

Global Nutrition Cluster Partners Call

Northern Ethiopia (Tigray) and Southern Madagascar (Grand Sud) Updates

Summary of Key Points

Date: Wednesday, 12 May, 2021

Time: 14:00 – 15:00 CEST

Venue: via TEAMS

Chair: Anna Ziolkovska, GNC Coordinator OIC

Participants: Over 67 participants, including global level partners, regional and country-based partners and nutrition cluster/sector coordinators. Participant list under Annex 1.

Agenda:

- Opening and Introduction
- Presentation of the situation, response and gaps in Tigray (Cecile Basquin, Ethiopia NCC) with
- Q&A on Tigray
- Presentation of the situation, response and gaps in southern Madagascar (Sylvie Chamois, UNICEF Nutrition Specialist) with Q&A on southern Madagascar
- Closing

1. Opening and Introduction

- GNC Coordinator thanked participants for joining the call and for the keen interest in the topic. The agenda was cleared, and purpose of the call stated – a call to action from all Cluster partners to address the emerging needs resulting from the Tigray Crisis in Ethiopia and the deteriorating situation in the Grand Sud of Madagascar.

2. Presentation of the situation, response and gaps in Tigray, Ethiopia

- Overview of nutritional situation in Ethiopia provided by Ethiopia NCC, Cecile, in order to set the scene for discussion on Tigray. While call is focused on Tigray, the NCC highlighted that Tigray represents only 4 per cent of actual GAM caseload in Ethiopia
- Overview of nutritional (and health) situation in Tigray was shared:
 - Continued armed conflict, with serious violations against human rights.
 - Health systems have collapsed, in addition to extensive looting and damage on health facilities.
 - Situation is critical and requires significant support from international actors
 - Historically, nutrition programming was through government-led health systems. But with conflict, there has been an absolute collapse in all government-led systems. Thus, no structure for usual nutrition programme delivery (or health)
 - All aspects of NiE and coordination require attention and subsequent scale-up
- Key gaps pertaining to Tigray response include:
 - Lack human resources required at health post level
 - Lack financial resources for the required nutritional response

- Lack of access due to restricted movement
- **Key asks of international partners and stakeholders include:**
 - NCC called for more resources and expertise to be mobilised. In order to meet the immediate needs by the people of Tigray, all partners need to mobilise staff, and all stakeholders to consider releasing funds; 45 million USD required for nutrition programming alone in Tigray over the next coming months.
 - Donors to allow for flexible and adaptive response design/response modifiers
 - The above two points will result in an acceleration of the emergency nutrition response scale-up.
 - Calling on partners to adopt the simplified approaches to CMAM.

Q&A/Clarifications (Ethiopia):

- WFP complemented the updated shared by the NCC, and provided information specific to WFP programming in Tigray. In particular,
 - WFP is providing BSFP and TSFP to children less than 24 months in the North Western zone of Tigray. This targeting is due to a prioritisation of limited resources as BSF is extremely resource intensive.
 - Further, WFP is looking in to monitoring of food prices (both staple and nutrient dense) in the functional markets. Many IDP camps were not receiving food support in Mekelle until just a few weeks ago, despite markets being only a short walkable distance from the camps.
- Question was raised on access constraints and whether this pertained to Nutrition Actors only.
 - Response: Access constraints are applicable to all actors, regardless of sector
- Have cash distributions been considered to reduce the risk of selling food items donated?
 - Response: Social protection mechanisms and intersectoral collaboration is indeed considered. However, the region is extremely difficult to access, roads are blocked, markets are not functioning well and there is no phone and internet network expect in the main towns. NCC shared that she was not aware on whether any feasibility assessment on the use of Cash has been conducted.
- Can you expand on the Family MUAC, and whether other simplified approaches are being adopted in Tigray? Can you provide more information on the simplified protocols being on-hold?
 - Response: Discussions are underway with the government on the use of the simplified CMAM protocols. The simplified protocols are being implemented in a selected number of geographical areas prior to scale-up, in order to identify efficacy.
 - **Call to action:** NCC called on all partners to bring simplified protocols to the agenda for discussion at meetings with the MoH and at Cluster meetings (federal and sub-national) as we need to advance on this important agenda.
- What work is going on to improve access? Particularly on advocacy and humanitarian corridors etc
 - Response: this work is being led at an IASC level, with a specific team dedicated to Access. In summary, this team carries out field missions, research and advocacy to explore and gain access to certain geographical areas.
- Question to WFP: Is a pipeline break is supplies forecasted?
 - Response: The pipeline or resources for WFP and its partners (NGO and GoE) is fully covered (confirmed) until end of July, However, WFP rely on additional contributions under negotiation

(high likelihood categorisation) covering the needs until the end of December 2021. Prioritisation exercises may be needed throughout the year.

- What discussions have been had with donors to allow pivoting of activities, in line with evolving needs?
 - Response: Implementing partners need to have the flexibility to change the geographical targeting, the modality of interventions, the package of activities as much as possible to adapt and response to the very fluid situation in Tigray.

3. Presentation of the situation, response and gaps in the Grand Sud, Madagascar

- Overview of the situation in the south of Madagascar was provided.
 - 16.1 percent of children identified as GAM (of those screened) with 2.6 percent SAM
 - A sharp rise in acute malnutrition admissions has been observed in 10 districts
 - Most affected is the Eastern area of the South.
 - Nutrition and FS data (including recent IPC FS), five districts in IPC4 and 3 in IPC 3 and 2 in IPC 2.
 - Expecting nutrition crisis to escalate unless interventions are scaled-up.
 - Current programmes include nutrition surveillance, recent SMART surveys (8) and IPC FS, TSFP, OTP and SC, training of caregivers for Family MUAC and active promotion of IYCF.
- Strategic nutrition priorities for the Grand Sud include:
 - Recruitment of a NCC, which is being coached by the GNC
 - Scaling up coverage of LNS distribution from children under 24 months to 59 months, increasing MAM coverage, increasing the number and coverage of the Mobile Health and Nutrition teams, strengthening RUTF and RUST pipelines and supporting HR capacities of SC and OTP site, and finalizing IPC studies.
- Key challenges pertaining to nutrition programming include:
 - Severe resource gaps
 - Difficulties to mobilize additional resources for all sectors
 - Limited number and coverage of national and international NGOs
 - Large geographical area which results in logistical constraints.
- **Key asks of international partners and stakeholders include:**
 - Assist in mobilising funds for the humanitarian assistance
 - Increase coverage of interventions
 - Ensure the strengthening of local authorities in managing the response.

Q&A/Clarifications (Madagascar)

- WFP complemented the presentation shared by the Nutrition Cluster with a short update. In summary, WFP is currently advocating for food and cash programming in the Grand Sud. In addition, WFP is advocating, with the government, for increased resources for GFD and cash programming. Currently, WFP is currently providing half rations, which means people (particularly children) are not receiving daily calories needed.
 - WFP is looking at reactivating flights, as mobility is limited.
 - Issue of malnutrition in children older than 5. Unfortunately, children above five were not considered in recent assessments (including SMART).
- What specific activities are included under IFE?

- Response: Regarding IYCF-E, Cluster plans to continue support to health workers and community nutrition and health workers to provide IYCF counselling and support to mothers.
- Comment: An important aspect of the Madagascar South emergency is that it was caused by a drought, and still the rain is to come. More than half of the coming harvest will likely be lost. This means that the situation will not improve, even if emergency actors continue to intervene, likely until the next harvest which is March 2022. Based on this, we can expect situation to deteriorate.
- Comment: Nutrition needs to be addressed alongside food security, in the context of Madagascar.
- Question: What are the next steps?
 - Response: First priority is to mobilise resources. Government and partners are already doing a lot, the main constraint is funding.

5. Close

- For all questions raised that did not receive a response, participants may reach out to the respective lead directly
- The GNC is available to provide support to coordination teams and partners, as needed.