



NUTRITION



During this year's drought emergency, we were reminded yet again how essential nutrition is. Tens of thousands of young children were probably lost despite the very large amounts of food aid provided. For small children, food in the form of grain is not enough; they need a combination of foods together with health care, water and hygiene. Most of all, they need healthy mothers who can nourish them before birth and through breast-feeding during the first years of life.

Even under normal circumstances, malnutrition is an underlying cause in more than 50 per cent of the 1,200 deaths of children under five that occur every day in Ethiopia. This reflects the fact that in this country about half of children under five are chronically or acutely malnourished. Inadequate infant and child feeding practices and high levels of infectious disease are major contributing causes to these high levels of malnutrition. The overall objectives of UNICEF's Nutrition programme are to reduce Vitamin A deficiency, increase the use of iodised salt, reduce stunting and wasting, improve nutrition among people living with HIV/AIDS and reduce morbidity and mortality during nutrition emergencies.

During the humanitarian crisis, some 60,000 children under the age of five were at risk of severe acute malnutrition. Working with NGOs and partner agencies, UNICEF helped the Government respond to the emergency by opening 44 therapeutic feeding centres

(TFCs) where more than 18,000 children were treated. An additional 60,000 moderately malnourished children and pregnant and lactating mothers received targeted supplementary feeding.

Apart from the emergency, Vitamin A deficiency and Iodine Deficiency Disorders (IDDs) continue to be public health concerns. These nutrients are essential for the development of infants and children. IDDs include stillbirths, mental retardation and goitre. Vitamin A deficiency can cause blindness, growth retardation and anaemia.

But progress is being made. This year, 18 salt producing companies and quality control laboratory technicians underwent salt iodisation training, and Ethiopia is poised to scale up iodised salt production. In addition, 30 million children received supplementation during measles-Vitamin A emergency campaigns. Regional capacity building also took place to improve infant and young child feeding practices and maternal nutrition. Finally, training to prevent mother-to-child-transmission of HIV/AIDS was held in Addis Ababa, Jimma, Gondar and Dire Dawa. In 2004 and beyond, UNICEF will continue to promote the value of good nutrition to save the lives of Ethiopia's vulnerable women and children. UNICEF is also assisting the Ministry of Health to prepare an updated nutrition policy for Ethiopia. This policy will help all actors involved to better define their roles in improving the nutrition situation for Ethiopia's children in the future.

Bjorn Ljungqvist
Representative

SAVING SEVERELY 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. ... I'm worried about my baby."

Kadar is one of the lucky ones. His mother brought him to the UNICEF-supported therapeutic feeding centre in Hartasheik where he was treated for phase one malnutrition, the most serious stage.

Miriam Abelb, 27, came to the IDP camp two years ago during the last drought with her husband, 4-year-old Fatimo and 2-year-old Abdi and has been struggling

"Many of these children are suffering from dehydration and low glucose levels. ... When therapeutic feeding begins you can see the changes within the first hour – that is so exciting."

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."

Across Ethiopia, the failure of the rains resulted in increased numbers of people suffering from hunger. Anthropometric surveys found high global and severe acute malnutrition rates of over 15 and 3 per cent respectively in the most drought-affected areas. Some 60,000 children under five years old were estimated at risk of severe acute malnutrition, indicating an urgent need to provide supplementary and therapeutic feeding.



To respond to this crisis, UNICEF, together with Government counterparts, NGOs and partner agencies, opened 44 therapeutic feeding centres (TFCs) where more than 18,000 children under five were admitted and treated for severe malnutrition in 2003. Over 60,000 moderately malnourished children, pregnant and lactating women were assisted with targeted supplementary feeding.

"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."

Fatimo Mohamud, 25, arrived on the day of our visit to the therapeutic feeding centre 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 operating 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."

In 2003, UNICEF trained some 900 health workers from the MOH, NGOs and partner agencies, in the management of acute malnutrition. The new standard protocol and a training module on treatment of acute malnutrition were developed by Professor Michael Golden, UNICEF consultant, and adopted by the Ethiopian government in June 2003.

"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."

Interview with Dr. Mahendra Sheth, UNICEF Chief of Health and Nutrition

Why is nutrition an essential part of the health programme?

Malnutrition and infection go hand-in-hand. If you look at the statistics, about 51 per cent of children are chronically malnourished or stunted and 48 per cent underweight. That is a very large number of children whose needs are not being addressed.

What are UNICEF's nutrition priorities?

Firstly, we are focusing on micronutrients, such as Vitamin A deficiency and Iodine Deficiency Disorders (IDDs). We are also trying to introduce a basic minimum nutrition package at selected health facilities initially and then go to scale with the help of a health extension programme. This will encompass things like breastfeeding, complementary feeding and Vitamin A supplementation. There is also the emergency aspect of nutrition where we are supporting the training and capacity building of the Ministry of Health (MOH) and NGOs and providing support to therapeutic and supplementary feeding centres.

How has the emergency changed the focus of the nutrition programme?

We had to scale up very quickly. Within a period of about four months, we addressed the needs of severely malnourished children by training over 900 health workers from Regional Health Bureaux, universities and NGOs and setting up over 40 therapeutic feeding centres. The estimate was that 400,000 children were suffering from moderate acute malnutrition and 60,000 from severe acute malnutrition.

Is addressing nutrition essential for helping Ethiopia's most vulnerable women and children?

Absolutely — very, very essential. If you are malnourished, you are very prone to infections. Just imagine the number of days a child will spend sick rather than going to school or a mother not able to do her daily chores, looking after the family or getting the education she needs. If malnutrition is properly addressed, and people remain healthy, it will reduce the cost of health services.



How is HIV/AIDS affecting the programme?

HIV has affected tremendously, because that also adds to the cycle of malnutrition and infection. A malnourished person with HIV is likely to suffer from secondary infections. We have also lost a lot of trained health workers, which has reduced the pool of trained workers in the country.

What needs to be done over the long-term?

We need to have a basic nutrition policy in the country to address ongoing chronic malnutrition. Donors, the MOH and UN agencies are brainstorming to see what the next steps are. I hope we will come up with a proper policy on addressing child malnutrition. We are working very closely with the MOH Family Health Department. We work with them at both the federal and regional levels.

Now that your time in Ethiopia is drawing to a close, what do you wish you had addressed? What are you particularly proud of having accomplished?

I'm proud of the collective achievements of our team. We have 20 million children immunised against measles with Vitamin A supplementation. An additional 10 million will hopefully be completed in early 2004. We have several therapeutic centres. We have sufficient trained manpower in the country to address the need of acute and chronic malnutrition. But I wish we could have more fully addressed chronic malnutrition. We still have to make inroads for IDDs. Vitamin A supplementation has done well, but it is only linked with measles, and it should be two doses, six months apart. We need to work on that. There are still a lot of challenges.

Dr. Mahendra served four years in Ethiopia. He is moving to Jordan to serve as UNICEF's Regional Health Advisor.

NEWS FILE

7 October – The Ministry of Health (MOH) and UNICEF transported vitally needed anti-malarial drugs to three regions of the country facing potentially devastating malaria epidemics. The malarial drugs, valued at more than \$700,000 and procured with funds from the US Government, were sent to Southern Nations Nationalities and Peoples' Region (SNNPR), Amhara and Oromia.



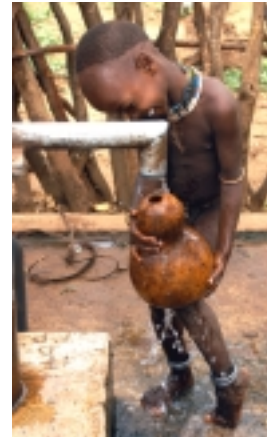
17 October – A house-to-house polio campaign targeting 2.1 million children under five years of age was launched by the Ministry of Health as part of the Sub-National Immunisation Days (SNIDs). The polio campaign in SNNPR targeted almost 1.8 million children. Another 274,000 children in Afar were immunised in December.

23 October – The Ministry of Health (MOH), the Ethiopian Nutrition and Health Research Institute (EHNRI) and UNICEF sponsored a week-long National Salt Iodization Training workshop on how to safely iodize salt. Iodine deficiency can cause serious health problems including mental retardation, goiter, stillbirths and miscarriages.

30 October – The Dutch Government donated \$1 million to UNICEF for malaria prevention activities. The donation came in the wake of a special alert issued by the UN country team indicating an estimated 15 million Ethiopians were threatened by the deadly disease.

18 November – The Irish Government donated one million Euros to UNICEF to fund new and rehabilitate old water supply and sanitation services at communities, health institutions and schools to benefit 175,000 drought-affected people in SNNPR over the next 12 months.

20 November – The Ethiopian Mine Action Office (EMAO) and UNICEF held the first meeting of the Mine Risk Education (MRE) Co-ordination group in Mekele to improve relationships between the different MRE partners and define the roles of the different agencies involved.



20 November – The Dutch Government donated almost \$3.4 million to UNICEF to be used over the next three years to enhance and promote girls' education in six regions of Ethiopia and the rights of all children in the country to quality learning opportunities. The money will be used in Oromiya, Amhara, Benishangul-Gumuz, Gambella, Tigray and SNNPR where there are the widest gender gaps and the lowest girls' enrolment.



8 December – A one week training-of-trainers course organized by the HIV/AIDS Prevention and Control Office (HAPCO) and UNICEF was held in Ambo. The workshop was designed to provide trainees with life skills that are critical to preventing HIV/AIDS among young people.

8 December – The MOH, Regional Health Bureaus, UNICEF and other partners launched the third round of the Tetanus Toxoid (TT) vaccination campaign targeting 2.6 million women of childbearing age between the ages of 15 and 49 in Oromia and Amhara regions.

10 December – The Ethiopian Government, the UN and humanitarian partners appealed for 841,910 tonnes of food and \$85 million of non-food assistance to meet humanitarian needs for an estimated 7.2 million Ethiopians in 2004.

11 December – The State of the World's Children 2004, UNICEF's flagship publication on the status of children around the world, was launched by the Ministry of Education and UNICEF. This year's report focuses on "Girls, Education and Development."



16 December – The Child Survival Partnership, a new alliance between UNICEF, WHO, the World Bank, Canadian CIDA and USAID, announced it is initiating efforts in Ethiopia to improve child health and save thousands of children dying of preventable causes.