

SAVING SEVERLY MALNOURISHED CHILDREN'S LIVES WITH THERAPEUTIC FEEDING



HARTASHEIK, Ethiopia – Five-month-old Kadar lies on the floor of the therapeutic feeding tent whimpering quietly. He is too weak to cry. An IV tube feeds the emaciated infant therapeutic milk.

“I have no more (breast) milk,” laments his mother Fatimo Abdi, 25, who lives at the Internally Displaced Persons (IDP) camp in Hartasheik with her husband and four other children. “I have nothing in my home to eat. They’re fighting for food. I’m worried about my baby.”

Kadar is one of the lucky ones. His mother brought him to the UNICEF-supported therapeutic feeding center in Hartasheik where he was treated for phase one malnutrition, the most serious stage. Since the camp’s inception in May 2001, 442 children have been admitted and treated for varying degrees of severe malnutrition. Another 347 beneficiaries have received UNICEF-supported supplementary feeding as of 31 January, including 83 children under five, 68 pregnant women, 89 lactating women and 107 elderly.

Miriam Abelb, 27, came to the IDP camp at Hartasheik two years ago during the last drought with her husband, 4-year-old Fatimo and 2-year-old Abdi and has been struggling to feed her family ever since. “All the goats and sheep died. ... My husband is looking to dig in the fields, wash the clothes. One day he gets a job. The next there is no work,” Miriam said. “When the baby became weak, I ran to here. He was very severely malnourished.”

Like other children who come to the UNICEF-supported centre, Abdi received emergency therapeutic feeding every three hours over three to four days while he was in phase one. He was in transition for two days, but is now considered in phase two and out of danger. “I was afraid he would die, but now he’s okay. I’m very glad for my child,” Miriam said. “Now I have the experience to make sure it doesn’t happen again.”

During the current drought crisis, UNICEF estimates that there are currently 57,200 severely malnourished children, or two per cent of the 2.86 million children under five in drought affected areas, who require 675 metric tonnes (MT) of F-100 therapeutic food. One MT of F-100 rehabilitates around 85 children. More than 500 MT of therapeutic food is still needed in the next few months for the current crisis, much more if



relapse rates are higher.

“Many of these children are suffering from dehydration and low glucose levels. They are at a critical stage and if it continues, in no time they could die from heart failure,” said James King’ori, a Kenyan nutrition consultant working for UNICEF based in Jijiga. When therapeutic feeding begins “you can see the changes within the first hour – that is so exciting.”



“Many times the children are suckling the mothers, and there’s no breast milk. ... The mothers are fed enough and within the first 24 hours you can see a response in the amount of breast milk,” King’ori continued. “By increasing milk production and the child is rehydrated, the mother and child recover simultaneously.”

Even with UNICEF’s interventions, the health situation of Hartasheik’s 1042 IDP households is poor. The number of cases of malnutrition remains high, and there is a serious deterioration in the population’s nutritional status and increased episodes of disease. Many of the IDPs in Hartasheik are victims of the last drought in 1999-2000 when they left their places of origin in search of pastureland and water for their livestock. When their animals died, these pastoralists lost their main food and income source and had still not recovered when drought hit again last year.



“These people are pastoralists who have lost all of their livestock in the 2000 drought. These people have nothing,” said UNICEF national nutrition officer Anwar Ali. “If things don’t change, it will get worse than 2000.”

Fatimo Mohamud, 25, arrived on the day of our visit to the therapeutic feeding center with her one-year-old son, Dekabidi. His expression is listless and his eyes are unfocused. Mohamed Ibrahim, the camp supervisor for Mother and Child Development Organization (MCDO), a national NGO working in the Somali Region working with UNICEF, said a healthy boy Dekabidi’s age should weigh about 8.5 kilos. He weighs a paltry 6.3 kilos. “We will try for three to four days on (therapeutic feeding) to get him out of phase one,” Mohamed said. “We hope to help and cure him.”

For Somali and other drought-affected regions around the country, UNICEF is sponsoring five-day training workshops for 150 health professionals to teach updated guidelines on the management of severe wasting and oedematous malnutrition. “They’ll be given basic supplies and training to go all over the region,” said King’ori. So far, 27 health care professionals have been trained in Somali Region. “For the cases they can not manage on their own, they can refer back to the center.”

Participants learn how to assess the effectiveness of a Therapeutic Feeding Programme as well as the specialized food needs to support them. They will also have the training for infant feeding emergencies for malnourished babies. UNICEF has recruited therapeutic feeding experts Irish Professor Michael Golden and French nutritionist Dr. Yvonne Grellety to conduct the training workshops with assistance from the Health and Nutrition Section from the Ethiopia Country Office.

UNICEF has a variety of other Health and Nutrition programmes underway in the Somali Region to assist those suffering during the current crisis. Twenty emergency medical kits, each supporting 10,000 persons for a period of three months, were sent to the region in January 2003. An additional 20 emergency medical kits were donated by UNICEF to the Regional Health Bureau (RHB) in July 2002 to contain disease outbreaks when the crisis started.

UNICEF has also pre-positioned therapeutic foods in the RHB's warehouse for use in therapeutic and supplementary feeding centers in Hartisheik and Fafan and for the nutrition training center in Jijiga. In order to control the persisting outbreaks of diarrhea and malaria in the region, UNICEF has agreed to support the RHB with additional operational costs for emergency health interventions in Shinile, Liban, Warder and Degahbour zones.

"We have received a lot of assistance for the most vulnerable -- women, children, elders," said Muktar Mohammed Sayid, NGO co-ordinator with the Food Security Bureau and DPPB based in Jijiga. "Therapeutic food, milk, water -- the partnership with us and UNICEF is more like family. UNICEF has done a lot to build capacity and fill the gaps."



In Hartasheik, malnutrition is not the only problem that the IDPs face. An increase of waterborne disease cases has been reported because of contaminated water and poor sanitation. Clean water from boreholes is provided to the Hartisheik IDPs with funding from UNICEF. To improve the sanitation of the camp, pit latrines and garbage pits have been introduced. Both measures have significantly reduced the incidence of water-borne disease. "There was a gap with water," said King'ori. "UNICEF has come in and water is being provided to the IDP camp."

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