

1. INTRODUCTION

1.1 Why this handbook?

SCF— has been working in drought-prone areas in Ethiopia since the 1972-4 famine. Consequently many organisations have asked us for advice on how to get food into hungry people efficiently. There are several reliable guides which outline how to approach feeding and health care in emergencies (see 1.3), but they lack practical information on what works locally, eg in Wollo or Harerghe, and how to go about setting it up. What we offer in this handbook is a local supplement to the professional guides and the official guidelines, and, we hope, some hints on how to avoid the pitfalls which we ourselves have encountered.

1.1.1 Using the handbook

Although these Do's and Don'ts are based on our work with children in Ethiopia, you will find that most of the organisational principles and practice apply equally well to large gatherings of adults and whole populations, whether you are dealing with dry distribution, feeding, transit camps or resettlement areas.

We hope that the handbook can be used as a reference book, but it will be most useful if you take the time to go through everything that interests you first. We have tried to set out experiences and problems in the order a planner and manager of a feeding programme usually meets them. We expect that foreign and Ethiopian staff of NGOs (non-governmental organisations) associated with feeding programmes will benefit most from reading this manual. We also hope it will add to government workers' experience, as well as inform interested observers of the relief effort.

* SCF = Save The Children Fund

NB ABBREVIATIONS ARE LISTED IN APPENDIX 8.1

1.2 SCF and drought in Ethiopia

1.2.1 Nutrition surveillance in Wollo

For the past eight years, SCF's contracts with the RRC and the MOH in Wollo region have included the development of a Nutrition Field Worker (NFW) programme, designed to help some of those who suffer worst from food shortages - young children. Twenty-five Ethiopian high-school graduate NFWs were given theoretical training by ENI, the Ethiopian Nutrition Institute, and have since had on-site supervision and training by SCF expatriate nutritionists, as well as upgrading courses run jointly by ENI, RRC, UNICEF and SCF. Their work in rural centres throughout Wollo region has been in areas frequently classified as drought-affected by RRC assessment teams.

The aim of the NFW programme has been to monitor and improve the nutritional status of young children and their mothers in general, and weaning-age children in particular. NFWs have worked with local staff of the health and agriculture ministries as well as with teachers, relief workers and local leaders, urging mothers to feed high-energy gruels and porridges in addition to breastmilk to babies from the age of 6 months, to feed all their children at least 3 times a day, and to feed themselves more while pregnant and lactating. They have demonstrated recipes made with local grains, oil seeds and pulses. They have also been part of the RRC system in the rural areas, distributing donated children's foods (eg DSM, CSM) from RRC stocks and demonstrating their preparation. In addition, their reports on local conditions have been used by the RRC Early Warning and Planning Service. Their nutrition education consists of simple suggestions on improving general hygiene, urging rehydration, including ORS, in the treatment of diarrhoeas, and the above work of encouraging better weaning and feeding of children.

In order to monitor the children's progress and the progress of the programme, the NFWs have been regularly weighing and measuring samples of the children among whom they work. During this work they have learned basic survey procedure and measurement techniques. The trends shown in NFW reports are the basis for SCF's Dessie (Wollo) reports and recommendations to Wollo RRC. The SCF Dessie office also reports on the relative effects of food scarcity in areas of need within Wollo, to Wollo region's Drought Relief Committee (DRC).

The NFWs' surveillance work confirms their general observations that disease levels are high and food supplies in northern Wollo

are limited, even in relatively normal times. A combination of these factors is reflected in stunting in children of up to 20% of standard weights and heights, measured by weight-for-age (WFA) and height-for-age (HFA). More important for judging the effects of drought and famine is the fact that their measurements show a norm of about 10% wasting, as measured by weight-for-length (WFL). *Thus the normal average nutritional status of highland children in Wollo is about 90% WFL; the numbers of children under 80% WFL is normally anything up to 10% in the pre-harvest periods, and 2-5% in the post-harvest periods. Under 70% WFL rates are normally negligible.*

The NFWs are taught to consider rates of deterioration in their areas by comparing them with the rough baseline figures above. SCF also uses these baseline figures to indicate cut-off points for different types of feeding for groups showing significant changes in nutritional status. (These baseline findings, like much nutritional data from other developing country populations, show increased rates of illness in children with less than 80% WFL, and higher death rates in those under 70% WFL.) Since 1983 NFWs have been taught to report to Dessie as a matter of urgency when the under-80% WFL rate in their area rises above 10% of children monitored or surveyed; and to discuss causes and possible solutions with relief, health and agriculture extension workers in their area.

On the basis of the NFWs' baseline findings, we recommend using the cut-off points of 80% WFL and 70% WFL as admissions criteria to intensive (or general) feeding and supervised intensive (or therapeutic) feeding respectively; and 90% WFL and 80% WFL as the respective discharge levels for these feeding groups.

1.2.2 Feeding programmes

SCF Wollo watched the cumulative effects of low or absent rainfall during 7 growing seasons in Wag awraja, the worst-hit area of Wollo region, where security problems have made people's access to food even more difficult. Then, on the basis of reports at the end of 1982 from the NFW in Korem (Wag awraja) SCF offered to start a feeding programme for young children among the growing destitute population in the town, who had migrated there on a semi-permanent basis from the dry, embattled areas to the west and north-west.

From January 1983, the feeding in Korem grew into an enormous enterprise, with 12,000 children being fed—9,000 of them receiving cooked food every day in feeding halls, the rest taking dry rations back to their families for cooking. SCF NFWs from all over Wollo were rotated through the Korem feeding programmes as part of their continuing on-site training. By mid-1984, when another rain

1.2.2 Kombolcha 1985

SCF programmes in potential drought areas in Wollo date from 1974. Here a nutrition field worker, trained originally to help the RRC help villagers survive temporary food shortages, takes charge of the famine migrants on their way to re-settlement areas.

(Photo: Mike Wells)



failure made the vast proportions of the drought and impending famine clear, SCF Wollo had enough trained Ethiopian feeding programme managers to staff another two feeding programmes - at Kobo (Rayana Kobo awraja) and at Bulbulo (Ambassel awraja). All three programmes were run with expatriate medical help. In addition, SCF NFWs ran the supplementary child feeding programme at the regional transit centre for settlers at Kombolcha/Dessie.

During 1985 the Wollo NFWs handed over much of the administration, logistics and therapeutic feeding to the increasing numbers of specialist staff, in order to continue their work in rural areas, monitoring nutritional status and problems of access to food, and helping families to resume normal life, when rain and better harvests make it possible.

1.2.3 Harerghe under drought

In Harerghe, another region with large areas prone to drought, a similar smaller NFW programme has been running for four years, focussed on the Somali and Oromo shelter populations in the Ogaden. SCF's feeding programme at Error, for victims of drought further north, started in January 1985. The Harerghe NFWs helped other drought relief organisations in the region by providing their feeding staff with on-site training in SCF Error. They have since developed survey and monitoring work in the Harerghe highlands and the Ogaden lowlands.

1.3 Useful references

(to which this list is an Ethiopian supplement)

Archer E, (forthcoming, SCF)

- covers SCF feeding practice for general application

The Management of Nutritional Emergencies in Large Populations,

Ville de Goyet C, Seaman J, Geijer U, 1978 WHO

- keep it by you and re-read it often

Guide to Emergency Feeding, ENI, 1985, 2nd edition forthcoming,

- parallel text in Amharic & English; so get one for each of your staff.

OXFAM's Practical Guide to Selective Feeding Programmes,

OXFAM, 1984,

- includes OXFAM's general feeding practice. Get it from OXFAM'S Addis Ababa office or 274 Banbury Road, Oxford, UK. OX2 7DZ

Refugee Community Health Care, Simmonds S, Vaughan P, Gunn SW, 1983, Oxford Medical Publications

- thorough general treatment of all areas, well-organised, recommended

DISASTERS, 1981, vol 5, no 3,

- thorough general coverage of emergency care; esp. recommended are sections 13-17 & 19 on engineering aspects

Guidelines for Health Care Refugee Health Unit, Somali MOH, 1983

- handy for health and medical aspects

Road Note no. 31 TRRL (UK), HMSO

- sophisticated, but helpful general principles

Overseas Road Notes 1 & 2, TRRL (UK)

Two good **medical reference** books are

1. **Manson's Tropical Diseases**

2. **Diseases of Children in the Tropics & Sub-tropics,** Jelliffe DB & Stanfield JP eds, 1978