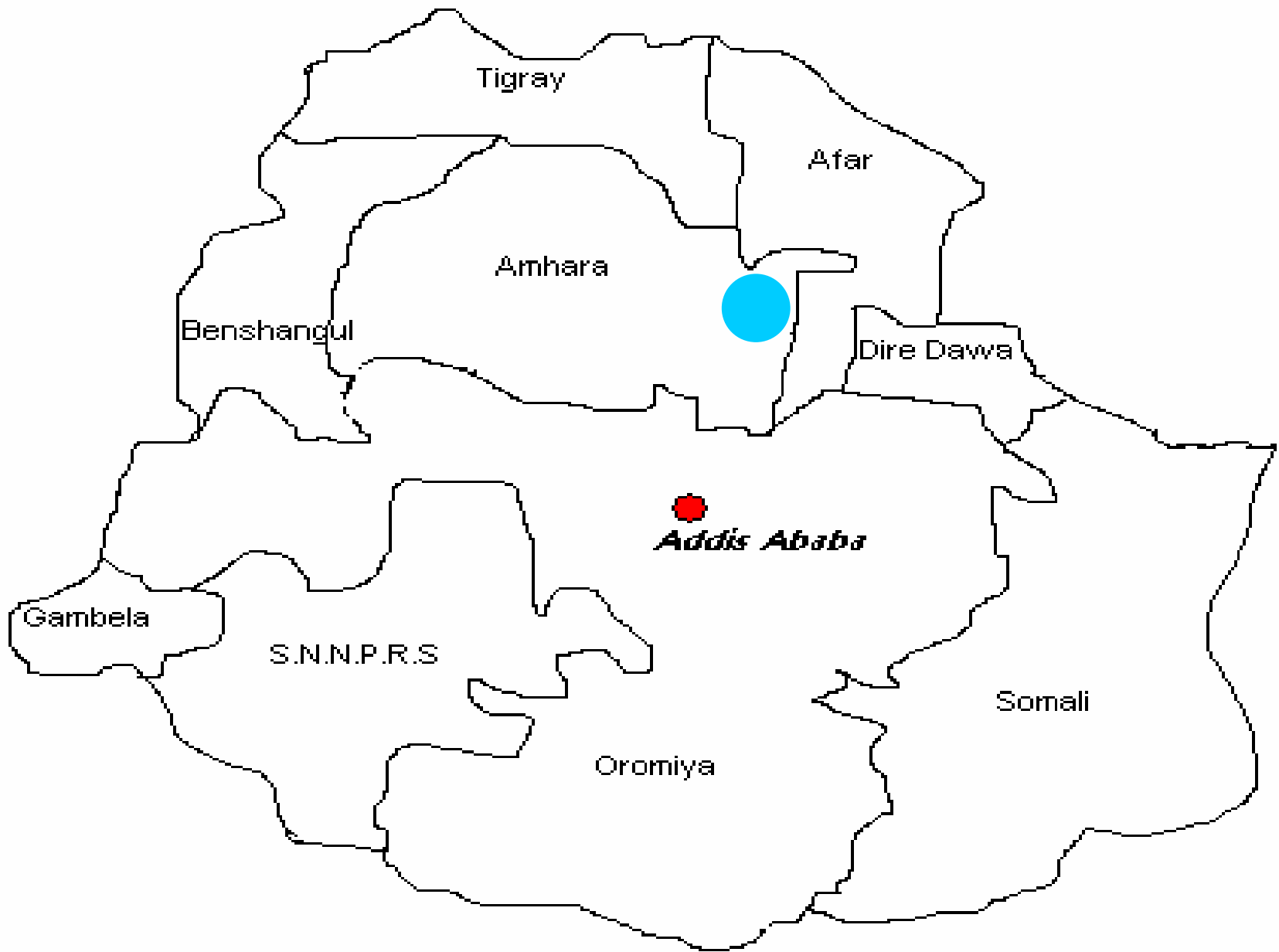


Concern in Ethiopia

- **1984 famine TFCs and SFPs**
- **Continued presence**
- **CTC 2003**



Tigray

Afar

Amhara

Benshangul

Dire Dawa

Addis Ababa

Gambela

S.N.N.P.R.S

Somali

Oromiya



Demographics

- **Total population 470,000**
 - **Planning Target <5's: OTP 2300, SFP 8150**
(based on Nov 02 surveys)
- **Predominant livelihood**
 - **mixed agriculture, livestock**

Epidemiology

- **Acute malnutrition** (Nov/Dec 02)
 - **GAM 17.1% SAM 3.5% (z scores)**
 - **Oedema 2.6%**
- **Malaria**
 - **Seasonal outbreaks (May, October)**
- **HIV**
 - **estimation 10% (Zonal hospital and UNAIDS)**

Health Infrastructure

- **Poor facilities**
- **1 hospital / 2.4 million**
- **21 clinics (approx 1 / 22,000)**
- **Reluctance of authorities towards TFC's**

Other Interventions

- **General Ration for 50% pop.**
- **Blanket feeding (Nov/Dec)**
- **Targeted SFP**

Programme strategy & structure

- **21 distribution sites**
- **OTP linked to SFP at Clinics using MoH workers**
- **Seconded MoH supervisors**
- **Zonal hospital as stabilisation centre - children referred from OTP**
 - no purpose built SC's



Human Resources

- **NGO workers**
 - expatriate staff - 3
 - national staff - 96
 - OTP: 1 nutritionist, 3 nurses, 49 outreach workers.
 - SFP: 40 distribution workers, 3 supervisors
- **MoH staff**
- **Community members - mobilisation**



Admission & Treatment Protocols

OTP

- **admission criteria**

- <70% WFH, bilateral oedema + & ++ without complications , <11.0cm MUAC (Ht>75cm), >6m<4kg (all with appetite)

- **discharge criteria**

- OTP: $\geq 85\%$ WFH for 2 weights, free from medical complication
- Discharged to SFP for minimum 2 months

- **referral criteria to hospital**

- Medical complications, loss of appetite, increasing oedema, sustained weight loss / static weight

Hospital (stabilisation centre)

- **admission criteria**

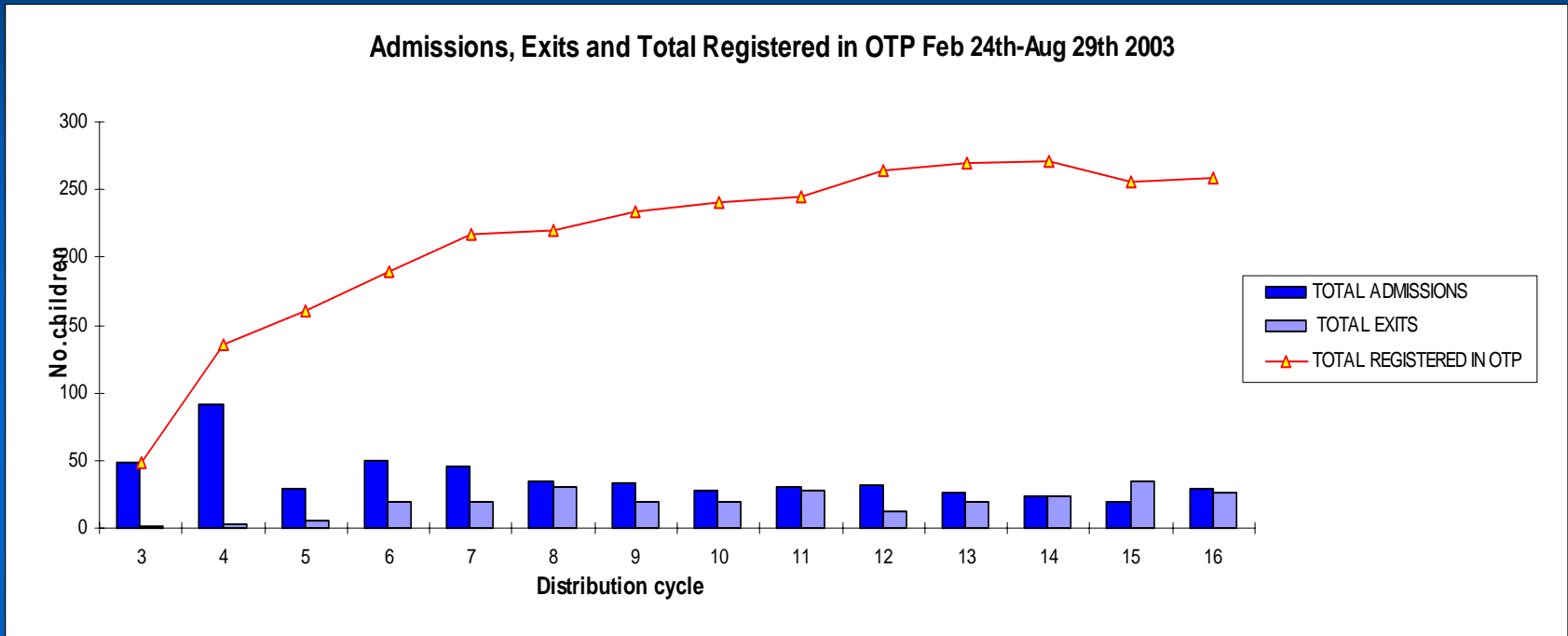
- Oedema grade 3

- As OTP with anorexia or medical complications

- **discharge to OTP**

- return of appetite, treated complications, reducing oedema

Process data (Feb – Aug 03)



- 487 severely malnourished children treated
- 16 admitted directly to inpatient treatment in hospital
- 471 admitted directly to OTP

Outcome data (Feb - Aug 03)

- **Total exits from OTP and Hospital 266**
- **174 (65.4%) recovered**
- **14 (5.3%) died (plus 9 in hospital: 8.6%)**
- **26 (9.8%) defaulted (distance, illness)**
- **52 referred to hospital from OTP**

- **Average length of stay in OTP - 80 days**

- Average No. days till death in OTP = 26
- Average No. days to default in OTP = 42
- Average length of stay in hospital = 7
- Average No. days till death in hospital = 7

- **Average weight gain**

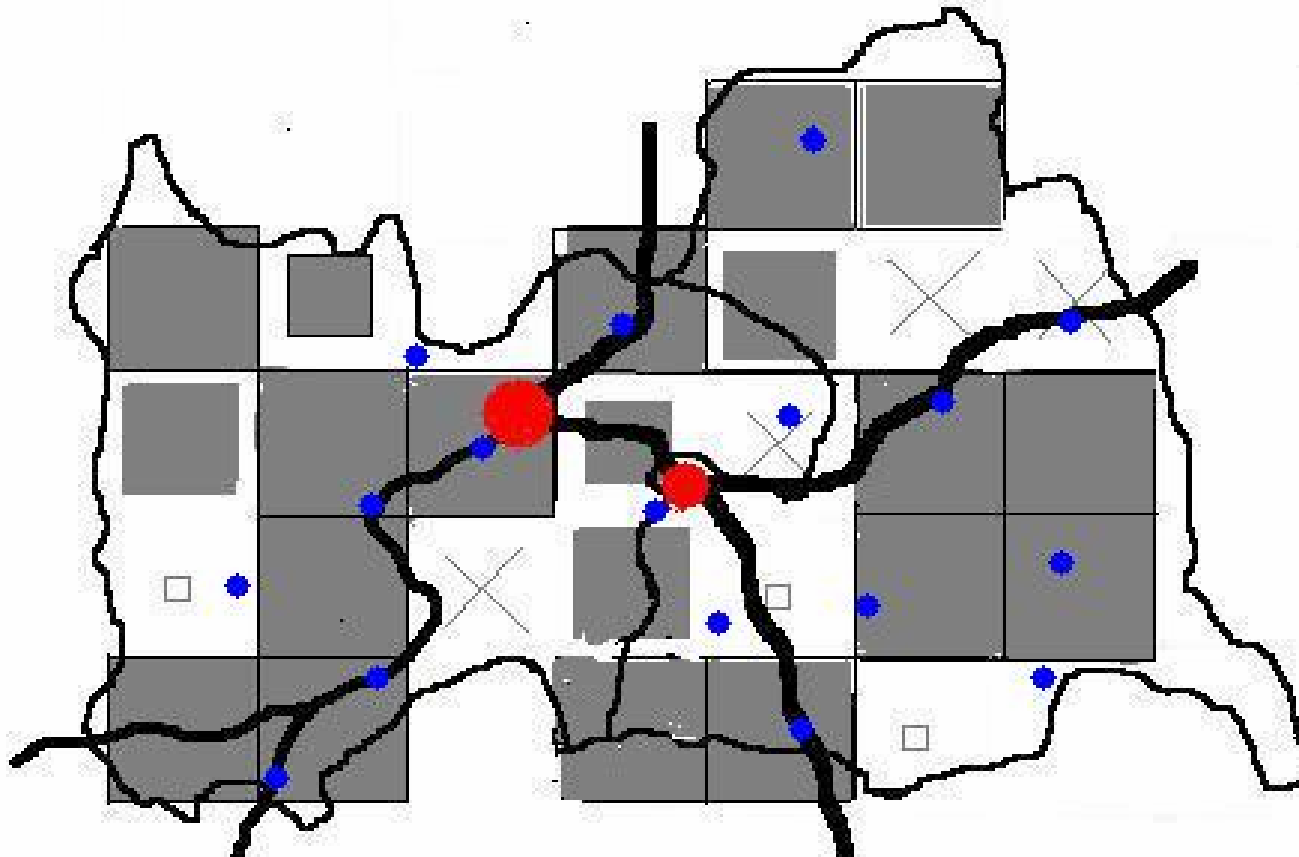
- Marasmus 4.5 g/kg/d
- Kwashiorkor 4.0 g/kg/d

Programme Coverage

- **67.7% of the target admitted (May 03)**
 - using revised targets from March 03 Nutrition Survey (SAM WFH 0.65%, OTP 536)
- **77.5% recent estimate (Jun 03)**
 - using Optimally biased sampling method

Spatial Coverage

Spatial distribution of OTP cover in Kalu and Dessie Zuria



Treatment of Infants in OTP

- **Infants < 6 months**
 - 10 admitted (2% of total)
 - Support for breastfeeding and family for mother where possible
 - RUTF if able to take (or breastmilk not available) or at 6 months
- **Children > 6 months < 4kg**
 - 27 admitted (5.5% total)

Treatment of Oedemas in OTP

- **Progress from distribution site:**
 - total 59 children admitted (15/59=25% oedemas)
 - 19 (32%) discharged to SFP (5/15=33% oedemas)
 - 40 (68%) recovering in programme (10/15=67% oedemas)
- **Outcomes**
 - 102 oedemas admitted to OTP
 - 6 died in OTP (5.8%)
 - 12 later referred to Hospital of which 3 died
 - Total deaths: 9/102 (8.8%)

Exit Strategy

- **OTP beneficiaries handed over to clinics**
- **Community Volunteers referring new cases to clinics**
- **Clinics to refer to hospital**

Programmatic issues of interest

- Community mobilisation and outreach – role expanded over programme
- High coverage despite area and terrain
- Stabilisation all managed by local hospital
- Treatment of OTP children by MoH clinic staff
- MoH health supervisors seconded to Concern
- Training: one day locally then on-the-job
- Some sharing of plumpynut

