:** Anthropometry and Health
- **Module 3:** Anaemia
- **Module 4:** Infant and Young Child Feeding (IYCF)
- **Module 5:** Food Security
- **Module 6:** Mosquito Net Coverage
- **Module 7:** Water, Sanitation and Hygiene (WASH)

FRAMEWORK ON MATERNAL AND CHILD NUTRITION



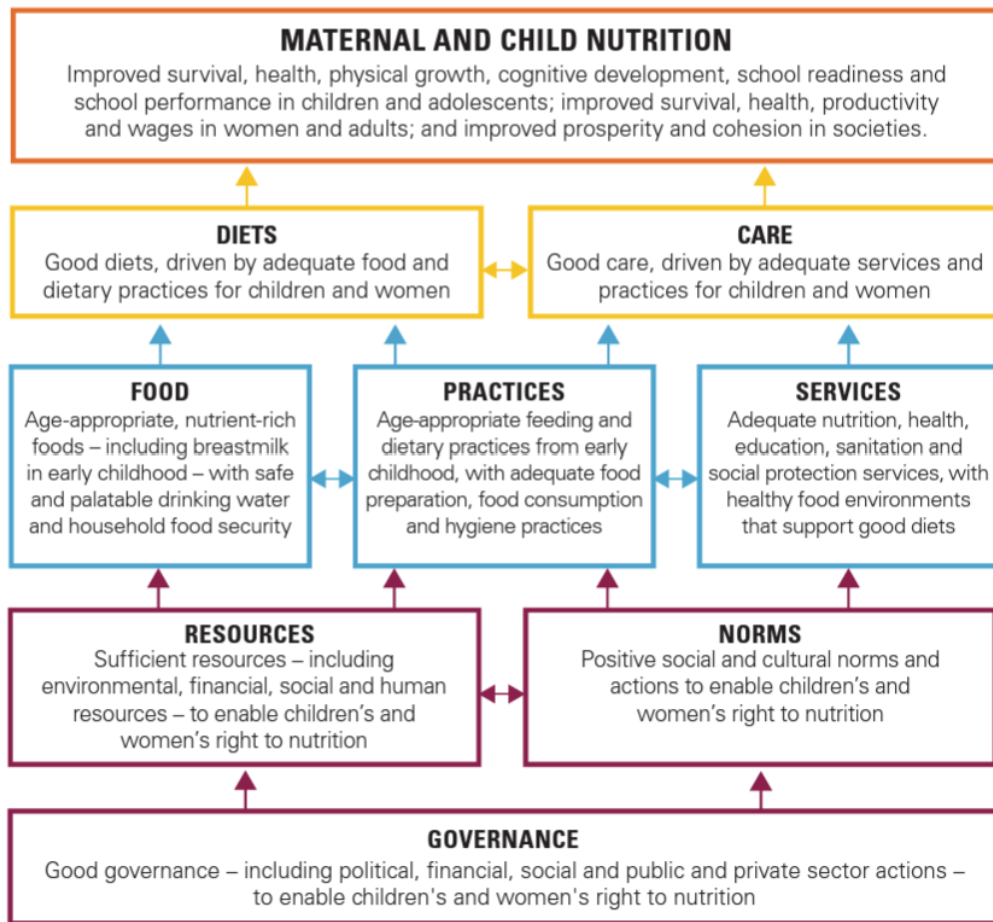
Mother feeding her child with complementary food provided through the fresh food voucher in Ngunyel camp, Gambella region ©UNHCR/ Millicent/ October 2022

**Outcomes
for children
and women**

**Immediate
determinants**

**Underlying
determinants**

**Enabling
determinants**



SENS PROCESS



Protocol Stakeholder Development and Ratification



Community Engagement



Training of Enumerators



Data Collection



Data Analysis, Reporting and Dissemination



Development of Multi Sectorial Action plan

CLASSIFICATION OF PUBLIC HEALTH SIGNIFIANCE FOR CHILDREN UNDER 5 YEARS OF AGE

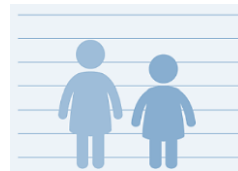
Classification Prevalence thresholds (%)	Critical situation	Serious situation	Poor situation	Acceptable situation	
	Very High	High	Medium	Low	Very Low
Wasting	≥ 15	10 - < 15	5 - < 10	2.5 - < 5	< 2.5
Stunting	≥ 30	20 - < 30	10 - < 20	2.5 - < 10	< 2.5

Prevalence %	High	Medium	Low
Anaemia	$\geq 40\%$	20-39%	5-19%



Wasting

People are too **thin** for their age



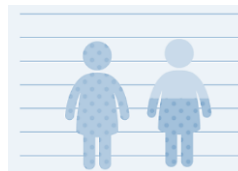
Stunting

People are too **short** for their age



Underweight

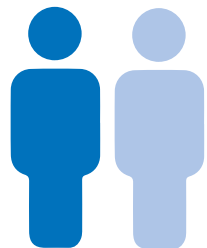
People are too **lighter** for their age



Micronutrient deficient

Lack of **vitamins** and **minerals**

KEY RESULTS **Critical**

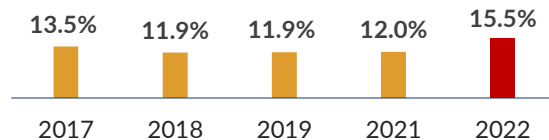


1 out of 2
refugee children 6-59
months in Ethiopia
is malnourished

58,000 out of a total of 124,000
(46.9%) refugee children 6-59
months presenting at least one form
of malnutrition : **wasted, stunted,**
underweight, micro-nutrient
deficient_Anaemia

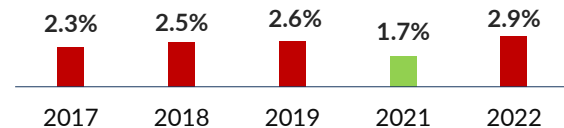
GAM

15.5%



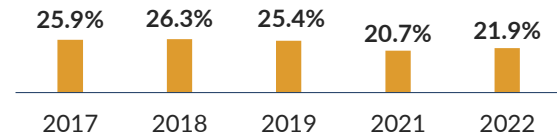
SAM

2.9%



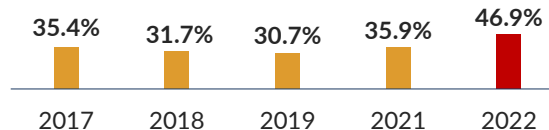
Stunting

21.9%



Anaemia

46.9%



KEY RESULTS UNDERNUTRITION BY LOCATION

Alemwach/Debark



1 out of 3
undernourished

- 4.3% GAM
- 0.3% SAM
- 33.4% Stunted
- 19.0% Anaemia

Afar



2 out of 5
undernourished

- 17.1% GAM
- 1.7% SAM
- 31.2% Stunting
- 42.1% Anaemia

Jijiga



2 out of 5
undernourished

- 11.2% GAM
- 1.9% SAM
- 26.4% Stunting
- 37.6% Anaemia

Assosa



1 out of 4
undernourished

- 9.6% GAM
- 1.3% SAM
- 28.0% Stunted
- 21.7% Anaemia

Gambella



1 out of 2
undernourished

- 17.3% GAM
- 3.3% SAM
- 9.7% Stunting
- 55.1% Anaemia

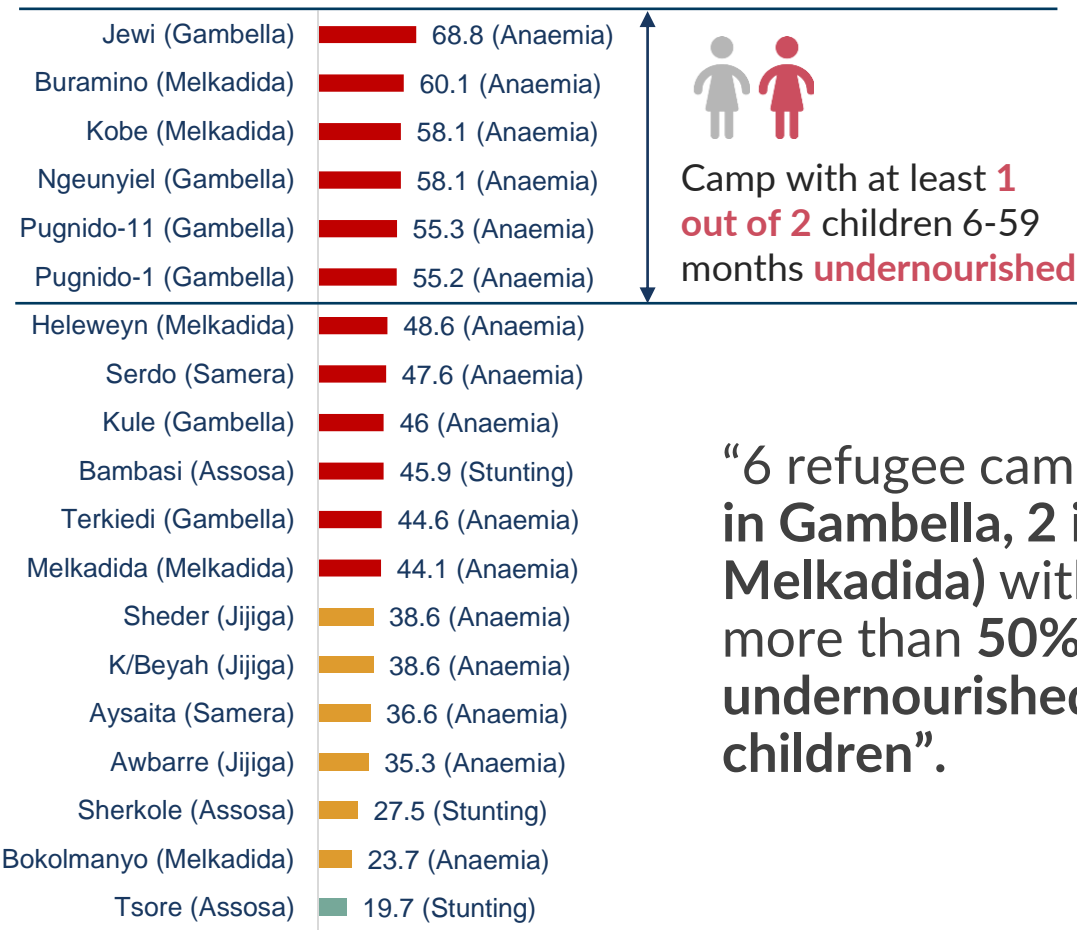
Melkadida



1 out of 2
undernourished

- 16.7% GAM
- 3.5% SAM
- 28.6% Stunting
- 47.9% Anaemia

HIGHEST FORM OF UNDERNUTRITION BY CAMP AND SITE



“6 refugee camps (4 in Gambella, 2 in Melkadida) with more than 50% of undernourished children”.





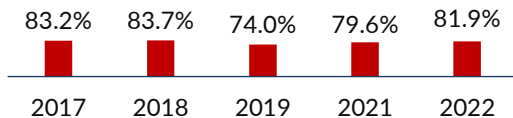
**Complementary
feeding for children
under two is crucial to
prevent stunting**

KEY RESULTS INFANT AND YOUNG CHILD FEEDING (IYCF)

Early initiation of breastfeeding (EIBF)

81.9%

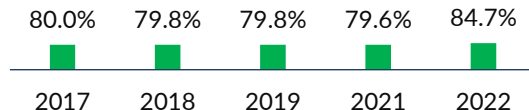
UNHCR Target ≥85%



Exclusive breastfeeding under 6 months (EBF)

84.7%

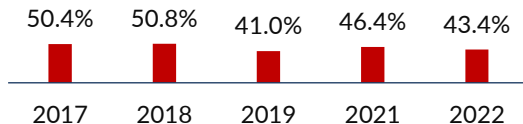
UNHCR Target ≥75%



Introduction of solid, semi-solid or soft foods (ISSSF)

43.4%

UNHCR Target ≥60%



● Target met

● Unmet

Alemwach/Debark

- 64.3% EIBF
- 64.3% EBF
- 45.5% ISSSF

Assosa

- 88.4% EIBF
- 89.7% EBF
- 43.4% ISSSF

Afar

- 81.6% EIBF
- 94.1% EBF
- 58.3% ISSSF

Jijiga

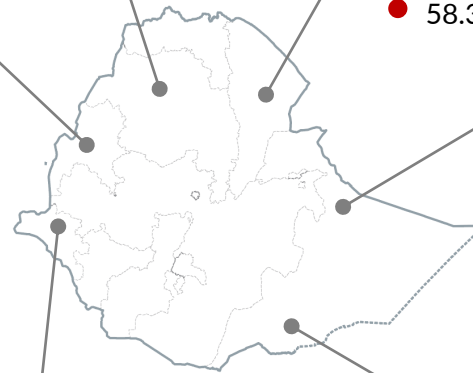
- 57.9% EIBF
- 39% EBF
- 49.6% ISSSF

Gambella

- 81.3% EIBF
- 89.3% EBF
- 37.6% ISSSF

Melkadida

- 88.3% EIBF
- 85.8% EBF
- 50.6% ISSSF



ACUTE MALNUTRITION

Malnourished mother

29%

Prevalence anaemia
for women 15-49 years
UNHCR Target of <20%



**Malnourished, anemic mothers
manage to take care and bread
feed the baby up to 6 months**

Exclusive breastfeeding under 6
months (84%)

After 6 months

Onset of acute malnutrition



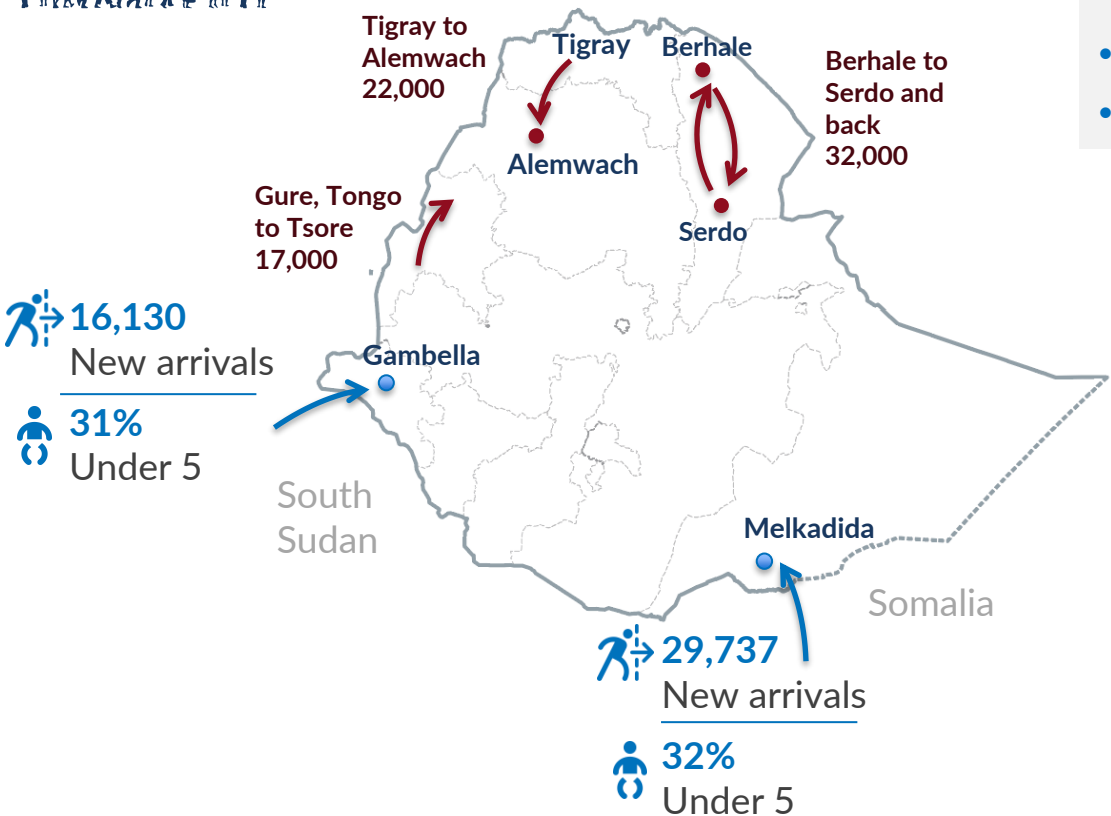
- Lack of complementary feeding
- Lack of CBI
- Lack of food variety
- Unhealthy environment (soap, jerrycan)
- Insufficient health services



**We need to do more
from a humanitarian /
development /
NEXUS to support the
mothers' efforts**





EXACERBATING FACTORS TO REFUGEE MALNUTRITION IN ETHIOPIA

Impact of latest displaced/arrivals 2021-2022



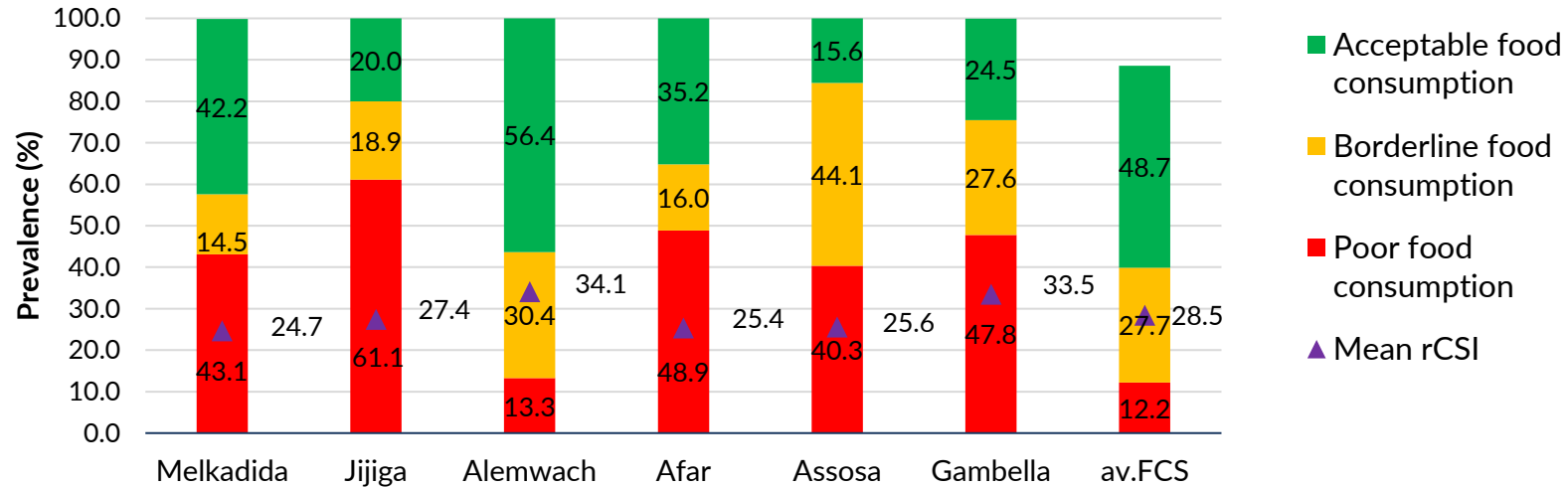
- 46,000 new arrivals from South Sudan and Somalia
- 71,000 refugees displaced
- 6 refugee camps attacked / closed

Other Shocks and Drivers

 Droughts	 Inflation
 Conflict	 Under funding

FOOD CONSUMPTION SCORE-NUTRITION (FCS)

Food consumption profiles and rCSI By location 2022, Ethiopia



FCS is used to **identify the most food insecure households** through aggregation of household-level data on the diversity and frequency of food groups consumed over the previous seven days, which is then weighted according to the relative nutritional value of the consumed food groups.

Food Consumption Score-Nutrition (FCS) Cont'd

Food consumption profiles and rCSI By location 2022, Ethiopia

48.7% of the surveys HHs have average weighted food consumption score that is acceptable; 25.1% borderline and 43.9% poor scores on food consumption. It needs to be noted that at the time of the survey most of the refugees reported to be engaging in different coping strategies to meet household food needs. Main factors for borderline score except Jijiga that has poor score are:

- Delay in food logistics
- Socio economic shocks
- Food inadequacy and variety
- Culture and food habits.
- Lack of diets rich in proteins to improve weight of the consumed food groups in the last seven days.

Food group categories



Cereals, grains,
roots and tubers

Legumes/nuts

Sugar or
sweet

Vegetables
and leaves

Milk and other
dairy products

Super cereals
and CSB

Meat, fish
and eggs

Fruits

Oils/ fats/ butter

Negative Coping Strategy Food Security and Protection

Weighted prevalence



3 out of 4 households (75%)
rely on less preferred and
less expensive foods



3 out of 5 households (65%)
borrow food, or rely on help
from a friend or relative










3 out of 4 households (74%)
reduce number of meals
eaten in a day

Prevalence (%) by location

Location	Rely on less and less expensive	Borrow	Reduce meals
Melkadida	76.8	66.3	76.1
Jijiga	75.5	70.5	75.1
Debark	60.2	51.9	62.4
Afar	68.9	59.2	58
Assosa	90.4	80	88.6
Gambella	71	57.1	69.2

WASH INDICATORS

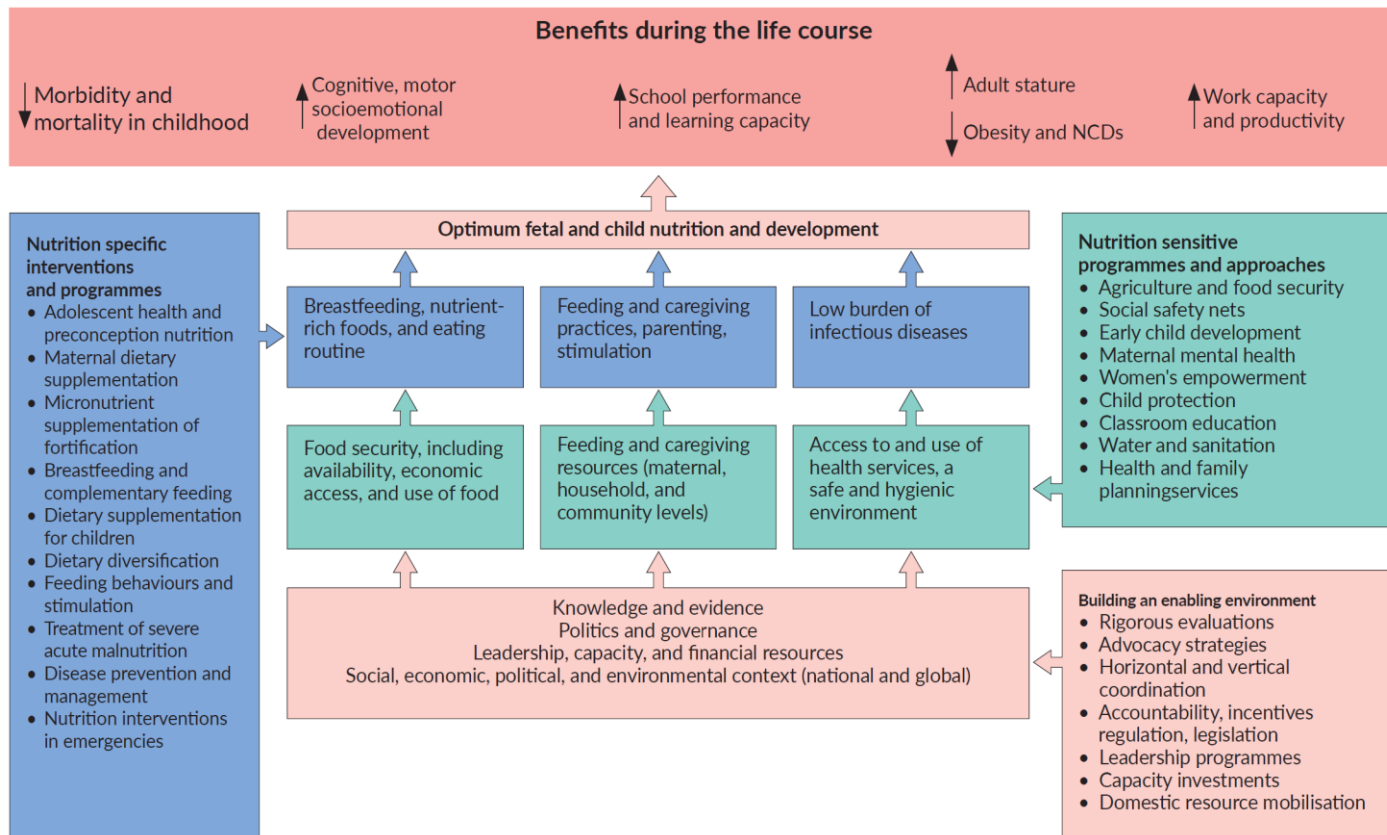
Call to multi sectorial action to address undernutrition for refugees

Indicators	Target	Values
 % households reporting defecating in a toilet/ latrine (Utilization)	Emergency: $\geq 60\%$ Post-emergency: $\geq 85\%$	70.2%
 % Households owning at least one long-lasting insecticidal nets (LLIN)	80%	56.0%
 Average number of persons per LLIN	2	8
 % Households with access to soap	Emergency: $\geq 70\%$ Post-emergency: $\geq 90\%$	29.0%
 Average # L/p/d of domestic water collected at household level, from protected/treated sources (with containers of any type)		27.9
 Average # L/p/d of domestic water collected at household level, from protected/treated sources (with protected containers only)	Emergency: ≥ 15 litres Post-emergency: ≥ 20 litres	11.4
 Proportion of households that use domestic water collected from protected/treated sources (with protected containers only)		61.2%



KEY RECOMMENDATIONS 2023 TO 2024 AND BEYOND

A Call To Multi Sectoral Actions For Food and Nutrition Security



RECOMMENDATIONS

Curative / Life saving

Immediate Nutrition life saving action

**Impact : Reduce
morbidity and
mortality**



Community
engagement and
involvement in
Nutrition decision



Nutrition
treatment
program
(CMAM)



Micronutrient
supplementation
(Vitamin A and
deworming)



Promotion, protection
and support of Infant
and Young Child
Feeding (IYCF)



Emergency
nutrition
response for new
arrivals



Blanket
supplementary
feeding program



Cash for
Nutrition

RECOMMENDATIONS

Preventive /Multi Sectorial

Impact:
Reduce stunting



Health :
primary
Health
services



WASH: Soap,
water storage
jerrycans and
clean water



Food : humanitarian in-
kind hybrid cash
assistance & seasonal
agriculture



Energy :
cooking
fuel for
households



Protection: new
arrivals registration
and continuous
registration



**Community
involvement:**
Mother and
Childcare



Education
: school
meal
programs

RECOMMENDATIONS

Humanitarian Development actions Sustainability

Medium to long term



Phased reduction of food assistance based on protection prioritization (WFP/UNHCR led)



Livelihoods and Agriculture for Food Security in collaboration with Development and private actors



Climate smart nutrition and food security action



CRRF/GCR commitments in food and Nutrition security



Continuous resource mobilization



Partnership With key players RRS, WFP, UNHCR, UNICEF, FAO, WHO