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**Save the Children**

USAID Development Experience Clearinghouse  
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06 June 2003

Dear Sir/Madam

**Final Project Report**  
**Emergency Drought Relief - Ethiopia**  
**AOT-G-00-00-00121-00 (SC UK ref – USAID/1240/2965)**

Please find enclosed the final narrative and financial reports, for the award mentioned above, covering the period from May 2000 to March 2002. Copies of this report have been distributed as listed below;

Organisation	Recipient	Narrative Report	Financial Report	SF 269a and SF270
USAID Washington	Amy Paro	2	2	2
	OFM	1	1	Originals
	USAID Development Experience Clearinghouse	1	1	1

Please do not hesitate to contact me should you require any further information.

Yours sincerely,

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**Emergency Drought Relief  
Fik Zone, Somali National Regional State  
And  
Legambo Woreda, South Wollo**

**TERMINAL REPORT**

Save the Children (SC UK) PO Box 7165 Addis Ababa Ethiopia	Date: July 1, 2002 Contact Person: Cassandra Chapman Tel: +251 1 29 34 69 +251 1 29 28 52 Fax: +251 1 29 34 70 Internet: <a href="mailto:scf.uk@telecom.net.et">scf.uk@telecom.net.et</a>
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Programme Title:	Emergency Drought Relief
Co-operative Agreement/Grant No.	
Country/Region	Ethiopia: Fik zone, Somalia National Regional State and Legambo woreda, Amhara National Regional State
Disaster/Hazard	National Disaster (Drought)
Time period covered by this report	Twenty two months (June 2000 to March 2002)

<b>Objective 1: To reduce public health risks associated with malnutrition and water shortage in Fik zone, Somali Region</b>	
<b>Planned Output</b>	<b>Achieved Output</b>
<p><b>Objective 1.1</b> Provision of targeted dry supplementary ration in Fik zone (Fik and Hamero) for moderately malnourished vulnerable population</p>	<p>In 1999/2000, Somali region was seriously affected by drought: The emergency nutrition assessment done by SC (UK) in April 26- May 03, 2000 revealed GAM of 57% for Fik and 65% for Hamero. Based on this information SC (UK) opened targeted supplementary and therapeutic feeding programmes.</p> <p>To identify appropriate beneficiaries, screening of children &lt; 80% WFH/WFL was conducted. After screening, 4kg of Unimix/15 days (8-kg/ month) was given to each child. However, as no weight gain was seen, the ration size was changed to 25kg of famix, 4 litres of oil and 1.5kg of sugar per month in November and December 2000. In total 19.76 MT supplementary food, 1.66 MT of oil, and 0.625MT sugar were used in this program.</p> <p>During October to December 2000 an estimated 1550 children benefited from the targeted supplementary feeding programs in Fik zone. Of these 620 targeted beneficiaries in Fik, 53 defaulted, 284 cured, one died, and the rest, 282 were remained in the programme while it is closed. Admission criteria was 70-80% WFH/WFL, and the discharge criteria was 85% WFH/WFL for two consecutive distributions. New admissions were given mebendazole tablets, vitamin A and Iron and Folic acid supplements. A measles vaccination was also given to those children who had not received it.</p> <p>Due to a combination of supplementary food and medical treatment, the number of discharges increased in December 2000. The</p>

general improvement of the food security situation across the whole of Fik zone also contributed to this improvement. More importantly, starting October 2000, pasture was improved significantly and populations were returning with their livestock to some of the worst drought affected areas. All of these factors contributed to the conclusions that conditions were returning back to normal.

SC (UK)'s nutritional survey, which was conducted during the last week of November 2000 concluded that, although the prevalence of acute malnutrition remained above optimal levels, observations of the population's nutritional status, general food security and morbidity and mortality, indicated that the situation had improved significantly. According to this survey the global acute malnutrition (GAM) was 12.2% and severe malnutrition was 0.2% in Fik and Hamero.

The survey which was conducted in April/May 2000<sup>1</sup> revealed that the GAM in Fik and Hamero was 57% and 65% respectively, while the survey conducted in July 2000<sup>2</sup> estimated that the GAM was 28.1% for both Fik and Hamero woredas.

Due to the above facts, it was decided to discontinue both the supplementary food distributions and the provision of therapeutic feeding in 2001. Thus, the targeted supplementary feeding program was closed in December 2000. At the time of the closure, 439 children remained, of whom, 165 were between 70% to 80% WFH/WFL. These children were given one more month supplementary ration in January 2001.

There were problems getting the communities to accept targeted distributions, particularly in Hamero where an estimated 40% of the population refused to allow their children to be weighed and measured every two weeks. The reason was that the population was returning to their normal life, and moving away in search of pasture for their animals. Thus, it was difficult for them to appear at the distribution site every two weeks. Only a few children were coming according to the distribution schedule, hence, the coverage was low. This low coverage was the reason for deciding to switch to a blanket distribution in Hamero for November 2000.

**Objective 1.2**

Implement therapeutic feeding centre in Fik and Hamero for the severely malnourished children

A total of 737 children received care in the three therapeutic feeding centres in Fik, Hamero and Gassanges (see table 6 ,annexed). The TFCs were run as a standard therapeutic feeding centre, giving 24hour care in three separate phases. Expatriate nurses were assigned to each site, responsible for the health care of the children. The admission criteria were under 70% weight for height, the presence of Oedema or Muac less than 110mm. Discharge criteria was over 85% WFH for two consecutive weighings.

The TFC in Fik was opened in June 5, 2000. Since the opening of the TFC a total of 310 children were admitted, of which 25 defaulted; 265 cured; 8 died, and 12 were transferred to the Jijiga hospital. The feeding centre was closed at the end of October 2000.

<sup>1</sup> Fik zone Assessment April 26- May 03, 2000 SC (UK)

<sup>2</sup> Anthropometric and Food security Assessment Fik, Hamero, Seggeg and Duhun woredas of Fik zone 14-17 July 2000 SC (UK)

In October there were only nine children (included in the cured category above but had not fully met the exit criteria) remaining and those children were transferred to the targeted supplementary program with a take-home ration of 8kgs of Famix, one roll of biscuits, and a bar of soap.

The program was very successful in meeting its objectives. In terms of percentage, of 310 admissions, 85.5% of the children were cured, 8% defaulted and only 2.5% died. The remaining were transferred to other hospitals for tuberculosis (TB) treatment.

There was deterioration in weight gain and length of stay in October 2000, with the average length of stay increasing from 57 to 69 days and average weight gain falling from 6.9g/kg/d in September to 5g/kg/d in October. It is not entirely clear what the cause was, but contributing factors could include:

- i. The high prevalence of the tuberculosis and other medical complications. There were no functioning health facilities in Fik zone
- ii. Mothers sharing food with siblings, it should be noted that the distribution of the general ration by DPPC has been somewhat sporadic.
- iii. Some mothers and children did not attend the centre for all feeds

**Hamero** supplementary feeding programme began in June 2000. It was planned to transfer children from Hamero and Gasangas to the TFC in Fik if necessary. However, it soon became clear that due to low weight gain in the supplementary programme and high levels of malnutrition, there was a need for full time care for severely malnourished children in all of the three locations. The two additional centres were opened in August 2000. However, considering the security situation, it was not possible to offer 24hours care, so the centres in Hamero and Gasangas gave children a total of five feeds a day between 7am and 5pm.

Since the establishment of the TFC in Hamero, 211 children were admitted and there were good rates of discharges. Of 211, 5 defaulted, 196 cured, 7 transferred, and 3 died. However, mean length of stay increased from 37.8 days in September to 49 in October 2000, but rates of weight gain improved from 5.1 g/kg/d to 6.3 g/kg/d.

**Gassangas** feeding centre opened on 15 August 2000 with 216 children admitted. From the total admission, 9 defaulted, 193 cured, 13 transferred, and 1 died. Again mean length of stay was high at 53 days, having increased from 37.8 days in September and weight gain deteriorated from 8.1 g/kg/d in September to 6.3 g/kg/d in October. As mentioned above this feeding centre also closed on 22<sup>nd</sup> December 2000.

In general during the months of September through December 2000 there were a total of 737 admissions, of which 39 defaulted, 654 cured, 32 transferred, and 12 died from thre TFC of Fik zone (Fik, Hamero and Gassangas).

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As the nutritional status of children below 5 improved towards the end of November 2000 it was proposed to close the TFCs. In this regard, discussions were held with the community leaders and the concerned officials on the closure of the TFC for which all the participants agreed. Thus, the TFC was officially closed on December 28, 2000. At the closure of the TFC, only 11 children remained and these children were discharged from the feeding centres. Each child was given a take home ration of 8kgs blended supplementary food and an additional one month supplementary food ration at home with follow up medical care where necessary.

As there were no functioning health facilities in Fik zone, the team came under a lot of pressure from the community to admit children to the centres so that they could receive medication. Many of the children were thought to be suffering from TB and pneumonia, and as there was no medical facilities to treat those with TB and pneumonia, nine of the most severe cases were transferred to Jijiga hospital for treatment.

The centres were very successful in meeting objectives and as can be seen from the nutrition survey conducted in November 2000, rates of severe malnutrition had fallen to 0.2% from a reported 30% in Fik and Hamero in April 2000.

Community leaders in Fik, Hamero and Gassanga expressed their gratitude to both the donor (OFDA) and SC (UK) for the interventions.

**Objective 1.3:**

To improve or create safe and sustainable water points for drinking, cooking, personal and domestic hygiene, for vulnerable communities within Fik zone. This will include drilling and equipping of one borehole in Bermile, the rehabilitation of another in Duhun and the construction and rehabilitation of approximately thirteen shallow wells. Bermile and Dehun have been prioritized due to their remoteness and chronic shortage of water.

The target population is approximately 22,210 vulnerable and internally displaced population in five woredas of the Fik

Initially, the objective of the water component was to deploy four water tankers to distribute sufficient of water for drinking, cooking and personal and domestic hygiene. The target population were an estimated 35,000 vulnerable people of all ages in three woredas (Hamero, Seggeg & Duhun) in the worst affected areas of Fik zone. The length of time initially planned for this activity was six months.

However, it was not necessary to provide water to the target population due to the arrival of the Gu rains. Instead, a water tanker, with a capacity of 10,000 litres was rented in June and provided water to the three therapeutic feeding centres (TFC) in Fik, Hamero and Gasangas on the basis of 5,000 litres per centre every second day from October to December 2000.

After the closure of the feeding centres, it was proposed to use the balance of remaining funds to initiate some basic development activities, and later the objective was revised to be improving or creating safe and sustainable water points for human consumption, for vulnerable communities within Fik. This included the drilling of one borehole in Bermil and rehabilitation of another in Duhun, and the construction of 150 metres (aggregated) of shallow wells in all other locations.

In October 2000 a team from SC (UK) including a water engineer development consultant were sent to the area to make an assessment of the options available and submitted its report to SC (UK)<sup>3</sup>.

<sup>3</sup> Rapid assessment of emergency water source in Fik zone of Somali National Regional State, October 2000.

zone.

Based on the assessment report SC (UK) requested approval to reprogram the remaining funds under Objective 1 of this grant for the development of sustainable water sources, in February 2001. OFDA approved this request on March 28, 2001. Upon approval of the proposal, SC/UK has signed the project implementation agreement with Regional Water Resource Development Bureau (RWRDB) and Regional Disaster Prevention and Preparedness Bureau of Somali National State (RDPPB). These two governmental organizations were fully involved in the project implementation process.

Following approval, the team carried out site selections, and approved construction of 16 shallow wells with the collaboration of the targeted communities in Fik zone in June 2001. Implementation agreements were signed with the respective communities of Fik, Hamaro, Gasangas, Bermile, Duhun, Garasely, Ayun and Segeg villages.

The communities started the excavation of 13 sites in July 2001 while the other 3 sites were started in mid August 2001. SC (UK), distributed appropriate hand tools for the excavation work (crowbars, pickaxes, spades, ladders, sledge hammers, chisels, and buckets) on loan basis. The established water committees organized the communities to participate in this activity. In 11 sites efforts were successful and the water was reached within 10 - 15 meters of depth. However, a very hard table of rocks was met in the remaining 5 sites at a depth of 6-9 meters. As a result, SC (UK) was forced to change the sites. In the new sites excavation was successful.

A total of 64 Mt of cement, 3000 kg of iron bar, 5 pieces of chain bocks, 4 pieces of tripods, 8 sets of moulds, 4 submersible pumps and other different construction materials were procured and delivered to the project sites. Similarly, 20 truckloads of sand and 10 loads of gravel were transported to 7 sites for production of castings.

Finally, the construction work of 14 and rehabilitation of 2 shallow wells is completed. Hand pumps are also fitted in each shallow well. The completed shallow wells were handed over to the communities who are responsible for future management and maintenance.

#### **Rehabilitation of borehole in Dehun.**

The joint water assessment team: (SC (UK), Regional Water Resource Development (RWRDP), Livestock, Environment, Crop Development Bureau (LEADB) experts, and a private consultant) together with the communities recommended rehabilitation of one borehole in Duhun district. This was done based on the data available from the RWRDP on the identified borehole. As reported by the RWRDP the well was drilled 27 years ago and a good yield of water was attained at the depth of 282 meters. But, due to the lack of a capable pump for discharging of water from that depth, the

well could not be used and it was sealed.

In mid 2000, a technical team from RWRDB carried out a study on Duhun borehole. The team also suggested that the well had a good amount of water at the depth of 282 meters and came up with the list of required materials for equipping it. SC (UK) and experts from RWRDB purchased the required materials and delivered them to Duhun district in September and October 2001 and then a crew composed of 13 technical staff started the rehabilitation activities. On 18 December 2001, the crew conducted a pump test, after reaching the depth of 272 meters. Unfortunately, it only resulted in 200 litres of water discharged in 30 second and then stopped. The cable tool could not proceed to bail more than 270 meters of depth as it was blocked by very hard rock. The RWRDB has therefore recommended not continuing further and the crew proposed rehabilitating another bore hole for the Duhun community.

SC (UK) presented the situation to the RWRDB. After much discussion, RWRDB concluded that the problems resulted from their own improper data about the borehole.

Finally, the bureau agreed to rehabilitate another borehole in Duhun district. A memorandum of understanding (MOU) has been signed with SC (UK) to address this. According to the MOU the RWRDB will drill a new borehole for Duhun community utilising its year 2002 budget. SC (UK) will hand over the water equipment (generator, pump with accessories) purchased under the project to ensure this activity is completed within the district. SC (UK) will closely monitor progress against this commitment.

#### **Establishment of water committees**

Water committees, comprising of 3 men and a woman in each of the 16 project sites were established. The committee members were selected through a general meeting held with all groups of the targeted communities. The selection criteria were familiarity, age, honesty, and punctuality. Roles and responsibilities of the committee members were thoroughly discussed and clarified in the group meetings.

For safety reasons, the communities have fenced the water points with shrubs and kept the surroundings clean. The communities can also independently repair the hand pumps whenever there is a problem.

#### **Community Management and Caretaker's Training**

The training was not included in the original project proposal, but was thought to be very important to ensure sustainability of the project. SC(UK), RWRDB, and Zonal Health Office (ZHO) have jointly given community management and caretakers' training to 75 water committee members and community elders from 16 project sites. The training enabled the trainees to strengthen their capacity to mobilise the community for development activities and improved their skills for repairing and managing hand pumps. The training cost is covered by SC (UK) from other sources.

### **Hygiene Education**

Most of the population, particularly children in the area are seriously exposed to water related diseases; like diarrhoea, scabies etc., Therefore, provision of hygiene education orientation was proposed for these communities.

To improve the public awareness about good hygiene behaviour and water handling practices, a joint team of SC (UK), Zonal Health Office and RWRDB provided a one day hygiene education orientation to 3200 people of 16 project sites. Men, women and children groups participated in the training held at each site.

### **Sustainability**

The community participated in the assessment, site selection, digging, construction, and monitoring activities. It has also been observed that the established water committees are functioning well in all the project sites. It is hoped that the participation of all stakeholders in the above activities will help to ensure sustainability.

### **Monitoring and Supervision**

The project staff have carried out monitoring activities once a week or fortnight together with the communities. Similarly, SC (UK) conducted supervision activities with government partner agencies on a quarterly basis.

Initially, it was planned to conduct a terminal evaluation with the assistance of an external consultant. However, due to security reasons, it was not possible to hire a consultant. Therefore, a team composed of SC(UK) staff and experts, water engineer from RWRDB, RDPPB, LECDB, and DDOs jointly carried out the terminal evaluation exercise in 9 out of 16 sites.( see the attached evaluation report for further information )

**Budget for Objective  
One:  
Total expenditure:  
Budget balance:**

**US\$905,446.00**

**US\$664,134**

**US\$241,312**

**Objective 2: To reduce the public health risks associated with moderate and severe malnutrition among the worst drought affected Kebeles in Legambo Woreda, South Wollo**

Planned Outputs	Achieved Outputs
<p><b>Objective 2.1</b> Provision of targeted dry supplementary ration in 8 worst drought affected Kebeles for moderately malnourished vulnerable population</p>	<p>Due to the unsatisfactory 1998 meher harvest and the complete failure of the 1999 belg rain, SC (UK) and the Amhara region DPPB decided to implement a joint assessment mission to monitor the situation in the worst affected PAs<sup>4</sup> until 1999 meher harvest. This led to a joint agreement of establishing four nutrition monitoring teams (NMT) composed of SC (UK) and DPPB staff to conduct monthly nutrition surveys in the worst affected Woredas of North Wollo, South Wollo, and Wag Hamra zones of Amhara region. One of the main objectives of the nutrition monitoring team was to assess the effectiveness of relief operations in meeting the nutritional needs of the affected population.</p> <p>According to SC (UK)'s Nutrition Assessment Team (NMT) report<sup>5</sup>, the distribution of blanket supplementary food by the Disaster Prevention and Preparedness Commission (DPPC) and the Organisation for Rehabilitation and Development in Amhara (ORDA) was irregular and inadequate. The targeting procedure was not even consistent in all woredas.</p> <p>The report also revealed that, the distribution of blanket supplementary food had little impact on children's nutritional status. Due to this poor achievement, the NMT recommended to focus on targeted dry supplementary programme in areas with high acute malnutrition.</p> <p>SC (UK) also conducted a nutritional assessment in November 1999 in Legambo woreda. According to the assessment report, the global malnutrition rate was 20%<sup>6</sup> in selected PAs. It was based on this report that SC (UK) designed the South Wollo Targeted Nutritional Support Programme in Legambo woreda. At the beginning, eight PAs were identified to be included in this programme. In February 2001, in consultation with woreda administrators, three extra PAs were included in the programme.</p> <p>Initial selection of the beneficiaries were conducted by requesting the communities to bring children aged 6 to 59 months and mothers (pregnant or lactating) to the central sites with in the PAs. All children were screened by MUAC and those with MUAC below 13.5cm were referred for weight-for-height (WFH) screening. Children with WFH 70 - 80% were admitted in the programme. Using MUAC (less than 210mm) pregnant and lactating mothers were selected. Pregnant women (more than six months of gestation) and</p>

<sup>4</sup> eight woreds (Dehana, Bugna, Gidan, Wadla, Delantadawnt, Dessie zuria, Tenta, and Legambo)

<sup>5</sup> Emergency nutritional assessment, North-east Amhara Region, 15<sup>th</sup> May to 1<sup>st</sup> June 2000.

<sup>6</sup> Source from project proposal

lactating mothers less than one-year lactation were included in the target group.

To identify new beneficiaries, continuous screening was conducted every month. At the same time, health education was also given to the mothers by the seconded nurse and SC (UK) staff.

During October to May 2001, a total of 1355 under five children (see table 1, annexed) and 888 pregnant and lactating mothers (see table 3) benefited from the targeted supplementary programme in Legambo woreda.

The nutrition program covered 11 PAs, which is 35% of the woreda and 75% of the belg dependent PAs, which were most affected by the drought. It was initially planned to admit 2000 beneficiaries to the dry supplementary program. However, the actual admitted number was 1,355, which is 67.8% of the plan. The possible reasons for low coverage include the following:

- The plan was based on November 1999 assessment results. However, the program implementation was started a year later. The prevalence of malnutrition probably changed from Nov 1999 to Nov 2000.
- Population figure – the population figure calculated during planning might have differed from the actual figure used during implementation.

By the end of the programme, 74.8% of the admitted children improved their nutritional status. The number of children who remained less than 80% were only 294, which is 21.7% of the total admitted, 3.3% of the total under five population in the targeted community.

Pregnant and lactating mothers whose MUAC was less than 210 mm were also the beneficiaries of the programme. But, it was difficult to compare the actual number of admission versus the plan to determine the rate of coverage. This was due to targeting problem. Usually, pregnant women (greater than six month gestation) and lactating mothers (less than six month) are the target group. But this programme targeted pregnant women (greater than six-month gestation) and lactating mothers (less than one year). This unusual targeting resulted in a difficulty to calculate the proportion of pregnant women greater than six-month gestation and mothers less than one-year lactation from the total population.

At the end of the program 1.8% of the mothers showed improvements (MUAC>230mm for two consecutive measurements). However, there were incidences of death and defaulters which accounted for 0.2% and 8.1% respectively.

The reasons for lower rates of recovery for women might be due to the criteria of discharge. The criteria for discharge were MUAC greater than 230 mm in two consecutive

measurements. However, practically we found that many healthy mothers were under 230mm. It is not clear whether the new global standard for maternal malnutrition are applicable in the chronically food insecure high lands of south Wollo.

### **Supplementary Food Distribution**

SC (UK) delivered supplementary food to 11 PAs, which were selected as central distribution points.

The supplementary blended foods, UNIMIX and FAMIX were used in the programme. A total of 127.656 Mts of FAMIX. Was distributed in Legambo supplementary feeding programme (127.064 MT for SFP, and 0.592MT for TFC), and 0.244 MT was damaged while in transit and in warehouses.

### **Health Care**

Providing a basic health service was one of the components of the project activities. The nurse (seconded from MOH) was responsible to manage the admitted children, pregnant women and lactating mothers. All targeted groups received treatment according to the diagnoses. During first admission, all children above 1-year age were de-wormed using mebendazol.

The most common diseases diagnosed by the nurses were:

- Non bloody diarrhoea
- Eye diseases
- Intestinal parasites
- Acute respiratory infections
- Skin infection

### **Vaccination**

This campaign was not included in the project proposal. SC (UK), proposed this after the nutritional assessment done by SC (UK) in Feb. 2001. The assessment indicated that the coverage of measles confirmed by card was 24%. Similarly, Legambo woreda health office had also confirmed that there was a localised problem of measles in the woreda.

Based on the above information, a vaccination campaign was conducted by SC(UK) and MOH in targeted PAs. A total of 1,230 children under five were vaccinated.

### **Health education**

Health education was one of the activities conducted prior to other procedures. The aim of the session was to raise the awareness of mothers. The targeted groups were predominantly mothers. Some of the common topics covered during this training included:

- Personal hygiene & environmental sanitation
- Breast feeding
- Family planning
- How to handle & prepare blended supplementary food.
- HIV/AIDS

In general the supplementary feeding program was successful in correcting moderate malnutrition and prevented deterioration of nutritional status of the targeted population (see table 2). The main contributing factors for the success were:

#### **1. Ration size:**

The ration size was adequate (12kg/person/month). This ration is double the Ethiopian standard supplementary ration. The reasons for the increment of the ration size were:

- The general food distribution was irregular and was not according to family size (maximum family size allowed was 5)
- Calorie of the general food distribution was below standard (less than 2100 kcal/person/day). It was 12.5 kg/person/month which is around 1458 kcal/person/day.
- It was assumed that there would be sharing among families.

#### **2. Proper Health care:**

There was one seconded MOH nurse checking all the admitted children and mothers. The nurse was responsible to provide basic treatment and drugs for all children and mothers. Those who need further investigation and management were referred to the nearest health institution. Daily health education activities such as personal hygiene and environmental sanitation, breast feeding, family planning and HIV/AIDS were also given to the mothers.

#### **3. General food Distribution (GFD):**

Even though, the general food distribution given by ORDA was irregular and inadequate, the GFD contributed to a reduction in the amount of sharing of supplementary food among the adult members of the households.

#### **4. Follow-up:**

The frequency of distribution was every fifteen days. This helped us to monitor each child's nutritional status on time. (I.e. weight gain or loss as well as general medical assessment). For those who needed advice, intensive education was given on the spot.

#### **5. Methods for targeting SFP**

The methods used were global standards, proper screening, management, and follow-up. Every beneficiary had access to nutrition field workers and health personnel for proper and specified advice.

## 6. Targeting

Although difficult to measure, it was felt that the method used for targeting (linking screening to distribution of supplementary ration) was more effective than general distribution had been previously. Importantly, this approach allowed for education of beneficiaries about the importance of the ration for children's health as well as monitoring of the overall impact upon specific children. However, while this may be a more effective approach, it is recognised that it is very expensive given the staffing requirements. SC (UK) hopes to discuss such issues with other agencies operating within Ethiopia and feed lessons learned through this approach into wider debates.

## 2. Objective 2.2

Implement therapeutic feeding centre in Legambo through support to Hidar 11 Hospital. The targeted population was an estimated 70 severely malnourished children in eight localities (later became 11) of the worst affected areas of South Wollo.

The therapeutic feeding programme was opened in December 2000. It was established at Hidar 11 Hospital, Legambo woreda. SC (UK) and the Hidar 11 Hospital has signed a memorandum of understanding to jointly run the programme.

### The contributions of Save the children included:

- **Manpower** (project officer, one supervisor, three nutrition assistants, one clerk, three cooks, and two cleaners),
- **Logistics support** (blended food, therapeutic milk (F-75 and F-100), oil, sugar, local food sources for family meal (cereals, legumes and spices), drugs, blankets, two water tankers (4000 litter capacity each with pumps, all fittings and labour cost to plant the tankers), fuel for light, biscuits, OXFAM TFC kits).
- **Capacity building** In order to improve and enhance the local capacity to better respond to nutritional crises, SC (UK) gave training to about 14 hospital staff which included: Doctors, Nurses, and health assistants in December 2000. The training was given by an expatriate nutritionist as well as SC (UK)'s local staff. During the training, SC (UK) used the WHO guideline, 'Management of severe malnutrition: a manual for physician and other senior health workers and other relevant documents'. However, due to the hospital's high staff turn-over, the hospital may not be capable of running similar feeding programs independently in future emergencies, unless additional staff receive similar training.

### The Contributions of the Hidar 11 hospital:

- Health professionals (doctors, nurses, and health assistants).
- Building (TFC room, office, store, kitchen)
- Bed
- Mattress
- Pillow
- Water
- Electric light.

### Achievement in TFC

Severely malnourished children were referred from the dry supplementary program and the hospital out patient department (OPD). In total, 58 were children admitted and received care in the TFC. Of these, 49 were transferred from SFP and 9 from the Hospital OPD (see table 5). Admission criteria were under 70% weight for height, the presence of oedema or MUAC less than 110mm (for children above one year or greater than 75cm tall) and others<sup>7</sup>. Discharge criteria were over 80% for two consecutive weightings for those who came from SFP sites, and 85% for those who came from outside (hospital). Those children referred to SFP stayed until they reached 85% or above.

The nutritional status of the children were both wasting and stunting caused by drought-induced malnutrition. Some of the malnutrition seen was due to chronic medical problems: tuberculosis, mental retardation, and rickets are among others.

During December to May, a total of 58 severely malnourished children were admitted. Of these, 10 (17.2%) referred from Hospital OPD and 48 (82.8%) from SFP. From the total admitted; 48 (82.8%) recovered, 6 (10.3%) died, while 4(6.9%) defaulted. The reason for slightly high mortality rate is because of previous medical complications

<b>Budget for Objective Two:</b>	<b>US\$452,267.00</b>
<b>Total expenditure:</b>	<b>US\$323,082</b>
<b>Budget balance:</b>	<b>US\$129,185</b>

<sup>7</sup> One child diagnosed with tuberculosis was admitted.

## ANNEX

**Table1: Admission of under five (Legambo )**

PAs	Estimated population	Estimated under five children	Admitted under five children
03	6022	963	147
011	4394	703	128
030	6960	1114	198
024	3860	618	144
018	5731	917	138
021	2520	403	70
022	3594	575	91
026	4989	798	136
027	4973	796	67
025	5494	879	101
023	6439	1030	135
<b>Total</b>	<b>54978</b>	<b>8796</b>	<b>1355</b>

**Table 2 : Overall achievements for SFP at the end of the program (LEGAMBO).**

Categories	Number	Percent from total admitted
Recovered	381	28.1%
Death at SFP	11	0.8%
Death at TFC	6	0.4%
Defaulted	30	2.2%
Transfer from less than 80% to 80-85%	633	46.7%
Less than 80%	294	21.7%
<b>TOTAL</b>	<b>1355</b>	

**Table3 : Pregnant and Lactating New admission per PAs (Legambo)**

PAs	Less than 210mm MUAC
03	70
011	107
030	115
024	55
018	115
021	62
022	55
026	101
027	55
025	62
023	91
<b>Total</b>	<b>888</b>

**Table 4 : Total MT of unimix/famix distributed per each PA**

PAS	Unimix/famix distributed in metric tonne
03	12.474
011	14.508
030	19.524
024	11.652
018	16.068
021	8.778
022	9.696
026	14.304
027	4.770
025	6.446
023	8.844
<b>Total</b>	<b>127.064</b>

**Table 5 :Number of new admission at TFC**

FA/S	oedema	<70%	MUAC	Other	Total
03	2	4	4	-	10
011	-	4	1	-	5
030	-	5	1	-	6
024	-	5	1	1 <sup>8</sup>	7
018	1	2	-	-	3
021	1	1	2	-	4
022	-	2	-	-	2
026	1	2	1	-	4
027	-	1	-	-	1
025	-	2	-	-	2
023	1	3	-	-	4
Hospital	4	6	-	-	10
<b>Total</b>	<b>10</b>	<b>37</b>	<b>10</b>	<b>1</b>	<b>58</b>

**Table 6. Therapeutic Feeding Centre – Fik Zone**

Name of TFC	New Admissions	No. of Defaulters	No. of Discharge/cured	No. of Transfer	No. of Deaths
Fik	310	25	265	12	8
Hamero	211	5	196	7	3
Gassan gas	216	9	193	13	1
<b>TOTAL</b>	<b>737</b>	<b>39</b>	<b>654</b>	<b>32</b>	<b>12</b>

<sup>8</sup> Tuberculosis case

## ACRONYMS/ABBREVIATIONS

<b>BOH</b>	Bureau of Health.
<b>DPPB</b>	Disaster Prevention and Preparedness Bureau.
<b>DPPC</b>	Disaster Prevention and Preparedness Commission
<b>GFD</b>	General Food Distribution.
<b>GAM</b>	Global Acute Malnutrition
<b>LM</b>	Lactating Mother.
<b>LECDB</b>	Livestock, Environment and Crop Development Bureau
<b>MOH</b>	Ministry of Health.
<b>MT</b>	Metric tone.
<b>MUAC</b>	Mid Upper Arm Circumference.
<b>NMT</b>	Nutrition assessment team
<b>OFDA</b>	Organization for Disaster Alleviation.
<b>OPD</b>	Out Patient Department
<b>ORDA</b>	Organization for Rehabilitation and Development in Amhara.
<b>PAs</b>	Peasant associations
<b>PW</b>	Pregnant Women.
<b>RWRDB</b>	Regional Water Resource Development Bureau
<b>RDPPB</b>	Regional Disaster Prevention & Preparedness Bureau
<b>SFP</b>	Supplementary Feeding Program.
<b>TFC</b>	Therapeutic Feeding Center.
<b>TB</b>	Tuberculosis
<b>USD</b>	United States Dollar.
<b>WFH</b>	Weight for Height
<b>WFL</b>	Weight for Length
<b>WFH</b>	Weight for Height
<b>GAM</b>	Global Acute Malnutrition
<b>ZHO</b>	Zonal Health Office